

**Testimony on SB 437,
An Act Concerning Licensure for Genetic Counselors
Maurice J. Mahoney, MD, JD
Yale University School of Medicine**

Senator Gerratana, Representative Johnson, Senator Welch, and Representative Srinivasan, thank you for raising SB 437, a bill to permit the licensing of genetic counselors in Connecticut. I am grateful for the opportunity to testify today on behalf of the Yale School of Medicine in support of SB 437.

I wear several hats at Yale. I am a Professor of Genetics, and have the pleasure of teaching, conducting research, and caring for patients. I am also the Executive Director of the Human Investigation Committee, which oversees the welfare of research volunteers involved in clinical research. I see patients in the Genetics Consultation Service at Yale, and I speak to you today as a clinician who works closely with genetic counselors at Yale.

This legislation is overdue. Genetic counseling is an established and recognized profession in health care delivery; genetics counselors are health care professionals with graduate training in medical genetics and counseling. The field is well organized with a professional society, the National Society of Genetics Counselors, as well as a national credentialing organization, the American Board of Genetic Counseling, which certifies genetic counselors who pass a rigorous examination.

Genetic counselors are important members of the clinical practice at Yale Medical Group and the Yale New Haven Hospital. In the Prenatal Diagnosis Clinic that I lead, I am the sole physician, and the remaining four members of the clinical team are Masters-level genetic counselors. Similarly, in the Cancer Genetics clinic, there is one physician and seven genetics counselors.

Establishing a license for genetic counselors would recognize its significance as a profession with well-established standards of quality. In addition, there has already been a rapid growth of testing laboratories that are providing genomic information about health and medical issues; some of those laboratories have emphasized providing services directly to consumers. That trend in care is resulting in a large increase in requests for interpretation of laboratory results and their implications for care. That trend will only accelerate as more health care providers use genomics to personalize the choice of therapies and the delivery of medicine.

It is not necessarily efficient to use physicians to meet this demand – one need look only at the ratio of physicians to genetic counselors in the Yale Medical Group. Genetic counselors who have the required education and the working knowledge will be the mainstay of meeting that increased demand; indeed they

are doing so now in collaboration with other health care professionals. The licensure of genetic counselors would be appropriate given their role in health care delivery.

Yale University supports SB 437, but we believe it should be improved. For example, we recommend that the Committee clarify that license requirement does not apply to medical students and residents in training. We also recommend that the standards for continuing education adopted by the Commissioner of Public Health reflect existing national standards, such as the certification criteria of the American Board of Genetic Counseling. My colleagues and I would be pleased to work with the Committee on these proposals.

Thank you for considering this important public health issue.