

**Understanding the Details:
ACMG's Position on the Access to Genetic Counselor Services Act
HR 2144**

In January 2020, ACMG requested that additional language be added to the Access to Genetic Counselor Services Act, formerly identified as HR 3235, before we could fully support the bill. ACMG supports reimbursement of genetic counselors for genetic counseling services but not for independent practice of medicine. Our proposed amendments to the bill, now identified as **HR 2144**, would not impede the direct reimbursement of genetic counselors for genetic counseling services. Nor would it impede their ability to order genetic testing. It would, however, encourage continuation of the collaborative environments in which most counselors currently work and which most benefit patients. ACMG is simply requesting the addition of brief language to support such collaborative relationships. We know that we work best for patients and public health when we work together, and that is our goal. ACMG will continue to strive for appropriate language to both support our genetic counselor colleagues and provide optimal patient care.

For more detailed information, please read below:

- **At the core of the issue is whether genetic counselors should be authorized to engage in the unrestricted, independent ordering of all genetic tests, as well as other diagnostic studies, which constitute the practice of medicine.**
 - The Access to Genetic Counselor Services Act, by providing for reimbursement, is inextricably linked to state legislation that expands scope of practice, and the detailed language of state and federal rules must be considered collectively. State licensure legislation currently in place or being pursued in numerous states expands genetic counselors' scope of practice to include independent ordering of genetic tests and other diagnostic studies (not just genetic) as well as interpretation and return of results to patients without any interaction with physicians. The ACMG believes that this is not the best model for patient care and that it is the practice of medicine.
 - We recognize that some genetic tests, such as those that are used to estimate the risk of developing disease or to guide family planning decisions, generally do not need physician involvement. However, tests that confer a diagnosis or guide treatment decisions do require collaboration with a physician. Some tests may require a medical evaluation or other types of laboratory testing to identify genetic testing needs. In certain cases, genetic testing should only be ordered after a patient has received a diagnosis from a physician. Others may require physician involvement to complete a diagnostic interpretation of results. While we believe that the majority of genetic counselors will continue to responsibly order only certain types of tests when appropriate criteria are met, precautions need to be added to legislation to ensure that optimal patient care continues to be provided in a healthcare team environment.
 - For these reasons, ACMG is proposing a requirement for collaborative agreements (NOT supervision) between counselors and physicians. Each collaborative agreement could be tailored to allow genetic counselors and physicians to establish procedures and protocols that best fit their own institutions. Such practice agreements are common and are often enacted as institutional-level agreements.

- **ACMG supports reimbursement of genetic counselors for genetic counseling services, and our proposed amendments to the Access to Genetic Counselor Services Act would not impede such reimbursement.**
 - ACMG is unable to fully support the current bill text because it would provide reimbursement for services that go beyond genetic counseling and constitute the independent practice of medicine. ACMG is not the only professional organization concerned about the language. ACMG recognizes that reimbursement of genetic counselors for their services is **very** important. Therefore, we are recommending amendments so that the bill can be broadly supported by all. We are continuing to work with Congress and other organizations to develop language that can be broadly supported and will not impede genetic counselors' ability to be directly reimbursed by Medicare. Broad support is critical for passage of the bill, and it is important to ensure a clear path forward so the bill can be passed as soon as possible.
 - The minor amendment previously offered by ACMG (shown underlined in bold just below) would recognize the teamwork necessary to provide the best care to patients. It is intended as a compromise to address physicians' concerns while also allowing for the direct reimbursement of genetic counseling services, including ordering of tests.

*(kkk) (1) The term 'covered genetic counseling services' means genetic counseling services furnished by a genetic counselor (as defined in paragraph (2)) **pursuant to a formally-documented collaborative agreement with a physician (as defined in subsection (r)(1))** (and such services and supplies furnished as an incident to the provision of such services) as would otherwise be covered under this title if furnished by a physician (or as incident to a physician's service), **but does not include the diagnosis or treatment of patients.***

- **Rather than opposing the Access to Genetic Counselor Services Act, ACMG is proposing a minor modification to the language of the bill, focused on collaborative agreements (NOT supervision) to encourage continuation of team-based models for patient care.**
 - Collaborative agreements would not require supervision and would allow an enormous amount of flexibility. Such agreements would create an opportunity for healthcare professionals to ensure that protocols and procedures are in place to guide how patients will be managed in various situations. Like other common practice agreements, these could be individual or institutional-level agreements. Medical geneticists and genetic counselors could work together to develop model collaborative agreements for their various practice scenarios.
 - While we understand the desire of some genetic counselors for independent practice, ACMG maintains that the most effective practice models are those in which genetic counselors work collaboratively in a team environment with physicians and laboratory geneticists, particularly when assisting with activities that cross into the practice of medicine. Bi-directional communication between genetic counselors and physicians helps both counselors and physicians, and in turn leads to optimal patient care. The majority of genetic counselors currently work in such collaborative environments, and the collaborative agreement recommended by ACMG would not change the way they practice.

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