

LEGISLATIVE COMMITTEE MINUTES

SB135

Bill as Introduced

SB 135-FN - AS INTRODUCED

2013 SESSION

13-0874

10/01

SENATE BILL ***135-FN***

AN ACT relative to the regulation of the practice of genetic counseling.

SPONSORS: Sen. Carson, Dist 14; Sen. Lasky, Dist 13; Sen. Gilmour, Dist 12; Rep. Rosenwald, Hills 30; Rep. Harding, Graf 13

COMMITTEE: Executive Departments and Administration

ANALYSIS

This bill establishes the genetic counselors governing board in the office of licensed allied health professionals for the regulation of the practice of genetic counseling in this state.

Explanation: Matter added to current law appears in ***bold italics***.
 Matter removed from current law appears [~~in brackets and struck through.~~]
 Matter which is either (a) all new or (b) repealed and reenacted appears in regular type.

STATE OF NEW HAMPSHIRE

In the Year of Our Lord Two Thousand Thirteen

AN ACT relative to the regulation of the practice of genetic counseling.

Be it Enacted by the Senate and House of Representatives in General Court convened:

1 1 New Chapter; Genetic Counselors. Amend RSA by inserting after chapter 326-J the following
2 new chapter:

3 CHAPTER 326-K

4 GENETIC COUNSELORS

5 326-K:1 Definitions. In this chapter and RSA 328-F:

6 I. "ABGC" means the American Board of Genetic Counseling, its equivalent, or successor.

7 II. "ABMG" means the American Board of Medical Genetics, its equivalent, or successor.

8 III. "Board" means the genetic counselors governing board established in RSA 328-F.

9 IV. "Genetic counselor" means an individual, who is licensed by the board under this
10 chapter, to engage in the competent practice of genetic counseling.

11 V. "NSGC" means the National Society of Genetic Counselors, its equivalent, or successor.

12 VI. "Practice of genetic counseling" means, but shall not be limited to:

13 (a) Obtaining and evaluating individual, family, and medical histories to determine
14 genetic risk for genetic or medical conditions and diseases in a patient, his or her offspring, and other
15 family members;

16 (b) Discussing the features, natural history, means of diagnosis, genetic and
17 environmental factors, and management of risk for genetic or medical conditions and diseases;

18 (c) Identifying and coordinating genetic laboratory tests and other diagnostic studies as
19 appropriate for the genetic assessment;

20 (d) Integrating genetic laboratory test results and other diagnostic studies with personal
21 and family medical history to assess and communicate risk factors for genetic or medical conditions
22 and diseases;

23 (e) Explaining the clinical implications of genetic laboratory tests and other diagnostic
24 studies and their results;

25 (f) Evaluating the client's or family's responses to the condition or risk of recurrence and
26 provide client-centered counseling and anticipatory guidance;

27 (g) Identifying and utilizing community resources that provide medical, educational,
28 financial, and psychosocial support and advocacy; and

29 (h) Providing written documentation of medical, genetic, and counseling information for
30 families and health care professionals.

1 326-K:2 Exemptions from Licensure. The requirements for licensure under this chapter shall
2 not apply to:

3 I. Any person licensed by the state to practice in a profession other than that of genetic
4 counseling when acting within the scope of the person's profession and doing work of a nature
5 consistent with the person's training. Such person shall not hold himself or herself out to the public
6 as a genetic counselor.

7 II. Any person employed as a genetic counselor by the federal government or an agency
8 thereof if such person provides genetic counseling services solely under the direction and control of
9 the organization by which he or she is employed.

10 III. A student, if the following conditions apply:

11 (a) The student is enrolled in an ABGC accredited genetic counseling educational program;

12 (b) The genetic counseling services performed by the student are an integral part of the
13 student's course of study;

14 (c) The genetic counseling services are performed under the direct supervision of a
15 licensed genetic counselor; and

16 (d) The student is designated by the title, "genetic counseling intern."

17 IV. A genetic counselor working for an out-of-state employer or organization providing occasional
18 genetic counseling services in this state who is not licensed in the state of New Hampshire, and:

19 (a) Is licensed as a genetic counselor in the state where he or she is employed; or

20 (b) If licensure is not available in the genetic counselor's state of employment, the genetic
21 counselor shall be certified or have active candidate status conferred by the ABGC or the ABMG.

22 326-K:3 Eligibility for Initial Licensure. In addition to requirements under RSA 328-F, the
23 board shall require the following as a minimum to qualify for licensure. Each applicant shall:

24 I. Comply with the NSGC Code of Ethics.

25 II. Provide satisfactory evidence of having fulfilled the following criteria:

26 (a) Genetic counselor certified by ABGC or ABMG; or

27 (b) Medical geneticist certified by ABMG; or

28 (c) An individual who has worked as a genetic counselor for a minimum of 10 years
29 preceding the effective date of this chapter and who provides the following documentation:

30 (1) A master's or higher degree in genetics or related field of study; and

31 (2) Proof of having never failed the ABMG/ABGC certification examination; and

32 (3) Three letters of recommendation from at least one genetic counselor who qualifies
33 for licensure under this chapter, and either a clinical geneticist certified by ABMG or medical
34 geneticist certified by ABMG. The board shall consider a letter from a supervising physician if
35 clinical or medical geneticist is not available. All individuals submitting letters of recommendation
36 shall have worked with the applicant in an employment setting during the last 10 years and can
37 attest to the applicant's competency in providing genetic counseling services; and

1 (4) Proof of attending ABGC approved continuing education programs within the
2 last 5 years.

3 III. An individual who submits the documentation required in subparagraph II(c) not later
4 than 180 days after licensure under this chapter is first available or no later than 180 days after
5 accepting a position in New Hampshire may apply to the board for licensure without meeting the
6 certification requirement.

7 326-K:4 Provisional License.

8 I. A provisional license may be issued by the board to an applicant who meets all of the
9 requirements for licensure except for the certification component and has been granted active
10 candidate status by ABGC.

11 II. A provisional license shall be valid for the ABGC examination cycle for which active
12 candidate status by the ABGC has been granted. Such provisional license shall expire automatically
13 upon the earliest of the following:

- 14 (a) Issuance of a full license;
15 (b) Thirty days after the applicant fails to pass the certification examination; or
16 (c) The date printed on the provisional license.

17 III. A provisional licensed genetic counselor shall work under the general supervision of a
18 licensed genetic counselor or a licensed physician at all times during which the provisional licensed
19 genetic counselor performs genetic counseling. An application for extension of the provisional license
20 shall be signed by a supervisor.

21 326-K:5 Prohibition on Unlicensed Practice; Professional Identification.

22 I. No person shall practice or represent himself or herself as a genetic counselor in this state
23 without first applying for and receiving a license or provisional license from the board to practice as
24 a licensed genetic counselor.

25 II. A genetic counselor whose license is suspended or revoked or whose surrender of license
26 with or without prejudice has been accepted by the board, shall promptly deliver the original license
27 to the board.

28 III. Individuals holding currently valid licenses issued under this chapter may use the title
29 "genetic counselor" and write the designation "licensed genetic counselor" following his or her
30 written name.

31 IV. No person shall represent himself or herself or the services offered by using the term
32 genetic counselor unless he or she is licensed in accordance with this chapter. No person, who is not
33 so licensed may use in connection with his or her name or place of business, the title "genetic
34 counselor," "licensed genetic counselor," "gene counselor," "genetic consultant," "genetic associate," or
35 any words, letters, abbreviations or insignia indicating or implying a person holds a genetic
36 counseling license, or any similar words if the intent of such use is to imply that the person is
37 licensed, unless licensed under this chapter.

1 V. Any person who states or implies by word or act that he or she is currently licensed to
2 practice genetic counseling at a time when he or she does not hold a currently valid license shall be
3 guilty of a misdemeanor.

4 326-K:6 Reciprocity. An applicant who satisfies the board that he or she is licensed under the
5 laws of another state, territory, or jurisdiction of the United States, which in the opinion of the board
6 imposes substantially the same licensing requirements as required by RSA 328-F, RSA 326-K:3, and
7 the rules of the board, may be granted a license pursuant to this chapter.

8 2 Allied Health Professionals; Definition; Governing Board. Amend RSA 328-F:2, II to read as
9 follows:

10 II. "Governing boards" means individual licensing boards of athletic trainers, occupational
11 therapy assistants, occupational therapists, recreational therapists, physical therapists, physical
12 therapist assistants, respiratory care practitioners, [~~and~~] speech-language pathologists, *and genetic*
13 *counselors*.

14 3 New Paragraph; Allied Health Professionals; Genetic Counseling. Amend RSA 328-F:2 by
15 inserting after paragraph IX the following new paragraph:

16 X. "Genetic counseling" means genetic counseling as defined in RSA 326-K:2.

17 4 Governing Board; Establishment. Amend RSA 328-F:3, I to read as follows:

18 I. There shall be established governing boards of athletic trainers, occupational therapists,
19 recreational therapists, respiratory care practitioners, physical therapists, [~~and~~] speech-language
20 pathologists, *and genetic counselors*.

21 5 New Paragraph; Genetic Counselors; Governing Board; Appointment. Amend RSA 328-F:4 by
22 inserting after paragraph IX the following new paragraph:

23 X. The genetic counselors governing board shall consist of 4 licensed genetic counselors, who
24 have actively engaged in the practice of genetic counseling in this state for at least 2 years, and one
25 public member. Initial appointment of professional members by the governor and council shall be
26 qualified persons practicing genetic counseling in this state. All subsequent appointments or
27 reappointments shall require licensure.

28 6 Renewals; Reference to Genetic Counselors Added. Amend RSA 328-F:19, I to read as follows:

29 I. Initial licenses and renewals shall be valid for 2 years, except that timely and complete
30 application for license renewal by eligible applicants shall continue the validity of the licenses being
31 renewed until the governing board has acted on the renewal application. Licenses issued pursuant
32 to RSA 328-A, RSA 326-G, and RSA 326-J shall expire in even-numbered years and licenses issued
33 pursuant to RSA 326-C, RSA 326-E, [~~and~~] RSA 326-F, *and RSA 326-K* shall expire in odd-numbered
34 years.

35 7 Effective Date. This act shall take effect July 1, 2013.

SB 135-FN - FISCAL NOTE

AN ACT relative to the regulation of the practice of genetic counseling.

FISCAL IMPACT:

The Office of Allied Health Professionals, Judicial Branch, Department of Justice and New Hampshire Association of Counties state this bill, **as introduced**, will increase state and county expenditures by an indeterminable amount in FY 2014 and each year thereafter. The Office of Allied Health Professionals states this bill will increase state revenue by \$850 in FY 2014, \$170 in FY 2015, \$720 in FY 2016, and \$390 in FY 2017. There will be no fiscal impact on county or local revenue or on local expenditures.

METHODOLOGY:

The Office of Allied Health Professionals assumes there would initially be five individuals licensed as genetic counselors, and the Board would operate as the other governing boards, hold monthly meetings and charge the same license fees as the other boards. The Office of Allied Health Professionals indicates, based on the existing fees as established for the other professions, the genetic board would not generate sufficient revenue to equal 125% of the Board's expenditures. The Office of Allied Health Professionals states it would continue to budget and adhere to the 125% budget requirement the boards as a group. The Office assumes the bill would be effective on July 1, 2013 and no additional equipment would be needed. Based on these assumptions, the Office estimates the operating budget would be as follows:

	<u>FY 2014</u>	<u>FY 2015</u>	<u>FY 2016</u>	<u>FY 2017</u>
Revenue:				
Initial Licensure (5 @ \$170)	\$850	\$170	\$170	\$170
Renewals (5 @ \$110) (every other year)	0	0	\$550	0
Reinstatement (1@ \$220)	0	0	0	\$220
Total Revenue	\$850	\$170	\$720	\$390
Expenditures:				
Current Expense	\$150	\$150	\$175	\$175
Telecommunications	\$50	\$50	\$50	\$75
Part-Time Salary	\$3,000	\$3,000	\$3,000	\$3,000
Benefits	\$300	\$300	\$300	\$300

In State Travel for Monthly Board Meetings	<u>\$4,500</u>	<u>\$4,500</u>	<u>\$4,500</u>	<u>\$4,500</u>
Total Expenditures	\$8,000	\$8,000	\$8,025	\$8,050

The Judicial Branch states this bill requires genetic counselors to obtain a license from the genetic counselors governing board in order to practice. The proposed legislation establishes a misdemeanor for any person practicing without a license. In addition, the bill creates the genetic counselors governing board with investigatory and disciplinary powers. The Branch states, while the chapter does not provide for administrative appeals to the Supreme Court, such appeals can be made by a writ of certiorari. The Branch has no information to estimate how many charges would be brought as a result of the changes contained in the bill to determine the fiscal impact on expenditures. The Branch estimates states the average cost of a class B misdemeanor case in the district division of the circuit court will be is \$44.32 in FY 2014 and \$45.84 in FY 2015 and each year thereafter. The Branch states the case cost estimates are based on data that is more than seven years old and does not reflect the changes to the courts over that same period of time or the impact these changes may have on the processing of these types of cases. The Branch has no information to estimate how many appeals may result from the changes contained in the bill to determine the fiscal impact on expenditures. However, if a single case were to be appealed to the New Hampshire Supreme Court, the fiscal impact would be in excess of \$10,000.

The Department of Justice states the Administrative Prosecutions Unit (APU), which is part of the Consumer Protection and Antitrust Bureau, currently provides prosecution services to the Board of Allied Health Professionals. The Department assumes the addition of this new board may increase the work of the APU. The Department states a significant increase would require additional resources, but indicates licensing boards typically cover a portion of these costs through licensing fees. In addition, the Department assumes the Board would require assistance from the Civil Bureau with the promulgation of rules, administrative enforcement of violations and with general legal counsel to the Board. Finally, the Department states the bill provides a misdemeanor sanction for the unauthorized practice of genetic counseling and any prosecutions would likely be undertaken by the Department. The Department is unable able to estimate the additional service the Board will require and therefore cannot determine the fiscal impact.

The New Hampshire Association of Counties states to the extent more individuals are charged, convicted, and sentenced to incarceration in a county correctional facility, the counties may have increased expenditures. The Association is unable to determine the number of individuals who might be charged, convicted or incarcerated as a result of this bill to determine an exact

fiscal impact. The average annual cost to incarcerate an individual in a county correctional facility is approximately \$35,000. There is no impact on county revenue.

The Judicial Council assumes any violations of the proposed statute would take place within the context of someone's employment and it would be unlikely that he or she would meet the eligibility standards for appointment of counsel. The Council estimates this bill would have no impact on general fund expenditures for the provision of counsel to the indigent accused.

SB 135-FN - AS AMENDED BY THE SENATE

03/07/13 0356s

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13-0874

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SENATE BILL

135-FN

AN ACT

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3 CHAPTER 326-K

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14 genetic risk for genetic or medical conditions and diseases in a patient, his or her offspring, and other
15 family members;

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17 environmental factors, and management of risk for genetic or medical conditions and diseases;

18 (c) Identifying and coordinating genetic laboratory tests and other diagnostic studies as
19 appropriate for the genetic assessment;

20 (d) Integrating genetic laboratory test results and other diagnostic studies with personal
21 and family medical history to assess and communicate risk factors for genetic or medical conditions
22 and diseases;

23 (e) Explaining the clinical implications of genetic laboratory tests and other diagnostic
24 studies and their results;

25 (f) Evaluating the client's or family's responses to the condition or risk of recurrence and
26 provide client-centered counseling and anticipatory guidance;

27 (g) Identifying and utilizing community resources that provide medical, educational,
28 financial, and psychosocial support and advocacy; and

29 (h) Providing written documentation of medical, genetic, and counseling information for
30 families and health care professionals.

1 326-K:2 Exemptions from Licensure. The requirements for licensure under this chapter shall
2 not apply to:

3 I. Any person licensed by the state to practice in a profession other than that of genetic
4 counseling when acting within the scope of the person's profession and doing work of a nature
5 consistent with the person's training. Such person shall not hold himself or herself out to the public
6 as a genetic counselor.

7 II. Any person employed as a genetic counselor by the federal government or an agency
8 thereof if such person provides genetic counseling services solely under the direction and control of
9 the organization by which he or she is employed.

10 III. A student, if the following conditions apply:

11 (a) The student is enrolled in an ABGC accredited genetic counseling educational program;

12 (b) The genetic counseling services performed by the student are an integral part of the
13 student's course of study;

14 (c) The genetic counseling services are performed under the direct supervision of a
15 licensed genetic counselor; and

16 (d) The student is designated by the title, "genetic counseling intern."

17 IV. A genetic counselor working for an out-of-state employer or organization providing occasional
18 genetic counseling services in this state who is not licensed in the state of New Hampshire, and:

19 (a) Is licensed as a genetic counselor in the state where he or she is employed; or

20 (b) If licensure is not available in the genetic counselor's state of employment, the genetic
21 counselor shall be certified or have active candidate status conferred by the ABGC or the ABMG.

22 326-K:3 Eligibility for Initial Licensure. In addition to requirements under RSA 328-F, the
23 board shall require the following as a minimum to qualify for licensure. Each applicant shall:

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25 II. Provide satisfactory evidence of having fulfilled the following criteria:

26 (a) Genetic counselor certified by ABGC or ABMG; or

27 (b) Medical geneticist certified by ABMG; or

28 (c) An individual who has worked as a genetic counselor for a minimum of 10 years
29 preceding the effective date of this chapter and who provides the following documentation:

30 (1) A master's or higher degree in genetics or related field of study; and

31 (2) Proof of having never failed the ABMG/ABGC certification examination; and

32 (3) Three letters of recommendation from at least one genetic counselor who qualifies
33 for licensure under this chapter, and either a clinical geneticist certified by ABMG or medical
34 geneticist certified by ABMG. The board shall consider a letter from a supervising physician if
35 clinical or medical geneticist is not available. All individuals submitting letters of recommendation
36 shall have worked with the applicant in an employment setting during the last 10 years and can
37 attest to the applicant's competency in providing genetic counseling services; and

1 (4) Proof of attending ABGC approved continuing education programs within the
2 last 5 years.

3 III. An individual who submits the documentation required in subparagraph II(c) not later
4 than 180 days after licensure under this chapter is first available or no later than 180 days after
5 accepting a position in New Hampshire may apply to the board for licensure without meeting the
6 certification requirement.

7 326-K:4 Provisional License.

8 I. A provisional license may be issued by the board to an applicant who meets all of the
9 requirements for licensure except for the certification component and has been granted active
10 candidate status by ABGC.

11 II. A provisional license shall be valid for the ABGC examination cycle for which active
12 candidate status by the ABGC has been granted. Such provisional license shall expire automatically
13 upon the earliest of the following:

- 14 (a) Issuance of a full license;
15 (b) Thirty days after the applicant fails to pass the certification examination; or
16 (c) The date printed on the provisional license.

17 III. A provisional licensed genetic counselor shall work under the general supervision of a
18 licensed genetic counselor or a licensed physician at all times during which the provisional licensed
19 genetic counselor performs genetic counseling. An application for extension of the provisional license
20 shall be signed by a supervisor.

21 326-K:5 Prohibition on Unlicensed Practice; Professional Identification.

22 I. No person shall practice or represent himself or herself as a genetic counselor in this state
23 without first applying for and receiving a license or provisional license from the board to practice as
24 a licensed genetic counselor.

25 II. A genetic counselor whose license is suspended or revoked or whose surrender of license
26 with or without prejudice has been accepted by the board, shall promptly deliver the original license
27 to the board.

28 III. Individuals holding currently valid licenses issued under this chapter may use the title
29 "genetic counselor" and write the designation "licensed genetic counselor" following his or her
30 written name.

31 IV. No person shall represent himself or herself or the services offered by using the term
32 genetic counselor unless he or she is licensed in accordance with this chapter. No person, who is not
33 so licensed may use in connection with his or her name or place of business, the title "genetic
34 counselor," "licensed genetic counselor," "gene counselor," "genetic consultant," "genetic associate," or
35 any words, letters, abbreviations or insignia indicating or implying a person holds a genetic
36 counseling license, or any similar words if the intent of such use is to imply that the person is
37 licensed, unless licensed under this chapter.

1 V. Any person who states or implies by word or act that he or she is currently licensed to
2 practice genetic counseling at a time when he or she does not hold a currently valid license shall be
3 guilty of a misdemeanor.

4 326-K:6 Reciprocity. An applicant who satisfies the board that he or she is licensed under the
5 laws of another state, territory, or jurisdiction of the United States, which in the opinion of the board
6 imposes substantially the same licensing requirements as required by RSA 328-F, RSA 326-K:3, and
7 the rules of the board, may be granted a license pursuant to this chapter.

8 326-K:7 Compensation. Notwithstanding RSA 328-F:6 and RSA 328-F:15, I(g), the members of
9 genetic counselors governing board shall serve without compensation for attendance at meetings and
10 shall not be reimbursed for travel expenses incurred in connection with the work of the board.

11 2 Allied Health Professionals; Definition; Governing Board. Amend RSA 328-F:2, II to read as
12 follows:

13 II. "Governing boards" means individual licensing boards of athletic trainers, occupational
14 therapy assistants, occupational therapists, recreational therapists, physical therapists, physical
15 therapist assistants, respiratory care practitioners, ~~and~~ speech-language pathologists, **and genetic**
16 **counselors**.

17 3 New Paragraph; Allied Health Professionals; Genetic Counseling. Amend RSA 328-F:2 by
18 inserting after paragraph IX the following new paragraph:

19 X. "Genetic counseling" means genetic counseling as defined in RSA 326-K:2.

20 4 Governing Board; Establishment. Amend RSA 328-F:3, I to read as follows:

21 I. There shall be established governing boards of athletic trainers, occupational therapists,
22 recreational therapists, respiratory care practitioners, physical therapists, ~~and~~ speech-language
23 pathologists, **and genetic counselors**.

24 5 New Paragraph; Genetic Counselors; Governing Board; Appointment. Amend RSA 328-F:4 by
25 inserting after paragraph IX the following new paragraph:

26 X. The genetic counselors governing board shall consist of 4 licensed genetic counselors, who
27 have actively engaged in the practice of genetic counseling in this state for at least 2 years, and one
28 public member. Initial appointment of professional members by the governor and council shall be
29 qualified persons practicing genetic counseling in this state. All subsequent appointments or
30 reappointments shall require licensure.

31 6 Renewals; Reference to Genetic Counselors Added. Amend RSA 328-F:19, I to read as follows:

32 I. Initial licenses and renewals shall be valid for 2 years, except that timely and complete
33 application for license renewal by eligible applicants shall continue the validity of the licenses being
34 renewed until the governing board has acted on the renewal application. Licenses issued pursuant
35 to RSA 328-A, RSA 326-G, and RSA 326-J shall expire in even-numbered years and licenses issued
36 pursuant to RSA 326-C, RSA 326-E, ~~and~~ RSA 326-F, **and RSA 326-K** shall expire in odd-numbered
37 years.

SB 135-FN - AS AMENDED BY THE SENATE

- Page 5 -

1 7 Effective Date. This act shall take effect July 1, 2013.

SB 135 FISCAL NOTE

AN ACT relative to the regulation of the practice of genetic counseling.

FISCAL IMPACT:

The Office of Allied Health Professionals, Judicial Branch, Department of Justice and New Hampshire Association of Counties state this bill, as amended by the Senate (Amendment #2013-0356s), will increase state and county expenditures by an indeterminable amount in FY 2014 and each year thereafter. The Office of Allied Health Professionals states this bill will increase state revenue by \$2,550 in FY 2014, \$340 in FY 2015, \$2,160 in FY 2016, and \$1,170 in FY 2017. There will be no fiscal impact on county or local revenue, or local expenditures.

METHODOLOGY:

This bill would establish a Genetic Counselors Governing Board within the Office of Licensed Allied Health Professionals. The Office of Allied Health Professionals assumes there would initially be fifteen individuals licensed as genetic counselors, and the Board would operate as the other governing boards, hold monthly meetings and charge the same license fees as the other boards. The Office indicates, based on the existing fees as established for the other professions, the genetic board would not generate sufficient revenue to equal 125% of the Board's expenditures. The Office states it would continue to budget and adhere to the 125% budget requirement the boards as a group. The Office assumes the bill would be effective on July 1, 2013 and no additional equipment would be needed. In addition, the Office assumes there will be approximately 15 individuals licensed in FY 2014, two in FY 2015, and three in subsequent years. Based on these assumptions, the Office estimates the operating budget would be as follows:

	FY 2014	FY 2015	FY 2016	FY 2017
Revenue:				
Initial Licensure (\$170 each)	\$2,550	\$340	\$510	\$510
Renewals (\$110 each, every other year)	0	0	\$1,650	\$220
Reinstatement (\$220 each)	0	0	0	\$440
Total Revenue	\$2,550	\$340	\$2,160	\$1,170
Expenditures:				
Current Expenses	\$150	\$150	\$175	\$175

Telecommunications	\$50	\$50	\$50	\$75
Personal Services Temporary Appointment	\$2,000	\$2,000	\$2,000	\$2,000
Benefits	\$153	\$153	\$153	\$153
Total Expenditures	\$2,353	\$2,353	\$2,378	\$2,403

The Judicial Branch states this bill requires genetic counselors to obtain a license from the genetic counselors governing board in order to practice. The proposed legislation establishes a misdemeanor for any person practicing without a license. In addition, the bill creates the genetic counselors governing board with investigatory and disciplinary powers. The Branch states, while the chapter does not provide for administrative appeals to the Supreme Court, such appeals can be made by a writ of certiorari. The Branch has no information to estimate how many charges would be brought as a result of the changes contained in the bill to determine the fiscal impact on expenditures. The Branch estimates states the average cost of a class B misdemeanor case in the district division of the circuit court will be is \$44.32 in FY 2014 and \$45.84 in FY 2015 and each year thereafter. The Branch states the case cost estimates are based on data that is more than seven years old and does not reflect the changes to the courts over that same period of time or the impact these changes may have on the processing of these types of cases. The Branch has no information to estimate how many appeals may result from the changes contained in the bill to determine the fiscal impact on expenditures. However, if a single case were to be appealed to the New Hampshire Supreme Court, the fiscal impact would be in excess of \$10,000.

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fiscal impact. The average annual cost to incarcerate an individual in a county correctional facility is approximately \$35,000. There is no impact on county revenue.

The Judicial Council assumes any violations of the proposed statute would take place within the context of someone's employment and it would be unlikely that he or she would meet the eligibility standards for appointment of counsel. The Council estimates this bill would have no impact on general fund expenditures for the provision of counsel to the indigent accused.

SB 135-FN - AS AMENDED BY THE HOUSE

03/07/13 0356s
5June2013... 1718h

2013 SESSION

13-0874
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SENATE BILL ***135-FN***

AN ACT relative to the regulation of the practice of genetic counseling.

SPONSORS: Sen. Carson, Dist 14; Sen. Lasky, Dist 13; Sen. Gilmour, Dist 12; Rep. Rosenwald, Hills 30; Rep. Harding, Graf 13

COMMITTEE: Executive Departments and Administration

AMENDED ANALYSIS

This bill establishes the genetic counselors governing board in the office of licensed allied health professionals for the regulation of the practice of genetic counseling in this state. The bill also requires that professionals exempted from licensure but engaged in genetic counseling comply with the disclosure requirements applicable to genetic counselors.

.....

Explanation: Matter added to current law appears in ***bold italics***.
Matter removed from current law appears [~~in brackets and struck through~~]
Matter which is either (a) all new or (b) repealed and reenacted appears in regular type.

STATE OF NEW HAMPSHIRE

In the Year of Our Lord Two Thousand Thirteen

AN ACT relative to the regulation of the practice of genetic counseling.

Be it Enacted by the Senate and House of Representatives in General Court convened:

1 1 New Chapter; Genetic Counselors. Amend RSA by inserting after chapter 326-J the following
2 new chapter:

3 CHAPTER 326-K

4 GENETIC COUNSELORS

5 326-K:1 Definitions. In this chapter and RSA 328-F:

6 I. "ABGC" means the American Board of Genetic Counseling, its equivalent, or successor.

7 II. "ABMG" means the American Board of Medical Genetics, its equivalent, or successor.

8 III. "Board" means the genetic counselors governing board established in RSA 328-F.

9 IV. "Genetic counselor" means an individual, who is licensed by the board under this
10 chapter, to engage in the practice of genetic counseling.

11 V. "NSGC" means the National Society of Genetic Counselors, its equivalent, or successor.

12 VI. "Practice of genetic counseling" means, for the purposes of advising an individual client,
13 a client's family, or other licensed health care professionals:

14 (a) Obtaining and evaluating individual, family, and medical histories to determine
15 genetic risk for genetic or medical conditions and diseases in a patient, his or her offspring, and other
16 family members;

17 (b) Discussing the features, natural history, means of diagnosis, genetic and
18 environmental factors, and management of risk for genetic or medical conditions and diseases;

19 (c) Identifying and coordinating genetic laboratory tests and other diagnostic studies as
20 appropriate for the genetic assessment;

21 (d) Integrating genetic laboratory test results and other diagnostic studies with personal
22 and family medical history to assess and communicate risk factors for genetic or medical conditions
23 and diseases;

24 (e) Explaining the clinical implications of genetic laboratory tests and other diagnostic
25 studies and their results;

26 (f) Evaluating the client's or family's responses to the condition or risk of recurrence and
27 provide client-centered counseling and anticipatory guidance; and

28 (g) Providing written documentation of medical, genetic, and counseling information for
29 families and health care professionals.

1 326-K:2 Exemptions from Licensure. Except for the requirements under RSA 326-K:8, the
2 requirements for licensure under this chapter shall not apply to:

3 I. Any person licensed by the state to practice in a profession other than that of genetic
4 counseling when acting within the scope of the person's profession and doing work of a nature
5 consistent with the person's training. Such person shall not hold himself or herself out to the public
6 as a genetic counselor.

7 II. Any person employed as a genetic counselor by the federal government or an agency
8 thereof if such person provides genetic counseling services solely under the direction and control of
9 the organization by which he or she is employed.

10 III. A student, if the following conditions apply:

11 (a) The student is enrolled in an ABGC accredited genetic counseling educational program;

12 (b) The genetic counseling services performed by the student are an integral part of the
13 student's course of study;

14 (c) The genetic counseling services are performed under the direct supervision of a
15 licensed genetic counselor; and

16 (d) The student is designated by the title, "genetic counseling intern."

17 326-K:3 Eligibility for Initial Licensure. In addition to requirements under RSA 328-F, the
18 board shall require the following as a minimum to qualify for licensure. Each applicant shall:

19 I. Comply with the NSGC Code of Ethics.

20 II. Provide satisfactory evidence of having fulfilled the following criteria:

21 (a) Genetic counselor currently certified by ABGC or ABMG; or

22 (b) Medical geneticist currently certified by ABMG.

23 III. Be at least 18 years of age.

24 IV. Be of good moral character.

25 V. Demonstrate sufficient evidence of good professional character and reliability to satisfy
26 the board that the applicant shall faithfully and conscientiously avoid professional misconduct and
27 adhere to this chapter, RSA 328-F, and the board's rules.

28 326-K:4 Provisional License.

29 I. A provisional license may be issued by the board to an applicant who meets all of the
30 requirements for licensure except for the certification component and has been granted active
31 candidate status by ABGC.

32 II. A provisional license shall be valid for the ABGC examination cycle for which active
33 candidate status by the ABGC has been granted. Such provisional license shall expire automatically
34 upon the earliest of the following:

35 (a) Issuance of a full license;

36 (b) Thirty days after the applicant fails to pass the certification examination; or

37 (c) Two years from the issuance of a provisional license.

1 III. A provisional license may only be extended upon approval of the board for good cause
2 shown.

3 IV. A provisional licensed genetic counselor shall work under the general supervision of a
4 licensed genetic counselor or a licensed physician at all times during which the provisional licensed
5 genetic counselor performs genetic counseling. An application for extension of the provisional license
6 shall be signed by the supervising licensed genetic counselor or supervising licensed physician.

7 V. The board is authorized to issue conditional provisional licenses in accordance with rules
8 adopted pursuant to RSA 541-A.

9 326-K:5 Prohibition on Unlicensed Practice; Professional Identification.

10 I. No person shall practice or represent himself or herself as a genetic counselor in this state
11 without first applying for and receiving a license or provisional license from the board to practice as
12 a licensed genetic counselor.

13 II. A genetic counselor whose license is suspended or revoked or whose surrender of license
14 with or without prejudice has been accepted by the board, shall promptly deliver the original license
15 to the board.

16 III. Individuals holding currently valid licenses issued under this chapter may use the title
17 "genetic counselor" and write the designation "licensed genetic counselor" following his or her
18 written name.

19 IV. No person shall represent himself or herself or the services offered by using the term
20 genetic counselor unless he or she is licensed in accordance with this chapter. No person, who is not
21 so licensed may use in connection with his or her name or place of business, the title "genetic
22 counselor," "licensed genetic counselor," "gene counselor," "genetic consultant," "genetic associate," or
23 any words, letters, abbreviations or insignia indicating or implying a person holds a genetic
24 counseling license, or any similar words if the intent of such use is to imply that the person is
25 licensed.

26 V. Any person who states or implies by word or act that he or she is currently licensed to
27 practice genetic counseling at a time when he or she does not hold a currently valid license shall be
28 guilty of a misdemeanor.

29 326-K:6 Reciprocity. The board may, in its discretion, grant a license under this chapter to an
30 individual certified or licensed in another state if it determines that the requirements or standards
31 for certification or licensure in that state are equivalent to, or greater than, those established by this
32 chapter.

33 326-K:7 Compensation. Notwithstanding RSA 328-F:6 and RSA 328-F:15, I(g), the members of
34 genetic counselors governing board shall serve without compensation for attendance at meetings and
35 shall not be reimbursed for travel expenses incurred in connection with the work of the board.

36 326-K:8 Privileged Communications. In addition to RSA 328-F:28:

37 I. No person shall disclose any information or results related to a genetic evaluation,

1 assessment, laboratory test, diagnostic study, or written documentation of genetic counseling, to any
2 person other than the client without prior written consent.

3 II. Information and results may be made available to the board for use in an investigation or
4 disciplinary proceeding under RSA 328-F concerning a licensed genetic counselor only if the results
5 are coded to maintain confidentiality of the client.

6 III. A violation of this section shall be subject to a civil action by an aggrieved individual
7 and, if successful, the aggrieved individual shall be awarded special or general damages of not less
8 than \$10,000 for each violation, and costs and reasonable legal fees.

9 326-K:9 Rulemaking.

10 I. In addition to rules adopted pursuant to RSA 328-F:11, the board shall adopt rules
11 pursuant to RSA 541-A relative to:

12 (a) Eligibility requirements for provisional licenses.

13 (b) Application procedures for provisional licenses.

14 (c) The requirements for direction and supervision of those practicing under provisional
15 licenses.

16 (d) The limitations on practice imposed on those practicing under provisional licenses.

17 326-K:10 Eligibility for Renewal of Licenses. Licensees are eligible for renewal of their licenses
18 if they:

19 I. Have completed 50 hours of continuing education which meet the requirements
20 established by the board through rulemaking pursuant to RSA 541-A and at least 50 percent of
21 which are directly related to the practice of genetic counseling.

22 II. Have not violated this chapter or RSA 328-F nor demonstrated poor professional
23 character.

24 2 Allied Health Professionals; Definition; Governing Board. Amend RSA 328-F:2, II to read as
25 follows:

26 II. "Governing boards" means individual licensing boards of athletic trainers, occupational
27 therapy assistants, occupational therapists, recreational therapists, physical therapists, physical
28 therapist assistants, respiratory care practitioners, [and] speech-language pathologists, **and genetic**
29 **counselors**.

30 3 New Paragraph; Allied Health Professionals; Genetic Counseling. Amend RSA 328-F:2 by
31 inserting after paragraph IX the following new paragraph:

32 X. "Genetic counseling" means genetic counseling as defined in RSA 326-K:1.

33 4 Governing Board; Establishment. Amend RSA 328-F:3, I to read as follows:

34 I. There shall be established governing boards of athletic trainers, occupational therapists,
35 recreational therapists, respiratory care practitioners, physical therapists, [and] speech-language
36 pathologists, **and genetic counselors**.

37 5 New Paragraph; Genetic Counselors; Governing Board; Appointment. Amend RSA 328-F:4 by

1 inserting after paragraph IX the following new paragraph:

2 X. The genetic counselors governing board shall consist of 3 licensed genetic counselors, who
3 have actively engaged in the practice of genetic counseling in this state for at least 2 years, one
4 practicing physician with experience in working with genetic counselors, and one public member.
5 Initial appointment of professional members by the governor and council shall be qualified persons
6 practicing genetic counseling in this state. All subsequent appointments or reappointments shall
7 require licensure.

8 6 Renewals; Reference to Genetic Counselors Added. Amend RSA 328-F:19, I to read as follows:

9 I. Initial licenses and renewals shall be valid for 2 years, except that timely and complete
10 application for license renewal by eligible applicants shall continue the validity of the licenses being
11 renewed until the governing board has acted on the renewal application. Licenses issued pursuant
12 to RSA 328-A, RSA 326-G, and RSA 326-J shall expire in even-numbered years and licenses issued
13 pursuant to RSA 326-C, RSA 326-E, ~~[and] RSA 326-F,~~ **and RSA 326-K** shall expire in odd-numbered
14 years.

15 7 Genetic Testing; Disclosure; Medical Practice or Hospital. Amend RSA 141-H:2, III to read as
16 follows:

17 III. Except as provided in paragraph II, or authorized by RSA 141-J, no person shall disclose
18 to any other person that an individual has undergone genetic testing, and no person shall disclose
19 the results of such testing to any other person, without the prior written and informed consent of the
20 individual, the parent, guardian, or custodian if the individual is a minor under the age of 18, or the
21 legal guardian or conservator if the individual is an incompetent person. ~~[Discussion and disclosure
22 of genetic testing for a patient, requested of a physician by a patient, by appropriate professionals
23 within a physician's medical practice or hospital shall not be a violation of this chapter.]~~

24 8 Effective Date. This act shall take effect July 1, 2013.

SB 135 FISCAL NOTE

AN ACT relative to the regulation of the practice of genetic counseling.

FISCAL IMPACT:

The Office of Allied Health Professionals, Judicial Branch, Department of Justice and New Hampshire Association of Counties state this bill, as amended by the House (Amendment #2013-1718h), will increase state and county expenditures by an indeterminable amount in FY 2014 and each year thereafter. The Office of Allied Health Professionals states this bill will increase state revenue by \$2,550 in FY 2014, \$340 in FY 2015, \$2,160 in FY 2016, and \$1,170 in FY 2017. There will be no fiscal impact on county or local revenue, or local expenditures.

METHODOLOGY:

This bill would establish a Genetic Counselors Governing Board within the Office of Licensed Allied Health Professionals. The Office of Allied Health Professionals assumes there would initially be fifteen individuals licensed as genetic counselors, and the Board would operate as the other governing boards, hold monthly meetings and charge the same license fees as the other boards. The Office indicates, based on the existing fees as established for the other professions, the genetic board would not generate sufficient revenue to equal 125% of the Board's expenditures. The Office states it would continue to budget and adhere to the 125% budget requirement the boards as a group. The Office assumes the bill would be effective on July 1, 2013 and no additional equipment would be needed. In addition, the Office assumes there will be approximately 15 individuals licensed in FY 2014, two in FY 2015, and three in subsequent years. Based on these assumptions, the Office estimates the operating budget would be as follows:

	FY 2014	FY 2015	FY 2016	FY 2017
Revenue:				
Initial Licensure (\$170 each)	\$2,550	\$340	\$510	\$510
Renewals (\$110 each, every other year)	0	0	\$1,650	\$220
Reinstatement (\$220 each)	0	0	0	\$440
Total Revenue	\$2,550	\$340	\$2,160	\$1,170
Expenditures:				
Current Expenses	\$150	\$150	\$175	\$175
Telecommunications	\$50	\$50	\$50	\$75
Personal Services Temporary Appointment	\$2,000	\$2,000	\$2,000	\$2,000

Benefits	\$153	\$153	\$153	\$153
Total Expenditures	\$2,353	\$2,353	\$2,378	\$2,403

The Judicial Branch states this bill requires genetic counselors to obtain a license from the genetic counselors governing board in order to practice. The proposed legislation establishes a misdemeanor for any person practicing without a license. In addition, the bill creates the genetic counselors governing board with investigatory and disciplinary powers. The Branch states, while the chapter does not provide for administrative appeals to the Supreme Court, such appeals can be made by a writ of certiorari. The Branch has no information to estimate how many charges would be brought as a result of the changes contained in the bill to determine the fiscal impact on expenditures. The Branch estimates states the average cost of a class B misdemeanor case in the district division of the circuit court will be \$44.32 in FY 2014 and \$45.84 in FY 2015 and each year thereafter. In addition to criminal penalties, the bill allows for civil actions brought by individuals whose personal genetic information has been made available to others without prior written consent. The Branch states that it is unable to determine how many such cases will be brought, but that the cases will be classified as complex civil cases. The Branch projects the average cost of processing a complex civil case in the Superior Court will be \$656.99 in FY 2014 and \$672.69 in FY 2015. The Branch states the case cost estimates are based on data that is more than seven years old and does not reflect the changes to the courts over that same period of time or the impact these changes may have on the processing of these types of cases. The Branch has no information to estimate how many appeals may result from the changes contained in the bill to determine the fiscal impact on expenditures. However, if a single case were to be appealed to the New Hampshire Supreme Court, the fiscal impact would be in excess of \$10,000.

The Department of Justice states the Administrative Prosecutions Unit (APU), which is part of the Consumer Protection and Antitrust Bureau, currently provides prosecution services to the Board of Allied Health Professionals. The Department assumes the addition of this new board may increase the work of the APU. The Department states a significant increase would require additional resources, but indicates licensing boards typically cover a portion of these costs through licensing fees. In addition, the Department assumes the Board would require assistance from the Civil Bureau with the promulgation of rules, administrative enforcement of violations and with general legal counsel to the Board. Finally, the Department states the bill provides a misdemeanor sanction for the unauthorized practice of genetic counseling and any prosecutions would likely be undertaken by the Department. The Department is unable able to estimate the additional service the Board will require and therefore cannot determine the fiscal impact.

The New Hampshire Association of Counties states to the extent more individuals are charged, convicted, and sentenced to incarceration in a county correctional facility, the counties may have increased expenditures. The Association is unable to determine the number of individuals who might be charged, convicted or incarcerated as a result of this bill to determine an exact fiscal impact. The average annual cost to incarcerate an individual in a county correctional facility is approximately \$35,000. There is no impact on county revenue.

The Judicial Council assumes any violations of the proposed statute would take place within the context of someone's employment and it would be unlikely that he or she would meet the eligibility standards for appointment of counsel. The Council estimates this bill would have no impact on general fund expenditures for the provision of counsel to the indigent accused.

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03/07/13 0356s
5June2013... 1718h
06/26/13 2089CofC
06/26/13 2190EBA

2013 SESSION

13-0874
10/01

SENATE BILL ***135-FN***

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CHAPTER 271
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2 following new chapter:

3 CHAPTER 326-K
4 GENETIC COUNSELORS

5 326-K:1 Definitions. In this chapter and RSA 328-F:

6 I. "ABGC" means the American Board of Genetic Counseling, its equivalent, or successor.

7 II. "ABMG" means the American Board of Medical Genetics, its equivalent, or successor.

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9 IV. "Genetic counselor" means an individual, who is licensed by the board under this
10 chapter, to engage in the practice of genetic counseling.

11 V. "NSGC" means the National Society of Genetic Counselors, its equivalent, or successor.

12 VI. "Practice of genetic counseling" means, for the purposes of advising an individual client,
13 a client's family, or other licensed health care professionals:

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15 genetic risk for genetic or medical conditions and diseases in a patient, his or her offspring, and other
16 family members;

17 (b) Discussing the features, natural history, means of diagnosis, genetic and
18 environmental factors, and management of risk for genetic or medical conditions and diseases;

19 (c) Identifying and coordinating genetic laboratory tests and other diagnostic studies as
20 appropriate for the genetic assessment;

21 (d) Integrating genetic laboratory test results and other diagnostic studies with personal
22 and family medical history to assess and communicate risk factors for genetic or medical conditions
23 and diseases;

24 (e) Explaining the clinical implications of genetic laboratory tests and other diagnostic
25 studies and their results;

26 (f) Evaluating the client's or family's responses to the condition or risk of recurrence and
27 provide client-centered counseling and anticipatory guidance; and

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- Page 2 -

1 (g) Providing written documentation of medical, genetic, and counseling information for
2 families and health care professionals.

3 326-K:2 Exemptions from Licensure. Except for the requirements under RSA 326-K:8, the
4 requirements for licensure under this chapter shall not apply to:

5 I. Any person licensed by the state to practice in a profession other than that of genetic
6 counseling when acting within the scope of the person's profession and doing work of a nature
7 consistent with the person's training. Such person shall not hold himself or herself out to the public
8 as a genetic counselor.

9 II. Any person employed as a genetic counselor by the federal government or an agency
10 thereof if such person provides genetic counseling services solely under the direction and control of
11 the organization by which he or she is employed.

12 III. A student, if the following conditions apply:

13 (a) The student is enrolled in an ABGC accredited genetic counseling educational program;

14 (b) The genetic counseling services performed by the student are an integral part of the
15 student's course of study;

16 (c) The genetic counseling services are performed under the direct supervision of a
17 licensed genetic counselor; and

18 (d) The student is designated by the title, "genetic counseling intern."

19 326-K:3 Eligibility for Initial Licensure. In addition to requirements under RSA 328-F, the
20 board shall require the following as a minimum to qualify for licensure. Each applicant shall:

21 I. Comply with the NSGC Code of Ethics.

22 II. Provide satisfactory evidence of having fulfilled the following criteria:

23 (a) Genetic counselor currently certified by ABGC or ABMG; or

24 (b) Medical geneticist currently certified by ABMG.

25 III. Be at least 18 years of age.

26 IV. Be of good moral character.

27 V. Demonstrate sufficient evidence of good professional character and reliability to satisfy
28 the board that the applicant shall faithfully and conscientiously avoid professional misconduct and
29 adhere to this chapter, RSA 328-F, and the board's rules.

30 326-K:4 Provisional License.

31 I. A provisional license may be issued by the board to an applicant who meets all of the
32 requirements for licensure except for the certification component and has been granted active
33 candidate status by ABGC.

34 II. A provisional license shall be valid for the ABGC examination cycle for which active
35 candidate status by the ABGC has been granted. Such provisional license shall expire automatically
36 upon the earliest of the following:

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- Page 3 -

- 1 (a) Issuance of a full license;
2 (b) Thirty days after the applicant fails to pass the certification examination; or
3 (c) Two years from the issuance of a provisional license.

4 III. A provisional license may only be extended upon approval of the board for good cause
5 shown.

6 IV. A provisional licensed genetic counselor shall work under the general supervision of a
7 licensed genetic counselor or a licensed physician at all times during which the provisional licensed
8 genetic counselor performs genetic counseling. An application for extension of the provisional license
9 shall be signed by the supervising licensed genetic counselor or supervising licensed physician.

10 V. The board is authorized to issue conditional provisional licenses in accordance with rules
11 adopted pursuant to RSA 541-A.

12 326-K:5 Prohibition on Unlicensed Practice; Professional Identification.

13 I. No person shall practice or represent himself or herself as a genetic counselor in this state
14 without first applying for and receiving a license or provisional license from the board to practice as
15 a licensed genetic counselor.

16 II. A genetic counselor whose license is suspended or revoked or whose surrender of license
17 with or without prejudice has been accepted by the board, shall promptly deliver the original license
18 to the board.

19 III. Individuals holding currently valid licenses issued under this chapter may use the title
20 "genetic counselor" and write the designation "licensed genetic counselor" following his or her
21 written name.

22 IV. No person shall represent himself or herself or the services offered by using the term
23 genetic counselor unless he or she is licensed in accordance with this chapter. No person, who is not
24 so licensed may use in connection with his or her name or place of business, the title "genetic
25 counselor," "licensed genetic counselor," "gene counselor," "genetic consultant," "genetic associate," or
26 any words, letters, abbreviations or insignia indicating or implying a person holds a genetic
27 counseling license, or any similar words if the intent of such use is to imply that the person is
28 licensed.

29 V. Any person who states or implies by word or act that he or she is currently licensed to
30 practice genetic counseling at a time when he or she does not hold a currently valid license shall be
31 guilty of a misdemeanor.

32 326-K:6 Reciprocity. The board may, in its discretion, grant a license under this chapter to an
33 individual certified or licensed in another state if it determines that the requirements or standards
34 for certification or licensure in that state are equivalent to, or greater than, those established by this
35 chapter.

36 326-K:7 Compensation. Notwithstanding RSA 328-F:6 and RSA 328-F:15, I(g), the members of

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- Page 4 -

1 genetic counselors governing board shall serve without compensation for attendance at meetings and
2 shall not be reimbursed for travel expenses incurred in connection with the work of the board.

3 326-K:8 Privileged Communications. In addition to RSA 328-F:28:

4 I. No person shall disclose any information or results related to a genetic evaluation,
5 assessment, laboratory test, diagnostic study, or written documentation of genetic counseling, to any
6 person other than the client without prior written consent.

7 II. Information and results may be made available to the board for use in an investigation or
8 disciplinary proceeding under RSA 328-F concerning a licensed genetic counselor only if the results
9 are coded to maintain confidentiality of the client.

10 III. A violation of this section shall be subject to a civil action by an aggrieved individual
11 and, if successful, the aggrieved individual shall be awarded special or general damages of not less
12 than \$10,000 for each violation, and costs and reasonable legal fees.

13 326-K:9 Rulemaking. In addition to rules adopted pursuant to RSA 328-F:11, the board shall
14 adopt rules pursuant to RSA 541-A relative to:

15 I. Eligibility requirements for provisional licenses.

16 II. Application procedures for provisional licenses.

17 III. The requirements for direction and supervision of those practicing under provisional
18 licenses.

19 IV. The limitations on practice imposed on those practicing under provisional licenses.

20 326-K:10 Eligibility for Renewal of Licenses. Licensees are eligible for renewal of their licenses
21 if they:

22 I. Have completed 50 hours of continuing education which meet the requirements
23 established by the board through rulemaking pursuant to RSA 541-A and at least 50 percent of
24 which are directly related to the practice of genetic counseling.

25 II. Have not violated this chapter or RSA 328-F nor demonstrated poor professional
26 character.

27 271:2 Allied Health Professionals; Definition; Governing Board. Amend RSA 328-F:2, II to read
28 as follows:

29 II. "Governing boards" means individual licensing boards of athletic trainers, occupational
30 therapy assistants, occupational therapists, recreational therapists, physical therapists, physical
31 therapist assistants, respiratory care practitioners, [and] speech-language pathologists, *and genetic*
32 *counselors*.

33 271:3 New Paragraph; Allied Health Professionals; Genetic Counseling. Amend RSA 328-F:2 by
34 inserting after paragraph IX the following new paragraph:

35 X. "Genetic counseling" means genetic counseling as defined in RSA 326-K:1.

36 271:4 Governing Board; Establishment. Amend RSA 328-F:3, I to read as follows:

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- Page 5 -

1 I. There shall be established governing boards of athletic trainers, occupational therapists,
2 recreational therapists, respiratory care practitioners, physical therapists, ~~and~~ speech-language
3 pathologists, *and genetic counselors*.

4 271:5 New Paragraph; Genetic Counselors; Governing Board; Appointment. Amend RSA 328-
5 F:4 by inserting after paragraph IX the following new paragraph:

6 X. The genetic counselors governing board shall consist of 3 licensed genetic counselors, who
7 have actively engaged in the practice of genetic counseling in this state for at least 2 years, one
8 practicing physician with experience in working with genetic counselors, and one public member.
9 Initial appointment of professional members by the governor and council shall be qualified persons
10 practicing genetic counseling in this state. All subsequent appointments or reappointments shall
11 require licensure.

12 271:6 Renewals; Reference to Genetic Counselors Added. Amend RSA 328-F:19, I to read as
13 follows:

14 I. Initial licenses and renewals shall be valid for 2 years, except that timely and complete
15 application for license renewal by eligible applicants shall continue the validity of the licenses being
16 renewed until the governing board has acted on the renewal application. Licenses issued pursuant
17 to RSA 328-A, RSA 326-G, and RSA 326-J shall expire in even-numbered years and licenses issued
18 pursuant to RSA 326-C, RSA 326-E, ~~and~~ RSA 326-F, *and RSA 326-K* shall expire in odd-numbered
19 years.

20 271:7 Genetic Testing; Disclosure; Medical Practice or Hospital. Amend RSA 141-H:2, III to
21 read as follows:

22 III. Except as provided in paragraph II, or authorized by RSA 141-J, no person shall disclose
23 to any other person that an individual has undergone genetic testing, and no person shall disclose
24 the results of such testing to any other person, without the prior written and informed consent of the
25 individual, the parent, guardian, or custodian if the individual is a minor under the age of 18, or the
26 legal guardian or conservator if the individual is an incompetent person. ~~[Discussion and disclosure
27 of genetic testing for a patient, requested of a physician by a patient, by appropriate professionals
28 within a physician's medical practice or hospital shall not be a violation of this chapter.]~~

29 *IV. Nothing in this section shall be construed to regulate or apply to genetic testing
30 or genetic analysis used for diagnosis and treatment of a patient by a clinical laboratory
31 that has received a specimen referral from the individual patient's treating physician,
32 genetic counselor, or another clinical laboratory. Nothing in this section shall be
33 construed so as to waive the requirement that the treating physician obtain specific
34 informed consent in accordance with the provisions of this section.*

35 271:8 Effective Date. This act shall take effect July 1, 2013.

36 Approved: July 24, 2103

Effective Date: July 1, 2013

CHAPTER 271

Amendments

Sen. Carson, Dist. 14
February 7, 2013
2013-0245s
10/05



Amendment to SB 135-FN

1 Amend RSA 326-K as inserted by section 1 of the bill by inserting after RSA 326-K:6 the following
2 new RSA section:

3

4 326-K:7 Compensation. Notwithstanding RSA 328-F:6 and RSA 328-F:15, I(g), the members of
5 genetic counselors governing board shall serve without compensation for attendance at meetings and
6 shall not be reimbursed for travel expenses incurred in connection with the work of the board.

Senate Executive Departments and Administration
February 13, 2013
2013-0356s
10/05

Amendment to SB 135-FN

Amend RSA 326-K as inserted by section 1 of the bill by inserting after RSA 326-K:6 the following new RSA section:

326-K:7 Compensation. Notwithstanding RSA 328-F:6 and RSA 328-F:15, I(g), the members of genetic counselors governing board shall serve without compensation for attendance at meetings and shall not be reimbursed for travel expenses incurred in connection with the work of the board.

Committee Minutes

SENATE CALENDAR NOTICE

EXECUTIVE DEPARTMENTS AND ADMINISTRATION

- ✓ Senator Sharon Carson Chairman *out 9:05 AM*
- ✓ Senator Sam Cataldo V Chairman
- ✓ Senator John Reagan
- ✓ Senator Donna Soucy *9:05 AM*
- ✓ Senator David Watters

9 AM

close 9:30

For Use by Senate Clerk's Office ONLY

Bill Status

Docket

Calendar

Proof: Calendar Bill Status

Date: February 7, 2013

HEARINGS

Wednesday

2/13/2013

EXECUTIVE DEPARTMENTS AND ADMINISTRATION

SH 100

9:00 AM

(Name of Committee)

(Place)

(Time)

EXECUTIVE SESSION MAY FOLLOW

Comments: Please note the removal of SB 181-FN-A and SB 180-FN-A, 10:00 a.m. and 10:30 a.m., respectfully. These bills will be rescheduled at a later date.

- 9:00 AM SB135-FN relative to the regulation of the practice of genetic counseling.
- 9:15 AM SB155-FN-A relative to production of a Civil War commemorative bottle by the state liquor commission.
- 9:30 AM SB176-FN relative to waivers of charitable trusts filing fees.
- 9:45 AM SB178 establishing a committee to review and make recommendations regarding consolidating all state energy positions throughout state departments.

Sponsors:

SB135-FN

Sen. Sharon Carson
Rep. Laurie Harding

Sen. Bette Lasky

Sen. Peggy Gilmour

Rep. Cindy Rosenwald

SB155-FN-A

Sen. David Watters
Rep. Terie Norelli

Sen. David Boutin

Rep. David Hess

Rep. Janet Wall

SB176-FN

Sen. Jeb Bradley

SB178

Sen. Martha Fuller Clark

Sen. Bob Odell

Rep. Naida Kaen

**SENATE
EXECUTIVE DEPARTMENT AND ADMINISTRATION
COMMITTEE**

Deb Chroniak, Legislative Aide

SB 135-FN – relative to the regulation of the practice of genetic counseling.

Hearing Date: February 13, 2013

Time Opened: 9:00 a.m.

Time Closed: 9:30 a.m.

Members of the Committee Present: Senators Carson, Cataldo, Reagan, Soucy, and Watters

Members of the Committee Absent: No one

Bill Analysis: This bill establishes the genetic counselors governing board in the office of licensed allied health professionals for the regulation of the practice of genetic counseling in this state.

Sponsors: Senator Carson, Lasky, Gilmour, Rep. Rosenwald, Rep. Harding.

Who supports the bill: Senator Carson, Lasky, Gilmour, Reagan, Lisa Demers, MS, CGC, NH Genetic Counselor Licensure Task Force; Bradley Arrick, MD, PhD, Section Chief, Hematology and Oncology, Dartmouth-Hitchcock Medical Center; Eleanor Riggs, MS, CGC, NH Genetic Counselor Licensure Task Force; Kolsta Bloclly, MS, CGC; Katie Bomba, MS, CGC; Tom Prasol, Demers and Blaisdell representing the Genetic Counselors

Who opposes the bill: No one.

Neutral Position: Jean Barnes, Business Administrator, HHS.

Summary of testimony received: Senator Carson opened stating this bill was also filed last year and went in to interim study. It is important because genetics is an up and coming field.

- People doing this work need to be regulated by state or government.
 - Amendment (#0245s) addresses compensation for members of the genetic counselors governing board, which states that they will serve without compensation for attendance at these meetings and shall not be reimbursed for travel expenses incurred in connection with the work of the board. This change significantly reduces the fiscal note attached to the bill, as introduced.
- Lisa Demers, Genetic Counselor** stating that genetic counselors are healthcare providers with significant training and expertise in genetics and psychosocial counseling obtained through a two year Masters level program.

- Genetic counselors collect and interpret family and medical histories, identify families at risk, explain inheritance and natural history, review testing options, discuss management, prevention, and research opportunities.
- Currently, 31 genetic counseling programs in the US and 2,500 certified genetic counselors, 18 of which are in the state of NH with membership increasing 50% over the past six years.
- Legislation will protect the public from potential harm caused from untrained individuals.
- 72% of non-genetic physicians rate themselves as having fair to poor knowledge of genetics.
- Approximately 30% of non-genetic healthcare providers misinterpret genetic test results.
- This bill will not hinder trained clinicians, but rather highlight their scope of practice.

Senator Watters stated people are concerned about the protection of privacy and information developed by genetic testing – are there special provisions for this protection. **Ms. Demers** stated that they follow the Genetic Information Nondiscrimination Act (GINA) within the HIPAA laws and also that insurance companies are not allowed to seek genetic information. Another question from **Senator Watters** was has there been a history of concern between this and abortion? **Ms. Demers** stated that there is no opposition by pro-life groups and it has not been an issue.

Senator Reagan stated that by belonging to a group that certifies you have the qualifications, why request the state to grant licenses; what would be the purpose. **Ms. Demers** stated it would provide more protection for the public within the state, a level playing field for continuing education, an extra safety mechanism, and also title restriction within the state for people who call themselves genetic counselors.

- The state of Massachusetts has passed licensing for genetic counselors.
- Dr. Bradley Arrick**, medical oncologist, stating that over the past 18 years there has been much advancement in the understanding of the heritability of cancer risk.
- Genetic testing can guide in efficient use of prevention and screening.
 - The correct use and interpretation of genetic tests requires a skill set and knowledge base.
 - When genetic testing is improperly done, can be costly, inefficient, and harmful.
 - This legislation would authorize infrastructure for genetic counselor licensure in NH, which ensures qualified and up-to-date.
 - Licensing keeps track of updating training, which the state would track.
 - Certification by the board only has to be completed every 10 years and is done on a national level.

Eleanor R. Riggs, MS, CGC stating the services that genetic counselors provide increases the quality of healthcare and also the cost-effectiveness.

- Genetic counselors have the ability to save healthcare dollars by preventing misguided testing.

- A well know lab which performs genetic tests (URUP Labs in Utah) are using genetic counselors to review all tests ordered, because they found that 30% of genetic tests ordered were not necessary.

- Genetic counselors are key players in effectively integrating genetic and genomic applications into healthcare.

- No set legal standard as to who can represent themselves as a genetic counselor.

Tom Prasol, Demers and Blaisdell stating genetic counselors are certified by a national organization, and the question of what is the need for licensure in the state for genetic counselors is mainly to protect citizens as we presently do for doctors and nurses.

No Position:

Jean Barnes, Department of Health Human Services, Financial Manager for 23 boards, one of which is Allied Health. She was not aware of the amendment brought forward and the changes to the fiscal note. Her concern was that passing of this legislation would take money from the licensing and renewals.

Funding: The bill as introduced states that the Office of Allied Health Professionals, Judicial Branch, Department of Justice and NH Association of Counties affirm this bill will increase state and county expenditures by an indeterminable amount in FY 2014 and each year thereafter. The Office of Allied Health Professionals states this bill will increase state revenue by \$850 in FY 2014, \$170 in FY 2016, and \$390 in FY 2017. There will be no fiscal impact on county or local revenue or on local expenditures.

Future Action: Senator Watters motioned OTP on Amendment 0245s, which was seconded by Senator Soucy. The Committee voted 5-0. The motion of OTP/A was made by Senator Watters, seconded by Senator Soucy. The Committee vote was 4-1. Senator Carson will report the bill out of Committee.

dac

[file: 0135-FN report]

Date: 02-14-13

Speakers

SENATE EXECUTIVE DEPARTMENTS AND ADMINISTRATION COMMITTEE

Date: February 13, 2013 Time: 9:00 a.m. Public Hearing on SB 135-FN

SB 135-FN - relative to the regulation of the practice of genetic counseling.

Please check box(es) that apply:

SPEAKING FAVOR	OPPOSED	NAME (Please print)	REPRESENTING
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Senator Carson	District 14
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Sen. Janky	District # 13
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Sen. Plouffe	District # 12
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	USA Demers, MS, CGC	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Bradley Antek, MD, PhD	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Eleanor Riggs, MS, CGC	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Kasia Bloch, MS, CGC	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Katie Bomba, MS, CGC	
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	TOM PRASO	DEMERS + BLAISDELL / NH GENETIC COUNSELORS
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Sen. Reagon	D-17
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Gene Burns	
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10

Testimony

#1

TESTIMONY OF ELEANOR R. RIGGS, MS, CGC
before the
STATE OF NEW HAMPSHIRE
STATE SENATE
EXECUTIVE DEPARTMENT AND ADMINISTRATION COMMITTEE

February 13, 2013

Chairwoman Carson and distinguished Members; my name is Eleanor Riggs, and I am a Certified Genetic Counselor, working in Lebanon. I am also one of the co-chairs of the NH Genetic Counselor Licensure Task Force. On behalf of the NH Genetic Counselors, we would like to thank Senator Carson for introducing SB 135. I appreciate the opportunity to testify in support of this important legislation that would provide licensure for certified genetic counselors in New Hampshire.

I wanted to speak to how the services genetic counselors provide not only increase the quality of health-care but also the cost-effectiveness. In a time when the cost of health-care is a major concern for both the general public and legislators alike, genetic counselors have the unique ability to save health care dollars by preventing misguided testing.

Genetic counselors assure genetic tests are utilized appropriately. Many non-genetic health care providers often order unnecessary or even incorrect genetic tests, thus increasing overall health care costs. A classic example is ordering full gene sequencing when testing for a single familial mutation (known as targeted mutation analysis) would be appropriate. If you think of a gene as a book, full sequencing would be like doing a "spell-check" of the entire book, whereas targeted mutation analysis allows us to go to the specific page and line where a mutation has been previously identified. The difference in cost of these two tests is substantial – full gene sequencing costs around \$1500, whereas targeted mutation analysis costs around \$300. That is a savings of at least \$1200.

One well-known lab that performs many genetic tests, ARUP Laboratories in Utah, uses genetic counselors to review all the genetic tests ordered, as they have found that mistakes in genetic tests ordering occur approximately 30% of the time. They reported that in an eleven-month period, the genetic counselors found 1,182 mis-ordered tests, which translated into \$402,357 in health care dollars saved. And this is just one lab's data!

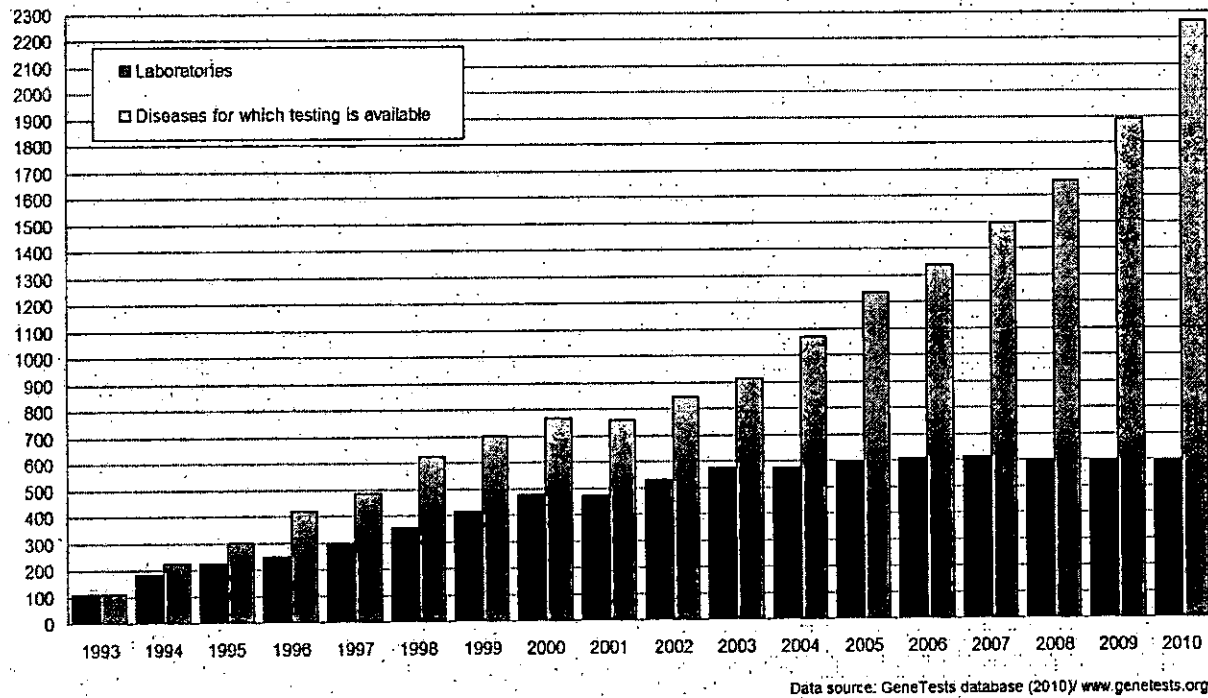
Non-genetics health care professionals have also been demonstrated to underestimate patients' genetic risks because of ineffective family history evaluation. Furthermore, fewer than half of them have taken continuing education courses in genetics. For many genetic conditions, 50% of first degree relatives (siblings, parents, children) of a person with a genetic mutation will also carry a mutation and are at risk to manifest symptoms of the disease or transmit the mutation. Identifying those who carry a mutation offers the opportunity for preventive screening and treatment, thus lowering the chance of disease manifestations. The cost of screening often pales in comparison to the cost of treating a specific disease. Moreover, identifying those family members who do *not* carry a mutation eliminates the need for expensive clinical follow-up.

In a personal experience, I have seen evidence of these issues with patients of mine. For example, last year I saw a patient because of her personal history of breast cancer and colon polyps. She had been diagnosed with breast cancer at age 47, but also had a history of colon polyps that began developing in her mid-20's. At age 28, she had a colectomy (removal of colon). She had been evaluated by a non-genetics health care provider who ordered genetic testing for the 2 genes associated with an increased risk for breast and ovarian cancer, although the patient did not have a strong family history of breast or ovarian cancer, and was actually at a pretty low risk to be a carrier of either of those genes. That health care provider did not mention anything about her colon polyps or the potential for a hereditary predisposition to colon cancer. This was a major oversight. The patient sought out a second opinion after she began developing more colon polyps in the remaining part of her rectum. When I saw her, I had a high suspicion for a genetic syndrome that predisposes a person to colon polyps and colon cancer. We did the genetic testing for that condition (known as FAP) and she came back a carrier. In addition, she also came back positive for a second, different genetic condition related to colon polyps and colon cancer (known as MYH). Both of these conditions significantly increase a person's risk for colon cancer. Determining that she had both conditions had significant impact on her surgical decision-making, as she was contemplating having the remaining part of her rectum removed, as well as her future colon screening. Additionally, her children were now at risk for 2 different genetic conditions and needed to be counseled about the appropriate follow-up. In summary, this patient's non-genetic health care provider not only erroneously ordered a genetic test (and in doing so wasted \$3500), but she completely missed testing for the conditions that were much more likely given the patient's history! This had immediate consequences for the patient and downstream consequences for family members.

Finally, the field of genetics is changing rapidly and genetic counselors are key players in appropriately and effectively integrating genetic and genomic applications into health care. (Please refer to attached chart). Clinicians and patients need to know that the genetic counselors they work with are adequately trained and up-to-date on genetic information. Currently in New Hampshire there is no legal standard for who can represent themselves as genetic counselors. As the field of medical genetics grows, there is and will continue to be a need to provide the citizens of New Hampshire with accurate information regarding their genetic risks and results of genetic tests. At present, there is no mechanism that assures citizens that the individual who is providing this information is qualified to do so. Licensure is the gold standard for identifying competent health care professionals. In a climate where genetic testing is becoming more commonplace, direct-to-consumer genetic testing via internet companies is widely available, and where the complexity of genomic tests are increasing, the citizens of New Hampshire need to have access to professionals who have been deemed qualified by the state to help them understand their potential genetic risks. Therefore, we urge you to enact SB135.

Thank you for your time and attention.

GENETests: Growth of Laboratory Directory



Graph 1. This graph depicts the exponential growth of genetic diseases for which testing are available. Currently, there are over 2000 different genetic disease that have an available clinical test.

#2

Good morning.

My name is Bradley Arrick. I am a medical oncologist at Dartmouth-Hitchcock Medical Center and the Director of the Familial Cancer Program which we initiated shortly after the first breast cancer susceptibility gene (BRCA1) was discovered. In the past 18 years I've seen tremendous advancement in our understanding of the heritability of cancer risk, and growth in the number of families for whom genetic testing has been of immense value.

Genetic testing can be empowering for both patient and physician. It can guide us in the most efficient use of prevention and screening. It can save lives and lessen the risk of unnecessary harm. Importantly, however, the correct use and interpretation of genetic tests requires a skill set and knowledge base that, in my experience, primary care providers generally do not possess. Genetic counselors do. They are trained to know what tests to order and how to educate both patient and referring provider in the proper interpretation of the test. Over the years, I've seen examples where physicians in the community, without access to genetic counselors, have ordered the wrong test and/or misinformed the patient as to its implications. When done correctly, genetic testing can be a valuable and cost-effective tool for maximizing the benefit of medical interventions.

When done improperly, genetic testing can be costly, inefficient, and harmful.

Senate Bill 135 would authorize the infrastructure for licensure of genetic counselors in this state. Licensure will ensure that this critical clinical resource is available to health care providers in our communities, and that those licensed to provide this service are qualified and up-to-date in their knowledge. Given the benefits to our citizens, and the potential harm if not pursued, I believe that state licensure of genetic counselors is well worth the administrative burden involved.



SB 135 relative to the
regulation of the practice
of genetic counseling

3



TESTIMONY OF LISA DEMERS, MS, CGC
before the
STATE OF NEW HAMPSHIRE
STATE ED&A COMMITTEE
February 13, 2013

Thank you Chairwoman Carson and distinguished members of the Senate ED&A committee, for allowing us to speak to you about the need for genetic counseling licensure in the State of New Hampshire. I am Lisa Demers and I am a certified genetic counselor as well as the co-chair of the New Hampshire Genetic Counseling Licensure Committee.

Before you can truly see the need for licensure for our group, you must first understand our background and our mission. Genetic counselors are healthcare providers with significant training and expertise in genetics and psychosocial counseling obtained through a two year Masters level program.

Genetic counselors are a critical part of a health care team providing information and support to individuals and families concerned with genetic disorders. Genetic counselors collect and interpret family and medical histories, identify individuals and families at risk, explain inheritance and natural history, quantify chance for occurrence and recurrence, review available testing options, and discuss management, prevention, and research opportunities. We also serve as patient advocates and refer individuals and families to community or state support services as appropriate. Genetic counselors are employed in a wide range of clinical care, academic, laboratory, research and biotechnology settings. Though our occupation is unique, our role in clinical care can be thought of as analogous to that of a nurse practitioner, social worker, or physician assistant.

There are currently 31 genetic counseling programs in the United States and over 2,500 certified genetic counselors. Membership to our national organization has increased by 50% over the last 6 years. Needless to say, the field is growing and anyone who hasn't heard of genetic counseling will likely do so in the near future.

Currently there are 18 genetic counselors in the state of New Hampshire, most of them working within the state and in direct patient care. In 2011, our genetic counselors helped a minimum of 4,000 New Hampshire residents. As the quest for genetic knowledge continues to explode, these numbers are certain to follow suit. The information itself will be more complex in nature. SB 135 will help protect the public from potential harms that may result from this field being unregulated. Harm caused by untrained individuals attempting to provide genetic counseling includes misinformation regarding genetic risk or lack of risk, as well as misunderstanding of the implications of genetic information. Either could lead to unnecessary costs, as will be discussed by my co-chair Eleanor, and significant emotional turmoil. It has been reported that 72% of non-genetics physicians rate themselves as having fair to poor knowledge of genetics. This translates to the quality of care, as approximately 30% of non-genetics health care providers misinterpreted the results of genetic tests that they ordered for their patients.

Our mission as genetic counselors is to decode the complexities of genetics and translate, if you will, genetic information as it pertains to our patients. Our expertise in the science, the medical significance, and personal reactions make us ideal to be on the front line of this genetics revolution. We urge you to enact this legislation as it would ensure minimum standards for individuals in terms of academic

achievement, clinical experience, and counseling skills. Additionally, licensure will assure employers that they are hiring skilled individuals. This can allow for the expansion of services within the state. We are seeing that genetic counselors are viewing licensing as desirable when seeking employment. Most states with licensure have seen an increase in qualified genetic counselors since regulation has been enacted. This is partly due to an increased need, but also due to counselors having licensure across states. New Hampshire will most certainly be providing licenses to genetic counselors NOT living within the state.

The quality of services provided within the state will be increased, with regulation in place. The cases of harm submitted for your review are examples of poor genetic counseling. Most often the error is made by the primary physician. SB135, when enacted, will not hinder the abilities of trained clinicians, but rather it will highlight our scope of practice and our unique abilities. Some of the reported cases of harm are unfortunately caused by genetic counselors themselves. An inadequacy of continuing education and failure to remain current with technology increases liability. This is one career where longevity does not necessarily equal aptitude. Licensure will require a high level of competency within this rapidly changing field.

Thank you for allowing us to prove the need for licensure in our state.



SB 135 relative to the regulation of the practice of genetic counseling

Enclosed Documents:

Fast facts about genetic counselors and genetic counseling.

Written Testimonies:

Eleanor Riggs, MS, CGC – Co-Chair, New Hampshire Genetic Counselor Licensure Task Force

Lisa Demers, MS, CGC – Co-Chair, New Hampshire Genetic Counselor Licensure Task Force

Bradley A. Arrick, MD, PhD – Section Chief, Hematology and Oncology, Dartmouth-Hitchcock Medical Center

Corey Siegel, MD, MS – Provider and patient

Bart and Erin Pospychala – Patients

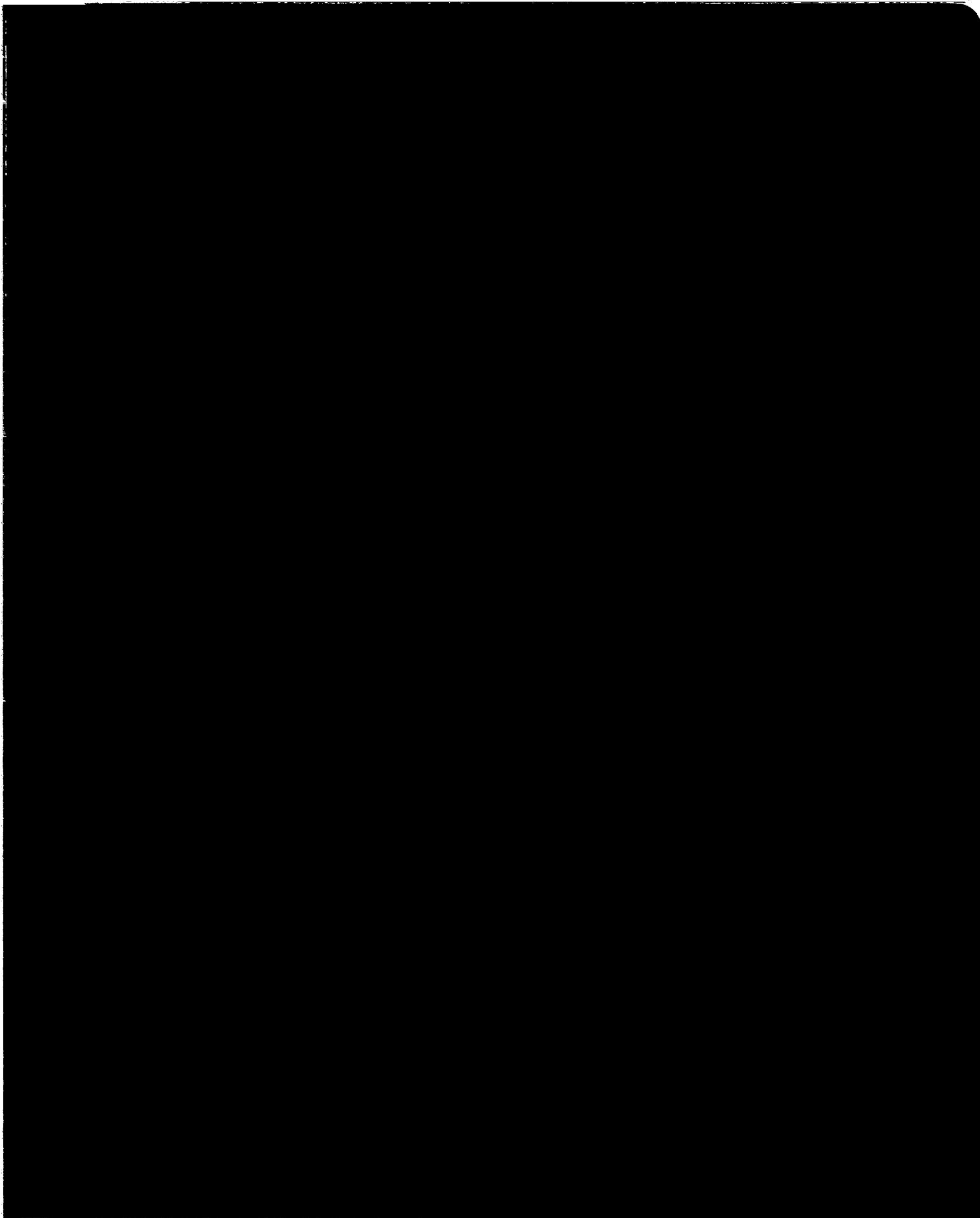
Jacob and Leigh Vincent – Patients

Jeffrey and Jennifer Swenson - Patients

Compiled list of SB 135 supporters

Cases of Harm

****Bill language and Sunrise application available upon request**



Corey Siegel

5 Carriage Lane
Hanover, NH 03755

Date: January 11, 2012

To Whom It May Concern:

I am writing in support of genetic counselor licensure in the State of New Hampshire. I write from personal experience as a recent patient and as a physician often considering how genetic testing may influence decisions made by my patients.

About 2.5 years ago my wife and I sought out the advice of a genetic counselor to assist in decision making for testing when we learned that my wife was pregnant. As we were nearing 40 years of age, and of Jewish heritage, we wanted information to guide us in deciding what testing (if any) was necessary since we felt that we were at higher than average risk. We had an extremely helpful visit on a number of fronts. First, we were confident that the information we were receiving was accurate and up to date. Second, it was communicated in a clear, confident and comforting way. And third, we were not pressured into any decisions, but given fair choices that we were able to make on our own. As I knew many of the staff at Dartmouth-Hitchcock, I was specifically referred to a particular genetic counselor and immediately respected their opinion. Because of the institution and the provider recommendation that we received, I did not question their credentials, however, had it been another scenario, I would have wanted to know their training, background and licensure to confirm the validity of the information I had received.

As a gastroenterologist, I have opportunity to consider genetic based disease related to both cancer and inflammatory bowel diseases. I believe that once our patients speak with a genetic counselor, their guidance becomes gospel and patients base incredibly important decisions (e.g., treatment, surgery, pregnancy) on the data provided. I would hate to think that someone less qualified has the ability to represent themselves as a genetic counselor if they did not have the proper training. Truly, life and death (or life altering) decisions are made based on advice given, and there is little room for error.

Finally, my research is focused on exploring optimal ways to communicate complicated data to patients. I was very impressed with the communication skills and tools presented to us by our provider, and the quality of the data is only as useful at the clarity of its presentation. Clearly, even good data in the wrong hands can be misrepresented and misinterpreted, and any regulation around who is communicating information would be helpful.

I have had great experiences with genetic counselors as a patient and a provider, and I support the plan for licensure so that any patient or provider can easily determine if an individual is qualified to provide genetic counseling services.

Sincerely,

A handwritten signature in black ink, appearing to read 'Corey Siegel', with a stylized flourish at the end.

Corey Siegel, MD, MS

January 14, 2012

We are writing in support of the bill to establish state licensure requirements for Genetic Counselors practicing in New Hampshire. Through our experiences over the past four years with genetic counseling, we truly cannot overstate the importance of ensuring that patients have access to qualified and competent professionals in the field of genetic counseling.

During the pregnancy with our first daughter in 2008, we received unsettling news at our first ultrasound. The presence of "choroid plexus cysts" in our daughter's brain was a marker for possible medical complications. We were referred for genetic counseling where we were provided with a very thorough explanation of our risks and our options for further tests and treatments. The genetic counselor was knowledgeable about current medical practices and was able to answer our many questions with sensitivity and in language we could understand. We appreciated that she was nonbiased in presenting information about our options. As a result, we were able to confidently make a decision which was best for us and our daughter, who was ultimately born without medical complications or conditions.

Two years later, we again met with a genetic counselor during the pregnancy with our second daughter, who appeared to have significant cardiac and other physical abnormalities on an ultrasound. We were again able to make a decision we felt comfortable with because of a genetic counselor who was skilled in working with patients in need of current and comprehensive information at such a vulnerable time.

When we learned that our second daughter did not have cardiac abnormalities but did have Down syndrome, a genetic counselor provided us with extensive resources regarding her condition and skillfully addressed our numerous questions with compassion. She gave us an overview of the health concerns we needed to be aware of as parents of a child with Down syndrome, and again empowered us to be informed, confident decision makers in our daughter's medical care.

During these critical times when we were feeling both fearful and vulnerable, professionals in the field of genetic counseling guided us to where we could confidently make the right decisions for our family. They determined our risks and the up-to-date treatment options for us, but more importantly they knew how to communicate the appropriate information we needed without putting pressure on us.

Patients should have access to Genetic Counselors who are knowledgeable, professional, and skilled, like those who worked with us. Patients need accurate and current information which is relevant to their specific situation and is presented in a way that they understand. Requiring professionals to meet the qualifications of state licensure will better protect patients from potential harm that receiving inaccurate, biased or outdated information may lead to. Please consider this important legislation for the protection of patients in New Hampshire.

Respectfully submitted by:
Bart and Erin Pospychala
94 Jewell Road
Wilmot, NH 03287

1/15/2012

To Whom it May Concern,

In December of 2010, we learned through a routine ultrasound at our community hospital that our son had acquired multiple birth defects while developing in the womb, including a missing leg and hip. A more detailed follow-up ultrasound was ordered at Dartmouth Hitchcock Medical Center, where we were also to see a genetic counselor immediately before the ultrasound.

In the two days between hearing the results of our first ultrasound and our follow-up appointment at DHMC, we were emotionally overwhelmed, suffered from lack of sleep, and felt very vulnerable. As a result, we were nervous and hesitant about the genetic counseling appointment and the ultrasound to follow.

It is at times such as these, when your life changes forever in a very sudden, unexpected fashion, that parents can feel weak and helpless, and it was certainly no different for us. That's why it was so important that the care we received by the genetic counseling staff (and other staff as well) at DHMC was compassionate, authentic, experienced, and well-informed. Fortunately, this was indeed the case for us. Our son is now a thriving nine month old, and we can look back on his life and feel satisfied that our family received great care from the very beginning.

The very nature of a genetic counselor's job requires them to work with clients and patients who are likely to be quite vulnerable, be it emotionally (as we were), medically, financially, etc. Because of this, it important that the care given by genetic counselors is consistently of high quality and that the positive experience we had is routine.

If the regulation of genetic counseling through licensure will achieve this goal, then we offer our support of this bill.

Thank you,

Jacob & Leigh Vincent
9 Day St.
Windsor, VT 05089

State Licensure Testimony- 1/19/2012

In the spring of 2009 my wife and I were excited to find out the sex of our first child. We headed to Brattleboro Hospital for our 1st ultrasound. We were having a girl. The next day we received a call saying we needed to schedule an emergency ultrasound at Dartmouth Hitchcock Hospital in Hanover. This was scary for us. We were so nervous and unclear as to why this was happening. We arrived at Dartmouth and were greeted by a caring, knowledgeable and compassionate person, our genetics counselor, Eleanor. We were sat down and explained all the reasons we were there and what to expect with our visit. She took the time to clearly communicate the causes, the outcomes and suggestions on how to handle the situation we were about to be approached with. The professionalism and integrity of this position became clear from the start. This person, Eleanor was here to educate us, make us comfortable and make us as informed as possible about what to anticipate and what avenues could be taken.

From that point on, Eleanor was with us 100% of the way. It's very clear to us that had we been met with an inexperienced, unprofessional and less than compassionate person, our painful experience would not have felt so comfortable and manageable. Now I know that not all people are the same, but I am confident that with proper training, mentoring, growth and experience, that we would not have felt the same way.

We were so lucky to have had the opportunity to be educated and cared for by such a professional. Eleanor went out of her way to make a painful situation as comfortable and educational as possible. The entire department went out of their way to be supportive.

We hope you consider the importance of strict regulations of someone's competence and understand how detrimental the effects of poor education and training could negatively impact people's ability to make the right decisions in their situation. Having all the knowledge and feeling informed and cared for could never be highlighted enough. To be redundant, it's no ones job to tell you what to do in these difficult situations, but to educate, inform and gain as much knowledge into your situation to make the best possible informed decision

We often look back and reflect on how grateful we were to receive the care and professionalism we did in a less than ideal situation. Please help ensure that all individuals are able to receive the same quality care in which we did.

Sincerely Jeffrey and Jennifer Swenson

Compiled List of Support for SB 135

Sat Dev Batish, PhD, FACMG
Athena Diagnostics

Leslie DeMars, MD
DHMC

Patricia M. Martin, CNM, MPH
Dover Women's Health

Elizabeth E. Schwartz, CNM, MSN
Dover Women's Health

Charles M. Blitzer, MD
Seacoast Orthopedics & Sports Medicine

Fred H. Brennan, Jr., DO
Seacoast Orthopedics & Sports Medicine

Peter D. Buckley, MD
Seacoast Orthopedics & Sports Medicine

Peter J. Dirksmeier, MD
Seacoast Orthopedics & Sports Medicine

Mark J. Geppert, MD
Seacoast Orthopedics & Sports Medicine

Robert H. Harrington, MD
Seacoast Orthopedics & Sports Medicine

Moby Parsons, MD
Seacoast Orthopedics & Sports Medicine

David C. Thut, MD
Seacoast Orthopedics & Sports Medicine

Gavin R. Webb, MD
Seacoast Orthopedics & Sports Medicine

Paul M. Ernsting, DO
Dover Family Practice

Judy E. Garber, MD, MPH
Dana Farber

Jon L. Hart
Genzyme Genetics

Joyce Wilcox Graff, Executive Director
VHL Family Alliance

Gregory J. Tsongalis, PhD, HCLD, FACB
DHMC

Mary Beth Dinulos, MD
DHMC

MaryAnn Whalen Campion, MS, CGC
Boston University

Judith E. Tsipis, PhD
Brandeis University

James Filiano, MD
DHMC

Jeffrey R. Johnson, MD
DHMC Manchester

Gary E. Kaufman, MD
Elliot Hospital

Teresa Ponn, MD, FACS
Elliot Breast Health Center

Mark A. Israel, MD
DHMC

Cecilia Stuopis, MD
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Williams Edwards, MD
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John F. Modlin, MD
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Tina Foster, MD, MPH, MS
DHMC

John B. Moeschler, MD, MS
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Steven A. Paris, MD
DHMC

Brad A. Arrick, MD, PhD
DHMC

Burton L. Eisenberg, MD
DHMC

Kari Rosenkranz, MD
DHMC

Richard H. Reindollar, MD
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E. Rebecca Pschirrer, MD, MPH
DHMC

Emily R. Baker, MD
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Eugene R. Soares, MD, PhD
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William Brandon, MD, MPH, MHA
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Jeffrey M. Segil, MD, FACOG
Dover Women's Health

Anna M. DeYoung, MD, FACOG
Dover Women's Health

Julie A. Bleyenbergh, DO
Dover Women's Health

June Dysinger, CNM, MSN
Dover Women's Health

Janet Perkins, MD
Garrison Women's Health Center

Colene M. Arnold, MD
Garrison Women's Health Center

Candace DeLisio, CNM
Garrison Women's Health Center

Susan M. Hollinger, ARNP
Garrison Women's Health Center

Laura Williams, CNM
Garrison Women's Health Center

Rebecca Banaski, DO
Garrison Women's Health Center

Pamela S. Bertram, MD
Garrison Women's Health Center

Elizabeth C. Chase, MD
Garrison Women's Health Center

Brityn Alie, CNM
Garrison Women's Health Center

Molly M. Steele, CNM
Garrison Women's Health Center

Lucy K. White, CNM
Garrison Women's Health Center

Nicole Roy, APRN
Great Bay Family Practice

Margret Garcia, MD
Lee Family Practice

Peter Degnan, MD
Seacoast Integrative Medicine

Patrick Alix, MD
Wentworth-Douglas Hospital

Cathleen Ammann, MD
Wentworth-Douglas Hospital

Abhishek Bose, MD
Wentworth-Douglas Hospital

Nantida Hong, MD
Wentworth-Douglas Hospital

Mark Blackwood, MD
Durham Health Center

Ken Shuman, MD
Durham Health Center

Fred Brennan, DO
Durham Health Center

Nancy Pettinari, MD
Durham Health Center

Sonita Claire K. Estrada, MD
Seacoast Arthritis and Osteoporosis Center

John Novello, MD
Wentworth-Douglas Hospital

Silvia Milancovici, MD
Wentworth-Douglas Hospital

Jody Dugrenier, PA
Wentworth-Douglas Hospital

Kurt Cullamar, MD
Wentworth-Douglas Hospital

Sarah Almas, MD
Wentworth-Douglas Hospital

Cheryl Whitney, PA-C
South Berwick Family Practice

Rebecca Jacques, APRN
Marshwood Family Care

Matthew Goldberg, DO
Lee Family Practice

Anna Pilzer, APRN
Hilltop Family Practice

Maria Lourdes F. Rodriguez, MD
Lee Family Practice

Jennifer Thomas, APRN
Barrington Health Center

Nancy Stoll, MD
Adult and Children's Medicine of Dover

Girish C. Joshi, MD
Adult and Children's Medicine of Dover

Finola Cox, PA-C
Adult and Children's Medicine of Dover

Case examples exemplifying the need for skilled, licensed Genetic Counselors.

The patient saw her physician and mentioned that she was concerned about her risk of breast cancer. Her physician reportedly told her she was not at risk as the cancer was on her father's side of the family. The patient, however, decided to call a cancer risk assessment and counseling program of a Boston medical center about her concerns. She met with a genetic counselor who took a cancer family history where it was discovered that the patient had two paternal aunts and a paternal grandmother with early onset breast cancer. The genetic counselor explained the genetics of breast cancer including the fact that it can be passed down through a male relative and provided the patient with information about available genetic testing. The patient was then sent to an oncologist at the center who performed a clinical breast exam. On examination, the oncologist found a lump, which, on biopsy, was found to be cancerous. The patient decided to pursue genetic testing and was found to carry a mutation in a breast cancer-causing gene. She subsequently had a bilateral mastectomy and oophorectomy. Had the patient not advocated for herself, she would not have been seen by the appropriate health care providers and her clinical outcome may have been far worse due to the misinformation she'd been previously provided with.

Patients that advocate for themselves deserve to identify reliable, skilled professionals. Licensure will ensure that situations like these, where patients find a competent genetic counselor and benefit clinically, happen more often. This is crucial with the observed influx in direct to consumer testing that is hitting the public marketplace.

A woman was referred to a Boston based hospital at 38 weeks gestation for an ultrasound as the fetal size was larger than dates. Multiple anomalies were seen on ultrasound which were highly suggestive of trisomy 18. The genetic counselor saw the patient after the baby, who was confirmed to have trisomy 18, had passed away (within a week of birth). The parents stated that they had been told by their OB that maternal serum screening was not necessary as they had no family history of spina bifida, Down syndrome, or trisomy 18. Had this couple been supplied with correct information about maternal serum screening, this pregnancy may have been diagnosed with trisomy 18 as early as the second trimester, affording this couple various options regarding pregnancy management.

Having a professional license will afford genetic counselors the professional respect that is deserved. Our expertise in areas such as prenatal screening will be appreciated allowing providers to make the appropriate referrals. In this instance, the proper consult with a genetic counselor may have allowed this couple a very different pregnancy and loss experience.

A patient with medullary thyroid cancer had genetic testing ordered by his endocrinologist which he was told was positive for a mutation in the RET cancer causing gene. He then

presented for genetic counseling because his endocrinologist told him that he had to have his kids tested (ages 4 and 6) for the familial RET mutation and that prophylactic thyroidectomies for his children were appropriate. The genetic counselor reviewed the RET lab result and noticed that it really wasn't a mutation that was found in the cancer causing gene but a 'variant of uncertain significance'. The counselor further analyzed the family with some healthcare experts in the field. It was determined that this 'variant' was likely a polymorphism that was inherited from the paternal side of the family and had no clinical significance with regard to this type of cancer as the patient's father had the 'variant' and was alive and well at age 75. Or at the most, it was a low-penetrance mutation with a small chance for recurrence. Thus, the genetic counselor saved the patient's children from having to have their thyroids removed. Instead, the children are simply being clinically monitored more closely for evidence of thyroid cancer.

A couple had undergone infertility treatment for 10 years. During this 10 year period, a family history was never taken, which would have revealed that the husband's sister had mental retardation. After taking a course in genetics, the wife realized the significance of her husband's family history. Several years later, a simple genetic test revealed that the husband carries a genetic rearrangement, called a balanced translocation, which explains their infertility issues. However, prior to this revelation, the wife had undergone unnecessary surgical and hormonal treatments in an attempt to remedy the infertility thereby increasing health care costs. The couple also was emotionally and financially drained by these treatments.

The utilization of genetic counselors has been shown to reduce health care costs. Genetic screening and testing, as well as related health care expenses, can be very costly to a medical provider and insurer. The appropriate interpretation of disease risk and knowledge of reasonable screening and management helps lessen costs overall, thus lessening the burden of health care across a population.

Huntington disease is an inherited progressive disorder that begins in adulthood, usually in the 30's - 40's resulting in uncontrolled body movements, and often a dementia similar to that seen in Alzheimer's disease. Mental health problems can occur and there is a high risk of suicide. People who have relatives with Huntington disease can have presymptomatic genetic testing for this condition through a blood test. Because of the life-altering implications of this test, a comprehensive testing protocol was developed for asymptomatic individuals which includes a neurological evaluation, a psychiatric evaluation and genetic counseling to ensure that individuals have an opportunity to carefully consider whether or not having this information is in their best interests, and if they do decide to have the testing, that they are psychologically prepared for the results. In this case, a man from a rural area called the genetic counselor who coordinates a Huntington Disease predictive testing program. His wife had presymptomatic Huntington disease genetic testing performed by a physician's assistant. She had not received any pre-test counseling. Her result was positive and she was given the results over the telephone. This man and his wife didn't know what to do, and they were beside themselves with fear. Fortunately, the counselor was able to set up emergency appointments with the whole

Huntington team. This couple was able to cope much better with the wife's diagnosis after they had been given access to the appropriate resources, including genetic counseling.

This couple was harmed by inadequate medical care. A licensed genetic counselor would have known the required testing protocol, and would have been trained to deal with the important psychological and medical issues involved. A licensed genetic counselor would have known about the increased risk of suicide in people affected by Huntington disease and would have known that it was totally inappropriate to give these test results to a patient over the telephone. This case illustrates how severe psychological harm and potential medical harm can occur when unlicensed, untrained practitioners order genetic testing.

This case was written from the point of view of the patient:

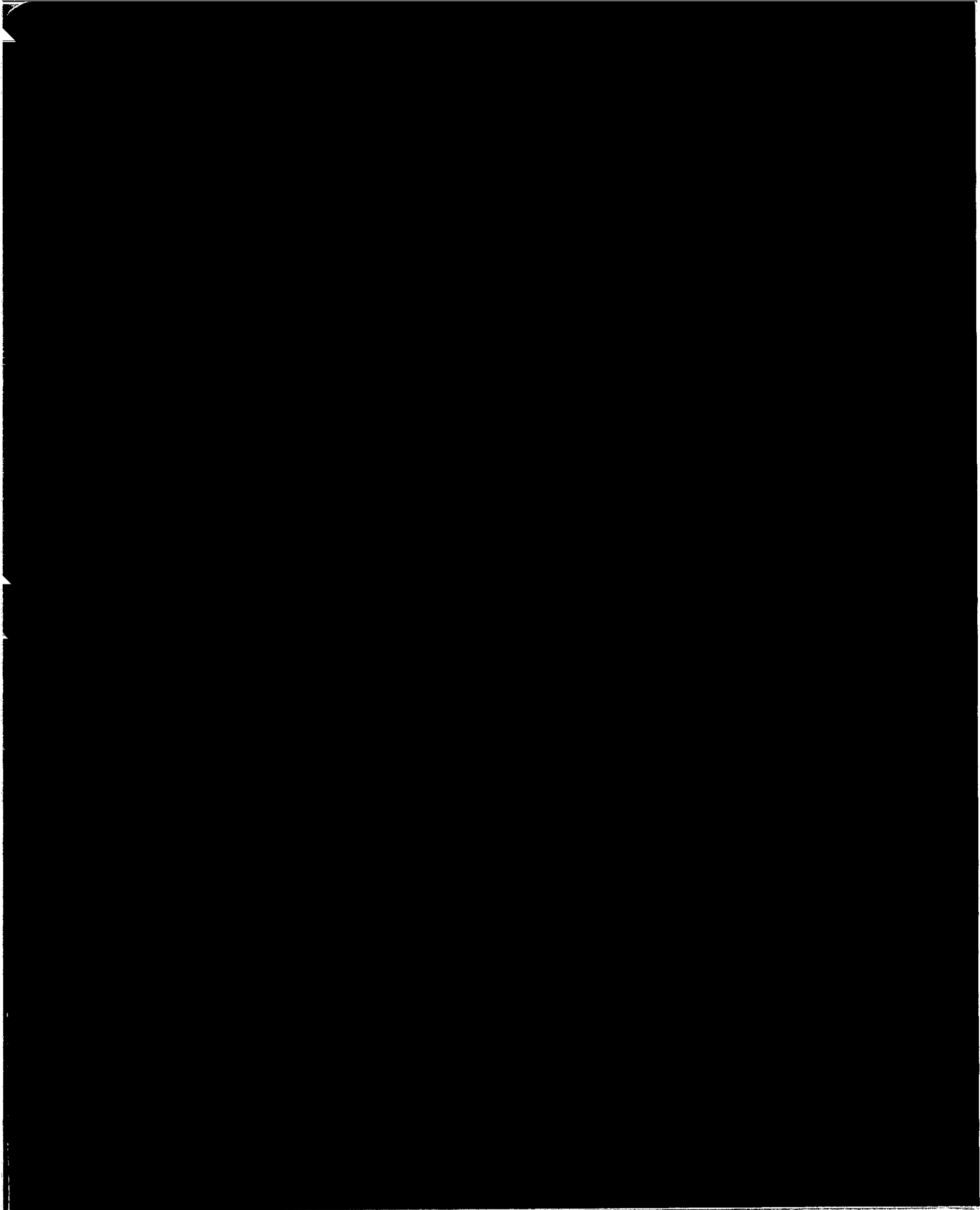
The perinatologist told me that he suspected that my child would be born with a syndrome called Trisomy 18 based on findings during a mid-pregnancy ultrasound. He gave me the bad news that my child could be born with his stomach on the outside. He said my son would never know me and there is a pretty good chance that I would have a miscarriage or stillbirth. I was so scared and confused. He offered me an amniocentesis to confirm his suspicions and he also told me that I had the option to terminate the pregnancy. At that point, he brought in the genetic counselor who stayed with me while the doctor did the amniocentesis and told me about an organization called SOFT (support organization for trisomies). I was able to contact other families that had children with trisomy. For one week while waiting for the amniocentesis results, I spoke with the genetic counselor every day, he was very comforting and helped me through the most difficult time in my life. The amniocentesis confirmed the horrible prediction. But the genetic counselor was so knowledgeable about the condition and sources of support, it made me realize that a baby is still a baby regardless of its diagnosis. I became less fearful and looked forward to meeting my son. Today I still talk to the genetic counselor and he sends other families to talk to me. I feel that the genetic counselor provided me with more information and support than anyone else in the medical community. This case demonstrates the emotional distress families endure when given a diagnosis without complete information on the disorder. It is difficult if not impossible for non-genetic practitioners to keep abreast of the explosion of new medical genetics information and support groups available for rare genetic disorders.

Genetic counselors often work closely with patients such as the one who bravely told her story here. This is just evidence for the significance of the work of a genetic counselor. And this story is not unusual. Patients are less likely to terminate a pregnancy with a genetic disorder when they have the support of a genetic counselor than without. The Prenatally and Postnatally Diagnosed Conditions Awareness Act (S.1810), which was submitted by Senators Kennedy and Brownback, uses this information as their basis for their legislation that requires accurate information to be given to patients receiving a genetic diagnosis. This legislation is supported by Pro-Life organizations.

This concept is clearly illustrated by the following two cases:

A pregnant patient had an ultrasound and was told the baby had a gastroschisis (a defect of the abdominal wall, generally associated with a good outcome after delivery and surgical correction). The woman's health care provider, unfamiliar with this prognostic information, provided the patient with the option of terminating the pregnancy. "Based on the poor prognosis and severity of the defect" the patient elected to end the pregnancy. She was not scheduled to see a genetic counselor, who would have been able to provide a clearer picture of the prognosis of this defect which can have a good prognosis, prior to making this decision.

A couple underwent an amniocentesis test due to the woman's age related risk for fetal chromosome abnormalities. The amniocentesis and subsequent provision of test results were coordinated without the input of a genetic counselor. The results were 47,XXX (associated only with mild physical abnormalities and/or learning delay) and the patient terminated the pregnancy after consultation with her health care provider. Two weeks after the termination, the provider referred the patient for genetic counseling. Upon consultation with the woman, it became clear to the genetic counselor that the couple terminated the pregnancy with the belief that the baby had Down syndrome, versus the much milder condition of triple X syndrome.



Who Are Genetic Counselors?

-Healthcare professionals with specialized graduate degrees from nationally accredited Master's degree programs

-Specifically trained in medical genetics and counseling.

-Critical part of the health care team

What Do Genetic Counselors Do?

-Provide accurate information and support to families with birth defects or genetic disorders or to families who may be at risk for a variety of inherited conditions (ex. cancer)

What is the Genetic Counseling Process?

-Identify family members at risk -
Investigate the problem present in the family
-Interpret information about the disorder
-Analyze inheritance patterns and recurrence risk
-Review available options for testing with the family

Benefits of Licensure

- Easy identification of qualified genetic providers.
- Gold standard of competence and expertise in the medical field.
- Budget neutral bill.
- Public would be protected – Genetic Counselors (GCs) have the training, knowledge, and expertise to make them the ideal providers when helping patients deal with genetic information.

Risks of Not Licensing

#4

- Public would not be protected.
- **Unqualified** providers would interpret and relay complex genetic information.
- Increased chance for erroneous and inaccurate information to be given to patients.
- Significant harm could be done.
- Increased healthcare costs from unnecessary and inappropriate genetic testing.

The need for qualified, licensed genetic counselors has never been higher!

Genetic Counselors SAVE the Health Care System Money!

- When non-genetic providers perform genetic testing **30% of tests are ordered INCORRECTLY!**
- GCs identify the right family member for testing AND the right test to order –ultimately saving health care dollars.
- In one year at one US lab, GCs identified 1,182 mis-ordered tests which translated into a \$402,357 cost savings!

Physicians feel Inadequate about their knowledge of Genetics

- Studies have shown that doctors report a lack of proper genetics training.
- Genetics is expanding rapidly: most PCPs cannot keep up with the scientific advances.
- Major life and health care decisions are made on the basis of genetic information: the risks are high for mistakes when genetic counselors are not involved!

The "\$1000 Genome" is Quickly Becoming a Reality

- Whole genome sequencing is available and **RAPIDLY** expanding.
- Direct- to-Consumer Testing companies target patients to have testing without provider oversight; Patients need to know who is qualified to help interpret results.
- Without licensure, there is significant risk for costly and harmful errors.

#5

Chroniak, Deborah

From: Kelley, Tina [Tina.Kelley@nh.gov]
Sent: Wednesday, February 13, 2013 7:42 AM
To: Carson, Sharon
Senator Carson,

I am the Administrator of the Office of Licensed Allied Health Professionals. There is a hearing today on SB 135 relative to the regulation of the practice of genetic counseling. My plan was to attend the hearing when it was scheduled but unfortunately I have a doctor's appointment at the exact same time. If the Executive Departments and Administration Committee has any questions regarding this bill I would be happy to answer them. My phone number is 603-271-8390. If this bill moves into study committee I will attend to answer any questions the Committee may have directly. Please extend my sincere apologies to the Committee for not being present at the hearing.

Tina M. Kelley
Administrator
Office of Licensed Allied Health Professionals

Committee Report

STATE OF NEW HAMPSHIRE
SENATE
REPORT OF THE COMMITTEE

Date: February 15, 2013

THE COMMITTEE ON Executive Departments and Administration
to which was referred Senate Bill 135-FN

AN ACT relative to the regulation of the practice of genetic
counseling.

Having considered the same, the committee recommends that the Bill:

OUGHT TO PASS WITH AMENDMENT

BY A VOTE OF: 4-1

AMENDMENT # 0356s

Senator Sharon M. Carson
For the Committee

Deb Chroniak 271-1403

New Hampshire General Court - Bill Status System

Docket of SB135

Docket Abbreviations

Bill Title: relative to the regulation of the practice of genetic counseling.*Official Docket of SB135:*

Date	Body	Description
1/3/2013	S	Introduced and Referred to Executive Dept. & Admin; SJ 4
2/5/2013	S	Hearing: 2/13/13, Room 100, SH, 9:00 a.m.; SC8
2/20/2013	S	Committee Report: Ought to Pass with Amendment #2013-0356s, 3/7/13; SC10
3/7/2013	S	Committee Amendment 0356s, AA, VV
3/7/2013	S	Ought to Pass with Amendment 0356s, MA, VV; Refer to Finance Rule 4-5
3/13/2013	S	Committee Report: Ought to Pass, 3/21/13; SC12
3/21/2013	S	Ought to Pass: MA, VV; OT3rdg;
3/27/2013	H	Introduced and Referred to Executive Departments and Administration; HJ31 , PG.1076
4/3/2013	H	Public Hearing: 4/10/2013 2:30 PM LOB 306
4/10/2013	H	Executive Session: 4/16/2013 1:30 PM LOB 306 ==RECESSED==
4/17/2013	H	Subcommittee Work Session: 4/23/2013 10:30 AM LOB 306
4/23/2013	H	Subcommittee Work Session: 5/1/2013 10:00 AM LOB 306
5/7/2013	H	Subcommittee Work Session: 5/14/2013 10:00 AM LOB 306
5/14/2013	H	Executive Session: 5/21/2013 1:30 PM LOB 306
5/23/2013	H	Majority Committee Report: Ought to Pass with Amendment #1718h for June 5 (Vote 12-5; RC); HC42 , PG.1432
5/23/2013	H	Proposed Majority Committee Amendment #2013-1718h; HC42 , PG.1455-1457
5/23/2013	H	Minority Committee Report: Inexpedient to Legislate; HC42 , PG.1432
6/5/2013	H	Amendment #1718h: AA VV; HJ49 , PG.1606-1609
6/5/2013	H	Ought to Pass with Amendment #1718h: MA RC 180-140; HJ49 , PG.1606-1611
6/12/2013	S	Sen. Carson Moved Nonconcur with House Amendment #1718h; Requests C of C, MA, VV
6/12/2013	S	President Appoints: Senators Carson, Cataldo, Lasky
6/12/2013	H	House Accedes to Senate Request for C of C (Rep Shurtleff): MA VV [Recess of 6/5/13]; HJ49 , PG.1653
6/12/2013	H	Speaker Appoints: Reps Weber, Gagnon, P.Schmidt, and M.Nelson [Recess of 6/5/13]; HJ49 , PG.1653
6/12/2013	S	Committee of Conference Meeting: 6/17/2013, 2:00 p.m., Room 100, SH
6/19/2013	H	Conference Committee Report #2013-2089c, House AM + New AM, Filed; HC47 , PG.1537
6/26/2013	H	Conference Committee Report #2089c Adopted, VV
6/26/2013	H	Reconsideration, Conference Committee Report #2089c (Rep Lambert):

MF RC 108-247		
6/26/2013	S	Conference Committee Report 2089c; Adopted, VV
6/26/2013	H	Enrolled Bill Amendment #2190e Adopted
6/26/2013	S	Enrolled Bill Amendment #2013-2190e Adopted, VV
6/26/2013	H	Enrolled
6/26/2013	S	Enrolled
7/25/2013	S	Signed by the Governor on 07/24/2013; Chapter 0271; Effective 07/01/2013

NH House

NH Senate

Other Referrals

COMMITTEE REPORT FILE INVENTORY

SB135-FN ORIGINAL REFERRAL _____ RE-REFERRAL

1. THIS INVENTORY IS TO BE SIGNED AND DATED BY THE COMMITTEE AIDE AND PLACED INSIDE THE FOLDER AS THE FIRST ITEM IN THE COMMITTEE FILE.
2. PLACE ALL DOCUMENTS IN THE FOLDER FOLLOWING THE INVENTORY IN THE ORDER LISTED.
3. THE DOCUMENTS WHICH HAVE AN "X" BESIDE THEM ARE CONFIRMED AS BEING IN THE FOLDER.
4. THE COMPLETED FILE IS THEN DELIVERED TO THE CALENDAR CLERK.

- DOCKET (Submit only the latest docket found in Bill Status)
- COMMITTEE REPORT
- CALENDAR NOTICE
- HEARING REPORT
- HANDOUTS FROM THE PUBLIC HEARING
- PREPARED TESTIMONY AND OTHER SUBMISSIONS
- SIGN-UP SHEET(S)

ALL AMENDMENTS (passed or not) CONSIDERED BY COMMITTEE:

- AMENDMENT # 02455 _____ - AMENDMENT # _____
- AMENDMENT # 03565 _____ - AMENDMENT # _____

ALL AVAILABLE VERSIONS OF THE BILL:

- AS INTRODUCED AS AMENDED BY THE HOUSE
- FINAL VERSION AS AMENDED BY THE SENATE

- OTHER (Anything else deemed important but not listed above, such as amended fiscal notes): Revised FN 4-3-13; Amended FN 6-12-13

DATE DELIVERED TO SENATE CLERK 7-31-13

Deb Proniak
BY COMMITTEE AIDE