

COMMONWEALTH OF PENNSYLVANIA  
HOUSE OF REPRESENTATIVES  
PROFESSIONAL LICENSURE COMMITTEE

\* \* \* \* \*

PUBLIC HEARING IN RE: LICENSURE FOR GENETIC COUNSELORS

\* \* \* \* \*

BEFORE:       MICHAEL MCGEEHAN, Chairman  
              WILLIAM ADOLPH, Co-Chairman  
              Jaret Gibbons, Representative  
              Bernie O'Neill, Representative  
              T. Mark Mustio, Representative  
              Thomas H. Killion, Representative

HEARING:      Friday, May 8, 2009  
              Commencing at 9:59 a.m.

LOCATION:      Hampton Inn  
              1101 East College Avenue  
              State College, PA 16801

WITNESSES:   Kathleen Valverde, Robin Grubs,  
              David Finegold, Aileen Galley,  
              Wendy Bollinger, Heather Hampel  
              (read by Virginia Speare)

Reporter: Sarah Wendorf

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## P R O C E E D I N G S

CHAIRMAN MCGEEHAN:

1  
2 -----  
3  
4 Good morning. I want to convene this  
5 hearing of the House Professional Licensure Committee.  
6 Today's meeting will concentrate on House Bill 125 and  
7 House Bill 127. There are the codes --- pardon me,  
8 the prime sponsor of the Bill joins us today,  
9 Representative Tom Killion.

10 I want to thank the testifiers for taking  
11 the time to provide your testimony and for being here  
12 today. And I haven't been a member of this committee.  
13 My understanding was that these two Bills were  
14 considered last year and that we're expecting some  
15 action on this.

16 I just read them, the synopsis and the  
17 Bills while we were waiting. It's a fascinating  
18 subject. I'm looking forward to this hearing.

19 Having said that, I'll recognize my  
20 colleague, Republican Chairman, Chairman Adolph.

CHAIRMAN ADOLPH:

21  
22 Thank you, Mr. Chairman. Good morning,  
23 everyone. We had to move this meeting to Central  
24 Pennsylvania so this way Representative Killion could  
25 be here on time. If you remember at the last session

1 we held the public hearing in Delaware County, his  
2 home county and he was not ---

3 REPRESENTATIVE KILLION:

4 What can I say, Bill?

5 CHAIRMAN ADOPLPH:

6 But as Chairman McGeehan said, that this  
7 committee had a public hearing last session on this  
8 Bill. And we're very thankful for Chairman McGeehan  
9 holding another public hearing on this. And this year  
10 I'm the second on the Bill and I was very impressed  
11 with the testimony last year. And with no arm  
12 twisting from my colleagues from Delaware County, so  
13 I'm looking forward to the testimony.

14 I've been informed that there has not  
15 been any changes to the Bill, okay, since last  
16 session. So I'm looking forward to the testimony.

17 CHAIRMAN MCGEEHAN:

18 Thank you, Mr. Chairman. Before I  
19 recognize prime sponsor for some remarks about the  
20 Bill in today's agenda, I want to have the  
21 Representative introduce himself so you know who you  
22 will be addressing today, starting with Representative  
23 Killion.

24 REPRESENTATIVE KILLION:

25 I'm Tom Killion, Delaware and Chester

1 Counties.

2 REPRESENTATIVE O'NEILL:

3 I'm Representative Bernie O'Neill from  
4 Bucks County.

5 CHAIRMAN ADOLPH:

6 Bill Adolph from Delaware County.

7 CHAIRMAN MCGEEHAN:

8 I'm Mike McGeehan from Philadelphia  
9 County.

10 REPRESENTATIVE MUSTIO:

11 Mark Mustio from Allegheny.

12 CHAIRMAN MCGEEHAN:

13 And we're joined by Wayne Crawford and  
14 Marlene Tremmel. They're both executive directors for  
15 the Committee. They're both Republican and Democrat.

16 I want to recognize Representative  
17 Killion, who's the prime sponsor of these very  
18 important bills.

19 REPRESENTATIVE KILLION:

20 Thank you. Thank you, Mr. Chairman. And  
21 I'd like to thank you for holding a hearing and the  
22 chairman as well and the staff for putting it  
23 together. I had the privilege of serving on this  
24 committee for five years, and target on the  
25 Appropriations Committee --- and I got on the

1 Appropriations Committee and I had to give this  
2 committee up and I feel bad about that because it's a  
3 great committee.

4           And I went on the appropriations  
5 Committee with this \$3 billion deficit. My time is  
6 bad in coming to committee meetings. Like Bill talked  
7 about, my timing's bad on choosing my committees, but  
8 we'll get through that.

9           Briefly, for the record, in recent years  
10 we've seen an explosion in knowledge of genetics and  
11 greater interests in the promise genetic research  
12 provides us in prevention of diseases and disorders.  
13 Pennsylvania law has not kept pace with the growth  
14 instilled and currently does not license and regulate  
15 genetic counselors. Nor does it have standards that  
16 will ensure that people undergoing genetic counseling  
17 will receive quality care from qualified genetic  
18 counselors.

19           This legislation, these two Bills we're  
20 proposing will do that. House Bill 125 will amend the  
21 Medical Malpractice Act of 1985 and House Bill 127  
22 will amend the Osteopathic Medical Practice Act. I  
23 think that was a typo. It should be Medical Practice  
24 Act of 1985 and the Osteopathic Medical Practice Act,  
25 to provide for the licensure of genetic counselors in

1 Pennsylvania.

2           Genetic counselors can interpret  
3 individual and family medical histories. They  
4 consider such factors as inheritance and the risk of  
5 passing on genetic conditions of birth defects. They  
6 identify, coordinate, interpret and explain genetic  
7 tests and other diagnostic studies and work with  
8 individuals and families to provide support and  
9 advocacy.

10           This is only a partial list of the tasks  
11 undertaken by genetic counselors. Clearly, genetic  
12 counselors closely involve the patients who rely on  
13 their expertise and guidance.

14           My legislation will ensure that  
15 Pennsylvania citizens receive quality care from  
16 confident individuals who are licensed by the state  
17 and whose licenses are dependent on their receiving  
18 regular, continuing education and that will keep them  
19 current with this ever-changing field.

20           And I would be remiss if I did not  
21 mention the person that brought this issue to me, Dr.  
22 Virginia Speare, who's a good friend, and her husband  
23 Brad. I frankly really didn't know anything about it  
24 until they came to me and I was amazed with what they  
25 do and the fact that currently in Pennsylvania it's

1 not licensed.

2                   And I'm pleased to be here today. I  
3 thank the Chairman again and I'm looking forward to  
4 the testimony.

5                   CHAIRMAN MCGEEHAN:

6                   Thank you, Representative. There will be  
7 members coming and going as the day progresses. I  
8 wanted to acknowledge Sara, our stenographer today.  
9 She has a difficult job often. So when we call you to  
10 testimony, just annunciate your name clearly so she  
11 gets it for the record. These are official  
12 proceedings and there will be an official record taken  
13 of the testimony here today.

14                   Having said that, please, we have your  
15 written remarks and feel free to --- of course they'll  
16 be entered into the public record, the complete  
17 letters. If you feel you can or are able to speak  
18 extemporaneously, that would help as far as the timing  
19 is concerned for these meetings, because this space is  
20 utilized for other events.

21                   Having said that, I want to introduce our  
22 first testifier, Ms. Kathleen Valverde. She's the  
23 director of the --- she's Director of the Masters in  
24 Genetic Counseling Program in Arcadia University.  
25 Doctor.

1                   DR. VALVERDE:

2                   Thank you. May I sit?

3                   CHAIRMAN MCGEEHAN:

4                   Yes, please. Make yourself comfortable.  
5 Get yourself prepared and then begin when you're  
6 comfortable.

7                   DR. VALVERDE:

8                   Hello. I'm Kathleen Valverde. I've been  
9 a been practicing genetic counselor for 23 years and I  
10 am the Director of the Master's Program in Genetic  
11 Counseling at Arcadia University, which is located in  
12 suburban Philadelphia.

13                   I have the privilege this morning and the  
14 honor to speak on behalf of the Genetic Counseling  
15 Licensure Committee and the Diversity for Genetic  
16 Counselors that practice in the Commonwealth of  
17 Pennsylvania.

18                   I wanted to take a few minutes this  
19 morning just to describe genetic counseling rules and  
20 discuss why licensure is so important to all of us.

21                   Basically genetic counselors are  
22 healthcare professionals who have specialized graduate  
23 degrees in training medical genetics and counseling.  
24 We are part of healthcare teams providing medical  
25 information and support to families who have genetic

1 conditions and who are at risk to develop genetic  
2 disorders.

3           Genetic counselors research the genetic  
4 condition present in the family and we interpret  
5 information about the disorder. We analyze  
6 inheritance patterns, provide the parents with  
7 information and review applicable options with both  
8 the family and other healthcare providers.

9           Licensure is so important to us because  
10 it guarantees a minimum qualification for  
11 practitioners. Presently the general public is not  
12 aware of the minimal standards for genetic counselors.  
13 State regulation of this profession will ensure that a  
14 genetic counselor is adequately trained and competent  
15 to provide genetic counseling services.

16           Currently anyone who calls themselves a  
17 genetic counselor, title protection limits individuals  
18 who call themselves genetic counselors unless they  
19 meet the standards and qualifications established by  
20 the licensure.

21           We want to guarantee the quality is there  
22 and it's provided in genetic counseling services.  
23 Genetic counselors in the State of Pennsylvania --- in  
24 the Commonwealth of Pennsylvania are not required to  
25 take the National American Board of Genetic Counseling

1 Certification Exam. Though it's highly recommended,  
2 you can practice without passing that exam.

3           Individuals who have demonstrated  
4 competencies by qualifying and passing the exam are  
5 less likely to commit errors that result in harm to  
6 consumers of genetic counseling services. Mistakes in  
7 practices may be inevitable, but regulating providers  
8 through competency guidelines will reduce the  
9 frequency of errors and hope to avoid the emotional  
10 and astronomic costs associated with errors.

11           Accessibility of services --- of genetic  
12 services to the public. Genetic counselors have an  
13 extensive knowledge base in medical genetics and their  
14 expertise is often invaluable to other members of the  
15 healthcare team. Patients who receive an accurate or  
16 do not receive genetic counseling may have unnecessary  
17 genetic tests. Inappropriate testing may be offered  
18 and they might not have access to appropriate testing.

19           Licensure would be the first step towards  
20 making genetic counseling more accessible to the  
21 general public. This is especially important in rural  
22 parts of Pennsylvania. Pittsburgh and Philadelphia  
23 and some of the larger cities in Pennsylvania have a  
24 wealth of genetic counseling services. But there are  
25 residents living in the central part of the state have

1 difficulty accessing services.

2           Legal resources. Patients who do not  
3 have legal resource, currently if they are harmed by a  
4 practicing genetic counselor without state regulation,  
5 incompetent genetic counselors cannot be punished by  
6 the state or be restricted from practicing. Consumers  
7 cannot call a state agency to report a complaint  
8 against a genetic counselor.

9           So why is genetic counseling so important  
10 now? Well, genetic counseling is a relatively new  
11 profession. It was established just about 40 years  
12 ago. And early genetic counselors did not have the  
13 technology and the resources that are readily  
14 available today.

15           These genetic counselors saw patients to  
16 discuss single gene disorders, rare disorders where  
17 testing typically provided a yes or no answer.  
18 Advances in technology now allow testing for complex  
19 disorders and these test results provide information  
20 about the level of risk and sometimes can be difficult  
21 to interpret.

22           Many of these tests are now available  
23 directly to consumers. Some direct-to-consumer  
24 testing companies provide appropriate genetic  
25 counseling services while others do not. State

1 licensure of genetic counseling will provide consumers  
2 with access to highly trained individuals who can help  
3 interpret and provide counseling to these test  
4 results.

5           In summary, licensure hopefully will  
6 ensure the responsible practice of genetic counseling  
7 in Pennsylvania, protecting the consumer from harm and  
8 providing a mechanism for recourse when consumers are  
9 harmed.

10           Just as physicians and nurses have both  
11 Board Certification and state licensure, we're asking  
12 the same for genetic counselors.

13           CHAIRMAN MCGEEHAN:

14           Thank you very much, Ms. Valverde.  
15 Explain to a layman --- if I may begin, explain to a  
16 layman the typical day and what kind of counseling,  
17 what kind of issues are you dealing with on a daily  
18 basis?

19           DR. VALVERDE:

20           Well, genetic counselors work in  
21 different aspects of genetics. I presently do --- I  
22 will talk to you a little bit about cancer genetic  
23 counseling. That's what I have more experience with  
24 right now. People could come in who have different  
25 types of cancer, breast cancer, ovarian cancer, and

1 they want to know if that can be inherited in the  
2 family, whether or not they have a breast cancer gene  
3 and what course of action they should take in terms of  
4 treatment because it might dictate the type of  
5 treatment they have, how much surveillance they should  
6 have, if they're at risk to have cancer.

7           I'm also --- when you tell somebody that  
8 they're at risk for cancer, that's emotionally  
9 stressful and that's where the counseling part comes  
10 in. How are you going to put this as part of your  
11 life? How are you going to adjust to this diagnosis  
12 and make it manageable for you and the family?  
13 Because remember, when you diagnose one individual  
14 with a genetic disease, there's also other family  
15 members who may be at risk. So then we have to have a  
16 discussion about how you talk to family members about  
17 this.

18           Usually the first question is what does  
19 this mean to my children. Are my children now at risk  
20 to have a genetic disease? So, you know, patients and  
21 families and counseling you have to address all of  
22 those needs.

23           CHAIRMAN MCGEEHAN:

24           And is it --- I'm sure that expands to  
25 childbirth and ---.

1                   DR. VALVERDE:

2                   Right. Then we meet and sometimes  
3 families will come in and want to know, well, if I  
4 have this genetic disease can I pass it down to  
5 children that aren't born yet? Then they have a  
6 discussion about reproductive options, if they have a  
7 child born with a medical or genetic problem, what's  
8 the life expectancy for my child? What options will  
9 my child have? What types of treatment are available  
10 for my children. Remember, most genetic disease are  
11 rare. There are a lot of general providers have a lot  
12 of --- don't necessarily have any chance to see rare  
13 metabolic issues. They usually see like specialists  
14 in the medical genetics, how can I treat those  
15 conditions and put them on the right treatment path.  
16 There's a lot of referral to new genetic providers.

17                   CHAIRMAN MCGEEHAN:

18                   You talked about a shortage in  
19 particularly rural places.

20                   DR. VALVERDE:

21                   Absolutely.

22                   CHAIRMAN MCGEEHAN:

23                   As a representative from Philadelphia,  
24 you know some of the finest medical centers in the  
25 country. What type of programs are just in

1 Pennsylvania universities that teach specifics of  
2 genetic counseling?

3 DR. VALVERDE:

4 Well, let me tell you. There's about ---  
5 Dr. Grubs and I run the two genetic counseling  
6 treatment programs in the State of Pennsylvania.  
7 There are about 30 genetic counseling training  
8 programs in the United States and Master's provide ---  
9 we are actually fortunate in the State of Pennsylvania  
10 to have two training programs. I graduate about 12 to  
11 13 students a year and that's one of the largest  
12 programs in the United States.

13 CHAIRMAN MCGEEHAN:

14 Okay. And what is the degree called?

15 DR. VALVERDE:

16 My students get a Master's in Genetic  
17 Counseling, M.S. in Genetic Counseling.

18 CHAIRMAN MCGEEHAN:

19 Are there other states that are licensing  
20 genetic counseling?

21 DR. VALVERDE:

22 Yes. Right now there are ten states that  
23 got licensure --- that passed licensure bills for  
24 genetic counseling.

25 CHAIRMAN MCGEEHAN:

1 Thank you. I don't want you not to use  
2 your time.

3 DR. VALVERDE:

4 That's okay.

5 CHAIRMAN MCGEEHAN:

6 I'll open it up for questions and begin  
7 with ---.

8 CHAIRMAN ADOLPH:

9 I have one quick question.

10 DR. VALVERDE:

11 Uh-huh (yes).

12 CHAIRMAN ADOLPH:

13 You mentioned in your testimony that  
14 there's individuals out there representing themselves  
15 as genetic counselors. Do you feel that there's  
16 individuals out there that are not qualified to be  
17 genetic counselors?

18 DR. VALVERDE:

19 Like somebody who currently ---.

20 CHAIRMAN ADOLPH:

21 Like the chains out there who call  
22 themselves genetic counselors?

23 DR. VALVERDE:

24 I personally, as I previously said, work  
25 in Philadelphia where there are many genetic

1 counselors so we don't have a problem finding genetic  
2 counseling. But if somebody lived in a part of the  
3 state and they couldn't go and access one, I guess  
4 somebody could call themselves a genetic counselor if  
5 they wanted to. They wouldn't have that adequate  
6 training, appropriate training. There's nothing to  
7 stop them from doing it.

8 CHAIRMAN ADOLPH:

9 Do you know what the ten states are, who  
10 these ten states are that have the licensing?

11 DR. VALVERDE:

12 Yes, I do. Would you like --- I know  
13 it's part of documented testimony but ---.

14 CHAIRMAN ADOLPH:

15 Okay, yes, for the record.

16 DR. VALVERDE:

17 Okay.

18 CHAIRMAN ADOLPH:

19 If it comes in later, you know, I can  
20 wait.

21 DR. VALVERDE:

22 Okay.

23 CHAIRMAN ADOLPH:

24 But do you know them off of the top of  
25 your head? We'd be impressed.

1                   DR. VALVERDE:

2                   Now I'm on the spot. California,  
3 Illinois, Massachusetts, New Mexico, Tennessee,  
4 Oklahoma, North Dakota, Washington, New Jersey and  
5 Utah.

6                   CHAIRMAN ADOLPH:

7                   Can you name the capitals of those  
8 states?

9                   DR. VALVERDE:

10                  I think I'm pretty close.

11                  CHAIRMAN MCGEEHAN:

12                  I think she used a lifeline. I heard it.

13                  DR. VALVERDE:

14                  You know, in the Philadelphia area we're  
15 very close to New Jersey, so some --- it seems we will  
16 have some crossover to try and find some reciprocity.  
17 New Jersey, there's a different reciprocity than what  
18 Pennsylvania does.

19                  CHAIRMAN ADOLPH:

20                  Thank you very much.

21                  DR. VALVERDE:

22                  Uh-huh (yes).

23                  REPRESENTATIVE MUSTIO:

24                  I want to at this time thank you for the  
25 hearing, but also thank Representative Killion for

1 introducing this legislation again this term. We had  
2 a great hearing last year and unfortunately the clock  
3 ran out and we weren't able to get it moved.

4           And at that time I related how this  
5 affected me personally. If it would be okay I'd like  
6 to kind of do that again, Mr. Chairman, because it is  
7 important, particularly from the cancer side.

8           My sister a couple years ago found out  
9 that she had breast cancer and had lived with that  
10 concern because my mother died of that and her mother  
11 died of it. So we ended up --- she ended up having a  
12 double mastectomy and had the gene tested, whatever  
13 the gene was, found that she had it and they had to  
14 make a decision, do we test the kids. And she did,  
15 and unfortunately both her daughters now are in need  
16 of genetic counseling and having to make those  
17 decisions that she had talked about.

18           One got married and had a child. But at  
19 some point as part of this counseling, as my  
20 understanding, is maybe a decision of having a  
21 proactive double mastectomy. Am I correct in that  
22 terminology?

23                     DR. VALVERDE:

24                     Uh-huh (yes).

25                     REPRESENTATIVE MUSTIO:

1           So it's these types of decisions that  
2 they're being counseled on and it's pretty dramatic.  
3 And, you know, I was tested. Fortunately I do not  
4 have the gene so the chances of my kids are reduced.  
5 But it was something of an 80 percent increase that  
6 her children can have cancer.

7           So not only is it important to know, but  
8 I think it brings people's awareness to help with the  
9 funding, to help genetic --- for charting that gene.  
10 But it's just really important legislation and it does  
11 have an impact. And just imagine, you know, you had  
12 the test and then you go in to find out that that  
13 anxiety --- it's not like you have cancer, but the  
14 odds affecting your kids and their kids. It's just  
15 significant.

16           So I thank you for what you do. And Mr.  
17 Chairman, thank you for everything.

18           CHAIRMAN MCGEEHAN:

19           Thank you for sharing that,  
20 Representative Mustio. I have an additional follow-up  
21 question. The first testifier always gets the most  
22 questions.

23           DR. VALVERDE:

24           Okay.

25           CHAIRMAN MCGEEHAN:

1           Is the training more of the biology or is  
2 it more of the psychology of genetic counseling?

3           DR. VALVERDE:

4           I usually say my program has a three-  
5 prong approach to it. We do coursework in basic  
6 genetics, science, coursework in counseling. And then  
7 we have an extensive clinical training to develop the  
8 student's need to go into hospitals and actually look  
9 at patients, hands-on under supervision.

10           So the American Board of Genetic  
11 Counseling has guidelines which set up minimum  
12 practice competencies for each of those components  
13 that we have to follow. So it's pretty rigorous and  
14 that's why all of our programs are small. It's a lot  
15 of hands-on training of the students in their  
16 clinical. So before they are out and before they  
17 graduate they're comfortable seeing patients because  
18 they've had a lot of patient contact and client  
19 contact under supervision.

20           CHAIRMAN MCGEEHAN:

21           Well, if someone comes into a genetic  
22 counselor, are you administering the test that finds  
23 that particular trait or gene or ---?

24           DR. VALVERDE:

25           The physician that works with the genetic

1 counselor actually orders the test. And the genetic  
2 counselor then works --- talks to the families about  
3 the result. Usually it's a team approach with the  
4 physicians and the other team members of the staff.  
5 As Representative Mustio said, look, now that you know  
6 you have this, what course of action will you take?  
7 You do surveillance for your breast cancer. You can  
8 do surgery and talking to the patients about what  
9 their actions are, what seems to work best for their  
10 lifestyle and their decision making process.

11 CHAIRMAN MCGEEHAN:

12 Well, how are you specifically trained to  
13 deal with the emotional part of it?

14 DR. VALVERDE:

15 Well, in my program there are --- each  
16 semester my students take a class in counseling and a  
17 class in genetic counseling so they get a fundamental  
18 basic training in counseling. You may take the same  
19 classes that the Master's and counseling students  
20 take. Instead of taking their electives in those  
21 genetics classes, we do sort of combine the medical  
22 components that they have to learn with how to explain  
23 that to a patient in counseling.

24 CHAIRMAN MCGEEHAN:

25 Will you always be partnered with a

1 physician? Is that how you see your role?

2 DR. VALVERDE:

3 I would say probably working in concert  
4 with a physician and a medical team.

5 CHAIRMAN MCGEEHAN:

6 Thank you, Mrs. Valverde. Oh, and pardon  
7 me, Representative O'Neill.

8 REPRESENTATIVE O'NEILL:

9 Yes. One simple question now. You said  
10 your program is a Master's degree. The students that  
11 come into your program, what type of a background do  
12 they come from with their Bachelor's degree?

13 DR. VALVERDE:

14 I just did admissions this week for next  
15 year's class. Like I said, the majority of our  
16 students usually come with a background in biology.  
17 Some have backgrounds in molecular biology, genetics  
18 degrees and usually have some training in counseling,  
19 too. Many of the students, we have a minimum  
20 requirement now that they have done some crisis  
21 counseling, have done some genetic counseling,  
22 shadowed someone with this type of field and what they  
23 get in to. And sometimes some of the students will  
24 have backgrounds in counseling and have the minor in  
25 biology or minor in genetics.

1                   REPRESENTATIVE O'NEILL:

2                   Thank you.

3                   DR. VALVERDE:

4                   Uh-huh (yes).

5                   CHAIRMAN MCGEEHAN:

6                   Thank you for educating us, Ms. Valverde.

7 Now our next testifier is Robin Grubs, Ph.D. She's  
8 the Co-Director of the University of Pittsburgh  
9 Genetic Counseling Master's Program. Good morning,  
10 Dr. Grubs.

11                   DR. GRUBS:

12                   Good morning. I'd like to thank the  
13 Committee for the opportunity to give testimony today  
14 to express my support for HB 125 and 127. As you  
15 mentioned, Mr. Chairman, my name is Robin Grubs and I  
16 am a certified genetic counselor. I co-direct the  
17 genetic counseling program at the University of  
18 Pittsburgh and I'm also an assistant professor of  
19 Human Genetics at the University of Pittsburgh.

20                   My colleague and fellow co-director, Dr.  
21 Gettig provided testimony about genetic counseling  
22 licensure last year and my testimony is going to cover  
23 similar information.

24                   As Ms. Valverde already had mentioned, of  
25 the 31 accredited graduate programs in genetic

1 counseling in North American are located in the  
2 Commonwealth, one at Arcadia University, where Kathy  
3 is located, and one at the University of Pittsburgh.

4           The University of Pittsburgh program is  
5 the second oldest in the U.S. and the program at  
6 Arcadia Pennsylvania genetic counseling graduates  
7 account for about ten percent of all practicing  
8 genetic counselors in North America.

9           And many graduates choose to stay and  
10 practice in Pennsylvania, making it the state with the  
11 third largest number of genetic counselors in the U.S.  
12 Approximately seven percent of certified genetic  
13 counselors practice in Pennsylvania.

14           Licensure is important because it will  
15 define the educational certification and continuing  
16 education requirements for all genetic counselors in  
17 the Commonwealth. Licensure will ensure that  
18 consumers of genetic services are protected from  
19 unqualified providers.

20           The goal is for patients to receive care  
21 from qualified providers so that they can make  
22 informed decisions about their healthcare, enabling  
23 them to reduce the risk of developing disease or even  
24 prevent the onset of disease.

25           Genetics is a complex science and

1 protection of the public is critical in this area of  
2 healthcare. With the vast array of technological  
3 advancements stemming from the Human Genome Project,  
4 this is becoming increasingly important to help  
5 individuals identify qualified providers.

6 Over the last several years, direct-to-  
7 consumer genetic testing has emerged and a number of  
8 companies are offering genetic testing services  
9 directly to the public, often via the Internet and  
10 often without a healthcare provider to be involved.

11 The interpretation of genetic tests can  
12 be complex and individuals should have the means to  
13 identify qualified practitioners who can interpret and  
14 explain genetic tests and then appropriate healthcare  
15 decisions can be made.

16 The intent of this legislation is to  
17 ensure that individuals and families who are being  
18 counseled on genetic information are provided that  
19 information by qualified and trained practitioners.  
20 This ensures protection of the public.

21 With over 18 years of experience as a  
22 genetic counselor, I personally know that providing  
23 services to help individuals and families translates  
24 scientific information into practical information is a  
25 challenging path. A genetic counselor works with a

1 person or family who may be at risk for an inherited  
2 disease. And one of the lessons we have learned from  
3 the Human Genome Project is that we are all at risk  
4 for health conditions and have a genetic contribution.  
5 As tests become more known to the public, it's  
6 critical to ensure that genetic services are being  
7 provided by appropriately trained healthcare  
8 professionals.

9                   In order to respect your time, I thought  
10 I would address several common questions that have  
11 emerged with this legislation. One is, don't genetic  
12 counselors already have licensure? And the answer in  
13 the Commonwealth is no. Genetic counselors can be  
14 certified but they're currently not licensed. Genetic  
15 counselors may take the certification exam offered by  
16 the American Board of Genetic Counseling and  
17 eligibility to take that exam requires appropriate  
18 education and training but is voluntary and therefore  
19 is not a legally enforceable standard.

20                   Licensure will ensure that responsible  
21 practice of genetic counselors in Pennsylvania  
22 protecting the consumer from harm and providing a  
23 mechanism for recourse when consumers are harmed.  
24 Just as physicians and nurses and other healthcare  
25 professionals have both certification and licensure,

1 so should genetic counselors.

2           Another question that just came up, so  
3 I'll highlight that. I mean, my colleague Kathy  
4 Valverde saw this, do other states have licensure in  
5 that the answer is yes, ten do. In my written  
6 testimony I had eight because recently South Dakota  
7 and Washington were added to the list. So California,  
8 Illinois, Massachusetts, New Jersey, New Mexico,  
9 Oklahoma, Tennessee and Utah. And thank you, Kathy,  
10 for being able to do that off the top of her head.

11           And licensure bills have been introduced  
12 in additional states such as Florida, Hawaii,  
13 Missouri, New York and Texas. And licensure is being  
14 actively pursued in about 12 other states, so it  
15 really is moving forward.

16           An important question that has been  
17 raised is will licensure for genetic counselors affect  
18 the practice of nurses, physicians and therapists?  
19 And the answer is no.

20           The licensure of genetic counselors in  
21 Pennsylvania and other states will not prevent  
22 licensed healthcare providers from providing patient  
23 services in their scope of practice. Physician and  
24 nurses and other healthcare professionals providing  
25 genetic services or counseling under their respected

1 scopes of practice can continue doing so.

2           And another question, how many genetic  
3 counselors are there in the Commonwealth of  
4 Pennsylvania who will be affected by licensure, there  
5 are approximately we think about 150 to 180 genetic  
6 counselors currently practicing in Pennsylvania.  
7 About 150 are certified by the American Board of  
8 Genetic Counseling and they're affiliated with major  
9 medical centers across the Commonwealth. Pennsylvania  
10 genetic counselors work with families throughout their  
11 lifespan and really can be found in a variety of  
12 settings, including major medical centers, clinical  
13 and research laboratories, public health and academic  
14 institutions. Thank you.

15           CHAIRMAN MCGEEHAN:

16           Thank you, Dr. Grubs. Doctor, we heard  
17 Representative Mustio talk about his personal  
18 experience with genetic counseling for the disease of  
19 cancer. What other issues are you dealing with that  
20 are most pronounced that you understand in your day-  
21 to-day counseling?

22           DR. GRUBS:

23           Sure. Well, as my colleague Kathy  
24 Valverde mentioned, genetic counselors are headed  
25 through and some of the more single gene conditions

1 are rare. Things like cystic fibrosis, sickle cell  
2 disease. But with the Human Genome Project it's  
3 really now coming to the forefront --- are common  
4 diseases. And we know the top ten leading causes of  
5 death have a genetic contribution.

6           And so where genetic counseling and  
7 genetic services is moving is really to understand the  
8 genetic risk factors for common disease,  
9 cardiovascular disease, psychiatric illness. And  
10 that's where some of the direct consumer market  
11 testing services are sort of gearing to. And so I  
12 think genetic counselors are going to be dealing with  
13 these sorts of issues. And what's making the signs I  
14 think even more complex.

15           CHAIRMAN MCGEEHAN:

16           Well, if someone comes in and they have a  
17 predisposition for heart disease, are you counseling  
18 them on exercise, diet or is it specifically gene  
19 related? What does the counseling involve?

20           DR. GRUBS:

21           Well, the counseling does address some of  
22 those issues about what can they do to reduce the risk  
23 for developing the disease. And we hope down the road  
24 that maybe interventions can be targeted based on the  
25 particular genetic risk factor that that individual is

1 carrying. And so that's the hope that that science  
2 will become more commonplace in the future.

3 CHAIRMAN MCGEEHAN:

4 Well, my question goes to, what qualifies  
5 a genetic counselor to counsel about nutrition and  
6 counsel about their level of physical activity?

7 DR. GRUBS:

8 Well, I think what Kathy has is important  
9 is that we're part of a team. And so there's a  
10 physician that's making appropriate recommendations.  
11 And then the genetic aspect and the counseling aspect  
12 is really then what we're doing as genetic counselors.  
13 So helping people understand the implications of the  
14 genetic tests that they're getting and what they mean,  
15 not only for themselves but also their family members.

16 CHAIRMAN MCGEEHAN:

17 I see. Thank you, Doctor. I'll open it  
18 up for questions. Members?

19 REPRESENTATIVE O'NEILL:

20 Are any other universities currently  
21 looking at establishing a genetic program?

22 DR. GRUBS:

23 Yes. So there are two already accredited  
24 in the State of Pennsylvania. There's a total of 31  
25 in North America, so the U.S. and Canada. And there's

1 several programs under development. There are several  
2 that I know of currently, another one in York. EBGC  
3 receive an application for one in Alabama. So there  
4 are additional programs in development, but currently  
5 31 accredited in North America.

6 CHAIRMAN MCGEEHAN:

7 Chairman Adolph?

8 CHAIRMAN ADOLPH:

9 Thank you, Mr. Chairman. Good morning,  
10 Doctor.

11 DR. GRUBS:

12 Good morning.

13 CHAIRMAN ADOLPH:

14 You talked about, you know, the serious  
15 diseases and so forth, heart disease, cancer, et  
16 cetera. Are there other genes that you can detect,  
17 male pattern baldness, you know, obesity, et cetera,  
18 et cetera. And is all that part of your counseling?

19 DR. GRUBS:

20 Uh-huh (yes).

21 CHAIRMAN ADOLPH:

22 I mean, if someone --- if someone came  
23 into you and they're third or fourth generation  
24 obesity, okay, and, you know, the mother is pregnant.  
25 Is there something that --- is it something in that

1 gene regarding that? I mean, do you work with those  
2 type of folks as well?

3 DR. GRUBS:

4 I personally do not and there is  
5 surprisingly no genes that have been identified that  
6 are involved in clinical practice in terms of  
7 understanding, okay, if a patient comes in, then  
8 here's a gene test that you can have to determine if  
9 you're at risk for obesity.

10 And I guess in a sense I'd like to say  
11 that's a concern because I think some genetic tests  
12 are being offered to consumers that are not ready to  
13 be offered on a clinical basis. So that's not  
14 something that I would recommend or I think recommend  
15 currently --- that currently should be done on in  
16 clinical practice. But I imagine down the road that  
17 may be.

18 CHAIRMAN ADOLPH:

19 Okay. Thank you.

20 CHAIRMAN MCGEEHAN:

21 Doctor, thank you very much for taking  
22 the time to be here today. Our next testifier is  
23 David Finegold. He is an M.D. He's a Professor of  
24 Pediatrics at the Children's Hospital, Pittsburgh.  
25 Good morning, Doctor.

1                   DR. FINEGOLD:

2                   Good morning. Thank you for the  
3 opportunity to provide testimony in support of  
4 licensure for genetic counselors. My name is David  
5 Finegold. I'm a Professor in the Department of  
6 Pediatrics at the University. I'm secondary  
7 appointment in the Department of Human Genetics at the  
8 Graduate School of Public Health, the University of  
9 Pittsburgh.

10                   As a physician trained and certified in  
11 pediatrics and pediatric endocrinology, the study of  
12 growth disorders in children and biochemical genetics.

13 I have well over 20 years experience providing  
14 medical care for individuals with genetic conditions  
15 and working with genetic counselors.

16                   Providing genetic services to individuals  
17 and their families is an extremely complex endeavor  
18 that involves not only making diagnosis and treatment  
19 decisions, but also eliciting a detailed and often  
20 very personal family and medical history, assessing  
21 genetic risk as well as educating families about very  
22 complicated genetic information.

23                   This requires considerable time and I  
24 rely upon genetic counselors and its valued  
25 professional colleagues working with me to complete

1 the myriad of tasks involved in providing this sort of  
2 care.

3           We may often spend as much as an hour or  
4 more with a genetics patient. This comprehensive  
5 process requires a team approach, really addressing  
6 some of your concerns, including my genetic counseling  
7 colleagues. Genetic counselors have unique expertise  
8 in assessing genetic risk, translating complex genetic  
9 information in understandable ways to patients,  
10 helping patients understand the risks and benefits of  
11 genetic testing and providing psychosocial support to  
12 patients and families.

13           Genetic counselors are able to manage the  
14 coordination of care for genetic patients to ensure  
15 that their medical and emotional needs are successful.

16           There are primarily three types of  
17 genetic service providers, which include physicians  
18 boarded in genetics, genetic counselors and genetic  
19 nurses. The American Board of Genetic Counseling  
20 reports that there are approximately 2,400 certified  
21 genetic counselors. According to the Secretary's  
22 Advisory Committee on Genetics, Health and Society  
23 Report, entitled U.S. System of Oversight of Genetic  
24 Testing: A Response to the Charge of the Secretary of  
25 Health and Human Services, there are 39 individuals

1 credentialed as an advanced practice nurse in genetics  
2 or genetics clinical nurse.

3           In this document, the number of M.D.  
4 clinical geneticists as of 2007 was reported to be  
5 approximately 1,200. While there has been steady  
6 growth in the number of genetic counselors, the number  
7 of physicians specifically trained in genetics is not  
8 increasing at a sufficient rate to meet the future  
9 demands of genetic expertise.

10           Too many of the physicians are like me,  
11 with silver beards and are more advanced in years.  
12 For example, according to Gene Tests, a very widely  
13 used registry of genetic tests, the number of diseases  
14 for which genetic testing exists has increased from  
15 approximately 100 in 1993 to well over 1,500 as of  
16 March 2008.

17           Over the last several years the issue of  
18 direct-to-consumer testing has emerged and there are  
19 now a number of companies which offer genetic testing  
20 directly to the public without the involvement of  
21 their healthcare provider.

22           I'm sure all of you have been in an  
23 airplane and have opened an airplane magazine and seen  
24 an advertisement saying send me your saliva and I'll  
25 tell you everything about your genetics. This

1 significantly increases the potential for confusion  
2 over the meaning of the test results with concomitant  
3 increase in the potential for harm to the public.

4           As a physician geneticist, I'm concerned  
5 that individuals are receiving genetic information  
6 without adequate support to understand the medical and  
7 psychosocial implications. Based on the rapid rate of  
8 genetic discoveries, genetic testing for disease and  
9 direct-to-consumer testing will only continue to grow.

10           I'm concerned the public will be at risk  
11 for receiving genetic services really through  
12 unqualified providers who also have a vested interest  
13 in the results of the genetic testing. In this  
14 context I feel licensure is really central to ensuring  
15 access to appropriately trained health professionals.

16 Patients and their families should feel confident  
17 that the genetic services they are receiving are  
18 provided by trained and competent professionals  
19 licensed to provide such services.

20           Currently genetic counselors as you have  
21 heard can seek voluntary certification through the  
22 American Board of Genetic Counseling. But the process  
23 is voluntary, and therefore genetic counselors in  
24 Pennsylvania can practice without certification.

25           The enactment of licensure will protect

1 the citizens of the Commonwealth and prevent  
2 individuals from just calling themselves genetic  
3 counselors unless they've met the requirements  
4 outlined in your proposed legislation.

5 I believe genetic counselors will play an  
6 increasing role in future healthcare delivery and that  
7 licensure will only compliment their professional  
8 stature. I appreciate your attention and am happy to  
9 answer any questions you have.

10 CHAIRMAN MCGEEHAN:

11 Doctor, thank you for being here this  
12 morning. Thanks for certainly your touching of your  
13 vast experiences as an M.D. Doctor --- is this  
14 physician driven, the demand, or is it consumers  
15 wanting to know?

16 DR. FINEGOLD:

17 In what context? The contact of direct-  
18 to-consumer testing?

19 CHAIRMAN MCGEEHAN:

20 No. Are patients requesting genetic  
21 testing or are physicians requesting genetic testing?

22 DR. FINEGOLD:

23 I think you've hit on a really important  
24 point. And I think it directly addresses the issue of  
25 public health in the Commonwealth. And so certainly

1 there are a number of physicians who are keeping up  
2 with what's going on in genetics and are referring  
3 patients to both genetic counseling and medical  
4 genetic programs for specific genetic testing.

5           But with the advent of the Internet,  
6 there are patients who are just going out and saying I  
7 know I have, and coming to physicians and asking to be  
8 referred to geneticists. So what you are seeing now  
9 are both an increased demand for genetic services  
10 through physicians who need support and an increased  
11 amount of consumers who are in many ways asking for  
12 genetic tests which may not be appropriate for the  
13 conditions they have.

14           I mean, we jokingly say the definition of  
15 a geneticists is someone who is interested in  
16 everything and nothing else. And it's because if you  
17 look at this, really almost all biology is in some way  
18 self-evidenced in the genes. When we look at things  
19 we balance genes and environment and the interaction  
20 of the two. And so it becomes more and more going  
21 into a system which begins to understand these  
22 interactions, it becomes more and more beneficial to  
23 both physicians and their patients to have the  
24 benefits of this.

25           And this is a very plastic concept and it

1 is often very difficult for patients to walk away  
2 from, you know, the type of guy like me who does their  
3 searching. I talk too fast, I use too many big words  
4 and somebody's telling me there are three more  
5 patients out in the outside. It is incredibly  
6 beneficial to have my colleagues who can, as I'm  
7 there, see some of the confusion off of that patient's  
8 face and very appropriately intervene and help with  
9 the understanding of this based on their counseling  
10 skills, which often are more sophisticated and more  
11 effective than not.

12                   And I think I'm really a very reasonable  
13 doc. I try very hard to --- sometimes I think in  
14 words which are not easily translatable.

15                   CHAIRMAN MCGEEHAN:

16                   Doctor, you referenced that you've been  
17 around the block a few times and ---

18                   DR. FINEGOLD:

19                   I have, sir.

20                   CHAIRMAN MCGEEHAN:

21                   --- you have the gray beard to show it,  
22 as do many of us sitting in this panel. I'd ask you  
23 to look over the horizon. And I'm sure these genetic  
24 counselors appreciate a physician saying they're  
25 important partners in what you do. Look over the

1 horizon. Where is it going to be in ten years? I  
2 mean, is this going to be you pick it off the shelf?

3 DR. FINEGOLD:

4 So one of the nice things as you know  
5 about prediction is, it's very easy to do and very  
6 difficult to get right. But I think the  
7 Representative's comment is correct. The ground is  
8 shifting in an ever increasing rate. And it's very  
9 difficult for any state to keep up.

10 I think that what I would see in the  
11 future is there's going to be more and more genetic  
12 information. And when I say genetic information, it's  
13 going to be this connection between one, two, three,  
14 four, five genes or more in a condition, some of which  
15 are going to have greater effects, some of which are  
16 going to have lesser effects.

17 And the problem that's evolving, and I  
18 think evolving in an ever-increasing rate, and perhaps  
19 it's not being adequately prepared for is, in fact,  
20 there just aren't going to be enough M.D. geneticists.  
21 And I think that the sophistication of the training of  
22 the genetic counseling community in terms of the  
23 issues you directly got to, which is their  
24 knowledgeable wealth of biology and the genetics.

25 I jokingly say that the people who leave

1 our program in Pittsburgh are not just --- can't go  
2 out and just call themselves a genetic counselor.  
3 They're geneticists as well as genetic counselors who  
4 understand the complexity of the information and have  
5 been trained and have practiced the ability to distill  
6 that and communicate that in a way which it is  
7 accessible.

8           I know the Representative has had this  
9 experience directly. This is not easy information to  
10 incorporate. It has emotional baggage and emotional  
11 charge because it directly involves your perception of  
12 your health. At the same time, there's enormous  
13 amount of science and understanding of how that gene  
14 encodes for a protein, which undergoes some function  
15 and some biological process which leads to a change in  
16 that condition.

17           And so I'm sure you've all been reading  
18 about the issues related to science educating in the  
19 United States. And the level of sophistication, not  
20 perhaps being as high as it is in some of the other  
21 developed countries in the world. I think we have a  
22 broad range of clientele, not all of whom easily  
23 comprehend the sophistication of the gene going for a  
24 messenger and A encoding for a protein than protein  
25 being a multi-biological process.

1           Now if I went down and explained that to  
2 a patient in those sorts of terms in a clinical visit,  
3 I wouldn't be doing them necessarily a service, unless  
4 I get somebody who runs a biochemical lab who comes in  
5 and says my kid has X. But I think the things that  
6 Representative Adolph pointed out is, we're all  
7 interested in the common disease. Are we going to be  
8 too fat? Are we going to stroke? Are we going to  
9 have a heart attack?

10           And what we're learning more and more is,  
11 these contributions are hard to reveal. And it's not  
12 just one gene that causes it. It's a combination of  
13 those. And the more complex this becomes, the more  
14 it's going to be important to have a genetic  
15 counseling community who is really well trained in  
16 this and has no vested monetary interest because their  
17 company is saying send me your saliva and I'll give  
18 you back a list of tests from the papers that I've  
19 read that have been published in the past 20 years,  
20 which may have nothing to do with your specific family  
21 history.

22           So I think it's a very difficult problem.  
23 And where I see it going is, genetic counselors being  
24 more and more a central and very important player in  
25 this whole delivery of healthcare and public health.

1                   CHAIRMAN MCGEEHAN:

2                   Thank you, Doctor. Yes, Chairman Adolph?

3                   CHAIRMAN ADOLPH:

4                   Thank you, Mr. Chairman. Thank you,  
5 Doctor, for your testimony. This committee is always  
6 charged with licensing various professionals, okay.  
7 And many times when we go through this process there's  
8 groups that the title, they are opposed to it, okay.

9                   DR. FINEGOLD:

10                  I don't understand what you're saying,  
11 sir.

12                  CHAIRMAN ADOLPH:

13                  Well, there's always inside baseball  
14 games. There's a lot of various nurses and when we go  
15 to increase the scope of practice of say nurse  
16 practitioners, sometimes we hear from the Pennsylvania  
17 Medical Society and they may not be in agreement with  
18 the scope of practice that we're given the nurse  
19 practitioner under a particular Bill.

20                  DR. FINEGOLD:

21                  Now I understand.

22                  CHAIRMAN ADOLPH:

23                  And I just want to make sure that House  
24 Bill 125 or 127, when you look at the scope of  
25 practice that we're giving the genetic counselor a

1 commission to do, okay, with their license, okay, that  
2 the medical community, the doctors, yourself are in  
3 agreement with that they are well qualified and  
4 educated --- they have the sufficient education to be  
5 doing what we're now giving them a license to do.

6 DR. FINEGOLD:

7 Certainly, Representative ---.

8 CHAIRMAN ADOLPH:

9 And I'm second on the Bill, okay. So I  
10 don't want to make any mistakes. I want to make sure  
11 that, you know, as this Bill moves through the  
12 legislative process, that we have the support of the  
13 medical community.

14 DR. FINEGOLD:

15 I would be remiss to try and represent to  
16 you the entire medical community. And obviously the  
17 Pennsylvania Medical Society would be a much better  
18 representative. But what I can present to you is the  
19 opinions of someone who works heavily in a graduate  
20 school of public health, one of the most distinguished  
21 graduate schools of public health in the United  
22 States.

23 And so I will try and take myself out of  
24 this from a standpoint of representing the medical  
25 community and address your question as I think would

1 be appropriate. And that is, you have two --- I would  
2 believe you have two responsibilities.

3           One is to first safeguard the public  
4 health. And the second is to build consensus so that  
5 the provision of effective public health has support  
6 of all of the communities which deliver that public  
7 health.

8           I'm not aware, and so if you're asking me  
9 about the verbiage of the Bill, I would rely on you  
10 and your consultants to make sure it is consistent  
11 with what would be legally acceptable. From the  
12 standpoint of scope of practice, I think this  
13 compliments the provision of effective public  
14 healthcare in the Commonwealth. I don't think that in  
15 any way --- and again, I'm not speaking for the  
16 Pennsylvania Medical Society. I think in no way this  
17 competes or diminishes the physician's role. And most  
18 of of us who do genetics and medicine recognize that  
19 it's really cavalier to assume we can do it in  
20 isolation without a team.

21                           CHAIRMAN ADOLPH:

22           Thank you. It's good to hear that and I  
23 want to thank you for your testimony. Thank you very  
24 much.

25                           CHAIRMAN MCGEEHAN:

1                   And thank you, Mr. Chairman. Thank you,  
2 Doctor, for being here today, for providing your  
3 testimony.

4                   DR. FINEGOLD:

5                   Pleasure.

6                   CHAIRMAN MCGEEHAN:

7                   Our next testifier is Aileen Galley. She  
8 is the Administrative Director of Penn State Cancer  
9 Institute at Mount Nittany Medical Center. Good  
10 morning.

11                  MS. GALLEY:

12                  Good morning to you. Thank you so much  
13 for this opportunity. I really appreciate it. And I  
14 want to make sure Representative Killion knew that,  
15 since Mount Nittany Medical Center is less than a mile  
16 up the road here, that I may win the prize for the  
17 shortest commute.

18                  As I just said, my name is Aileen Galley  
19 and I'm the Administrative Director for the Penn State  
20 Cancer Institute at Mount Nittany Medical Center. And  
21 what I'd like to highlight in representing Mount  
22 Nittany is that we are one of the hospitals that  
23 represent and serve several world communities. Even  
24 though we are in State College, which is defined as a  
25 metropolitan statistical area, the patients who we

1 serve often come from that five surrounding counties.  
2 And so the availability of these genetic counseling  
3 professionals is really critical for folks that prior  
4 to our ability to allow genetics counseling support to  
5 be available in our facility, folks had to drive a  
6 minimum of 90 minutes to be able to get to a tertiary  
7 academic medical center to be able to receive this  
8 support.

9                   So that's my sidebar comment. And with  
10 that, I'll read my written testimony. It was in  
11 August of 2000 that Mount Nittany Medical Center  
12 became a founding member of the Penn State Cancer  
13 Institute. There have been many tangible benefits to  
14 our community. One of the most significant is the  
15 outreach for genetics counseling and testing provided  
16 to us by Dr. Maria Baker, who represents Penn State  
17 Hershey Medical Center.

18                   Genetics counselors provide a critical  
19 service in the multidisciplinary provision of cancer  
20 care, prevention and early detection. In recent  
21 years, numerous discoveries have been made regarding  
22 the hereditary basis of cancer. It is thought that  
23 approximately five to ten percent of breast, ovarian  
24 and colorectal cancers may be inherited.

25                   I fully support the passage of HB 125 and

1 HB 127. This legislation will provide protection for  
2 the citizens of Pennsylvania. Currently there are no  
3 criteria by which a consumer can determine whether a  
4 genetic counselor is adequately trained and/or  
5 competent to provide genetic counseling. Licensure  
6 will ensure that only qualified professionals can use  
7 the title genetic counselor, thus ensuring that  
8 patients are provided with accurate risk assessments.

9 In this way, genetic testing, when  
10 offered, is appropriate, and we can be assured that  
11 the results are interpreted accurately. This  
12 interpretation allows our patients to make sound  
13 treatment decisions.

14 We are extraordinarily lucky in a  
15 community of our size to have not only a Ph.D.  
16 prepared genetics counselor, but one who specializes  
17 in cancer. I advocate for this licensure with the  
18 hope that it will extend this vital resource of vetted  
19 professionals into communities across Pennsylvania,  
20 more specifically world communities that right now are  
21 truly served by this resource.

22 CHAIRMAN MCGEEHAN:

23 Thank you very much, Ms. Galley. You  
24 have one genetic counselor at the Mount Nittany  
25 Medical Center?

1                   MS. GALLEY:

2                   We have one incredibly dedicated genetics  
3 counselor who is actually employed by Penn State  
4 Hershey Medical Center, and she travels once a month  
5 to our medical center, providing both the counseling  
6 and the testing services to our patients. And so in  
7 essence she becomes a part of not only the multi-  
8 disciplinary care team at Penn State Hershey, but also  
9 at Mount Nittany Medical Center.

10                   CHAIRMAN MCGEEHAN:

11                   You talked about and we heard all the  
12 testifiers talk about the --- really the explosion of  
13 the availability of genetic testing now. And  
14 obviously that requires more people then, to interpret  
15 the results and then to counsel as those results are  
16 determined. Are you encouraging the University ---  
17 we heard of the two universities that now provide a  
18 degree in genetic counseling. Does Penn State itself,  
19 looking I hope you're encouraging Penn State to also  
20 establish a genetic counseling program here?

21                   MS. GALLEY:

22                   You really gave me a lot of credit for  
23 having influence over the Pennsylvania area, which I  
24 appreciate. At present I am not aware that an effort  
25 is underway for Penn State to be looking into

1 provision of this program. I do think our state is  
2 well served by the representatives from Arcadia and  
3 the University of Pittsburgh.

4           As was said, the fact that there are only  
5 31 programs throughout North America, we're really,  
6 really fortunate in Pennsylvania to have two strong  
7 programs. It would serve us well to have more,  
8 certainly, because what I see on the direct care  
9 giving end by working directly with patients and their  
10 families, is a lot of misunderstanding and fear  
11 regarding what would happen if they were identified as  
12 being a genetic carrier.

13           And so one of the things that I'd be  
14 fortunate to learn from my colleague, Maria Baker from  
15 Hershey is that there has been no evidence of  
16 insurance discrimination that's come as a result of  
17 someone receiving, that it is if they have a genetic  
18 mutation. For me what's become most important is  
19 recognizing that there is a really critical component  
20 when someone is given the information that they are or  
21 are not a carrier of one of these mutations, that  
22 they're afforded the opportunity to then learn about  
23 what can they now do to be much more active in their  
24 own health.

25           And there are things, certainly, you

1 know, when you spoke of obesity, that all of us know  
2 we should be doing, we just have to pick up any, you  
3 know, major news journal and, you know, it's kind of a  
4 no-brainer that we should all be exercising and not  
5 using tobacco and using sunscreen and the rest.

6           But the difference above those practiced  
7 health measures are, I'll use the example of a woman  
8 who's identified with the BRCA-1 or 2 mutation which  
9 is attributed with breast and ovarian cancers. For  
10 those women, if my mother was identified with one of  
11 those mutations, I then, would know that I have a  
12 higher risk of carrying a mutation myself.

13           And so knowing that, some people express  
14 fear that, well, how would I live with that  
15 information, you know, that cloud over my head. And  
16 what I have found is, that it's so much more  
17 empowering to get the information because then you  
18 know that either, as you referenced, Representative  
19 Mustio, that you can have prophylactic mastectomy but  
20 there are certainly women who chose not to go that  
21 measure and instead get very active surveillance,  
22 which means that they'll be getting both routine  
23 mammograms and breast MRIs and doing it on a routine  
24 basis. So every six months they're able to be able to  
25 establish if there's anything that can be identified

1 at the earliest stages.

2           Sadly, insurance carriers often look to  
3 who's licensed to be able to vet why they would or  
4 would not pay for some of these kinds of tests,  
5 including the diagnostic studies like mammogram and  
6 breast MRI. Breast MRI, which is often difficult to  
7 get paid for, but if you're considered high risk and  
8 these gene mutations would identify you as high risk,  
9 then you'd be able to have us advocate for you to get  
10 the coverage.

11           CHAIRMAN MCGEEHAN:

12           Representative Mustio?

13           REPRESENTATIVE MUSTIO:

14           Thank you. Let's talk about the cost a  
15 little bit, because I think we're to have those bills  
16 in front of us probably in the future as well as this,  
17 as this proceeds, the technology proceeds.

18           If I remember correctly, the test that I  
19 had was roughly \$300 or \$350 and it was not covered by  
20 insurance, I believe. Is it customary with what  
21 you're finding that most write their own checks for  
22 this thing? And is that a standard cost for other  
23 types of tests? Are there other ones that cost more  
24 than that?

25           MS. GALLEY:

1 I'm going to venture a guess. And I'm  
2 going to imagine that the test for the BRC-1 and 2  
3 that you had was probably more in the neighborhood of  
4 \$3,000 and it's often the blood test and the blood  
5 that gets sent to the lab.

6 REPRESENTATIVE MUSTIO:

7 It was her ---.

8 MS. GALLEY:

9 It was the genetics counselor who costs  
10 \$350 who wasn't paid for --- I would defer to my  
11 genetic counseling colleagues to speak about more of  
12 the cost aspect. But one of the things that we've  
13 been so fortunate about is, Dr. Baker at Mount Nittany  
14 Medical Center has been able to, through the resources  
15 through her own organization and also through the  
16 State with the Department of Public Welfare has been  
17 able to get resources for patients who would not  
18 otherwise have the ability to pay.

19 REPRESENTATIVE MUSTIO:

20 It's that expensive. So moving on to the  
21 next step, the woman decides to have the ---.

22 MS. GALLEY:

23 Prophylactic mastectomy?

24 REPRESENTATIVE MUSTIO:

25 Thank you.

1                   MS. GALLEY:

2                   Yes.

3                   REPRESENTATIVE MUSTIO:

4                   And I'm assuming that probably isn't  
5 covered by insurance, either?

6                   MS. GALLEY:

7                   Well, with the presence of the genetic  
8 marker, the BRC1 or 2 gene, then it would be covered.

9                   REPRESENTATIVE MUSTIO:

10                  Oh, it would be covered?

11                  MS. GALLEY:

12                  Yes. Now, that's --- I'm making a very  
13 broad-based statement.

14                  REPRESENTATIVE MUSTIO:

15                  That's a broad statement, right.

16                  MS. GALLEY:

17                  And there are different carriers and ---  
18 but, you know, what allows me as hopefully an advocate  
19 for people that are affected by cancer is that gives  
20 me what I can then put in my letter of support or  
21 appeal to that insurance carrier.

22                  REPRESENTATIVE MUSTIO:

23                  Tom's in my background as an insurance  
24 and occasionally we'd talk about how the insurance  
25 companies have gotten away from managed care to just

1 managing premiums. So my concern was that they  
2 wouldn't --- that somebody wouldn't have the surgery  
3 and other additional costs, significant additional  
4 costs down the road. Thanks, Mr. Chairman.

5 CHAIRMAN MCGEEHAN:

6 Okay. Thank you, Representative Mustio.  
7 Anything else? Ms. Galley, thank you very much for  
8 being here and taking time out and finding your way  
9 here. Our next testifier is Wendy Bollinger. She is  
10 an ovarian cancer survivor. Welcome, Ms. Bollinger.

11 MS. BOLLINGER:

12 Thank you.

13 CHAIRMAN MCGEEHAN:

14 Make yourself comfortable and begin when  
15 you're ready.

16 MS. BOLLINGER:

17 My name is Wendy Bollinger and I'm  
18 honored to be here today to represent the patient side  
19 of this for you. Three years ago at the age of 41 I  
20 was diagnosed with advanced ovarian cancer. Having  
21 none of the usual risk factors for the disease, I was  
22 baffled as to how I might have developed it. It was  
23 Aileen Galley, whom you just heard speak,  
24 administrative director of Mount Nittany Medical  
25 Center Cancer Institute who suggested that I contact

1 Dr. Maria Baker, Hershey Medical Center's genetic  
2 counselor.

3           As I was in the midst of receiving  
4 chemotherapy when I initially contacted Dr. Baker, I  
5 was relieved to hear that Dr. Baker regularly visits  
6 Mount Nittany Medical Center to meet with patients to  
7 discuss genetic testing.

8           Upon meeting Dr. Baker, I was struck by  
9 the unbiased manner in which she presented the pros  
10 and cons associated with my pursuing genetic testing  
11 for the BRCA gene mutation, the genetics mutation  
12 responsible for approximately ten percent of all  
13 breast and ovarian cancers.

14           Coming from a rather small family, I had  
15 no obvious family history to suggest that there might  
16 be a genetic component to my cancer, although my  
17 maternal grandmother had been diagnosed at the age of  
18 90 with breast cancer and my paternal grandfather had  
19 died of colon cancer at the age of 76.

20           Armed with the information provided by  
21 Dr. Baker, I felt adequately prepared to move forward  
22 with genetic testing. No matter the results, I felt  
23 the information learned would prove valuable for  
24 directing my treatment plan and guiding my two young  
25 children and other family members through their own

1 risk assessments.

2           Several weeks after having my blood drawn  
3 for the genetic testing, Dr. Baker called to arrange a  
4 follow-up meeting to go over the test results.

5 Although I was initially stunned to learn that I  
6 carried the BRCA-1 gene mutation, Dr. Baker did an  
7 excellent job of helping me to move into a mindset  
8 that would allow me to use this information to benefit  
9 not only myself but the rest of my family.

10           Dr. Baker's thorough command of the area  
11 of genetic testing and her wonderful ability to  
12 translate that information made it easy for me to plan  
13 out the next steps to be taken. We first had to  
14 determine if my BRCA-1 gene mutation was passed down  
15 from my mother or my father. We decided to start with  
16 my mother because it was her mother who had been  
17 diagnosed with breast cancer at the age of 90.

18           Dr. Baker then met with my mother, who  
19 agreed to also undergo genetic testing. My mother  
20 then learned that she, too, carried the BRCA-1 gene  
21 mutation. Although difficult to hear, this  
22 information proved potentially life prolonging for my  
23 mother. Armed with this knowledge and heeding Dr.  
24 Baker's recommendations, she then underwent  
25 prophylactic removal of her ovaries to reduce her risk

1 of developing ovarian cancer.

2           In addition, my mother moved into the  
3 recommended scheduled breast cancer monitoring for  
4 women with the BRCA-1 or BRCA-2 gene mutation, annual  
5 mammograms and breast MRIs. The impact of genetic  
6 testing continues to prove invaluable for others in my  
7 family.

8           My mother's sister was subsequently  
9 tested for the BRCA gene mutation, while she  
10 fortunately did not carry the BRCA-1 gene mutation,  
11 further medical testing initiated because of my own  
12 medical situation revealed that she had both kidney  
13 and bladder cancer.

14           While my father did not undergo genetic  
15 testing, Dr. Baker recommended that I encourage my  
16 father to go for a colonoscopy, given the fact that  
17 his own father had died of colon cancer. Dr. Baker's  
18 recommendation proved to be life saving, as my father  
19 was discovered to have Stage II colon cancer.

20           CHAIRMAN MCGEEHAN:

21           Take your time.

22           MS. BOLLINGER:

23           Certainly the most difficult aspect of my  
24 learning about my BRCA-1 gene mutation has been coping  
25 with the knowledge that each of my children has a 50

1 percent chance of inheriting this disorder. I'm  
2 sorry. While this knowledge fills me with deep  
3 sadness, Dr. Baker helped me to understand that we'll  
4 eventually allow them to make informed decisions for  
5 their own lives and to formulate plans for cancer  
6 surveillance and for prophylactics.

7           Among Dr. Baker's many attributes as a  
8 genetic counselor is her unique ability to discuss  
9 genetic mutations on a scientific level. My husband,  
10 a biochemistry professor at Penn State University, had  
11 numerous questions for Dr. Baker regarding the science  
12 of genetic mutations. They spoke in such detail that  
13 it was readily apparent to me that Dr. Baker possesses  
14 the uncanny ability to quickly cross from highly  
15 scientific discussions to easy to understand clinical  
16 discussions. This ability comes not only from  
17 extensive training, but also from a complete command  
18 of the field of genetic testing.

19           While I am now in my third recurrence of  
20 ovarian cancer in a three-year period, my treatment  
21 options are becoming limited. There are, however,  
22 clinical trials that are specifically designed with  
23 the BRCA-positive ovarian cancer patient in mind. The  
24 genetic counseling and information that Dr. Maria  
25 Baker provided me has been critical not only for

1 helping to direct my treatment with my ovarian cancer,  
2 but it has also proven to be invaluable for other  
3 members of my family.

4           As a registered dietician, licensed  
5 dietician and nutritionist in the State of  
6 Pennsylvania, I can fully appreciate the need to pass  
7 HR 125 and HR 127. This legislation recognizes the  
8 special skills and training that are needed by genetic  
9 counselors, moreover, protecting patients from  
10 unqualified providers. Particularly important is  
11 people often make proactive, prophylactic treatment  
12 choices based on genetic information received from  
13 genetic counselors.

14           Licensure of genetic counselors will  
15 ensure that our state recognizes the high level of  
16 training and expertise and competence of genetic  
17 counselors such as Dr. Baker have acquired. Thank  
18 you.

19           CHAIRMAN MCGEEHAN:

20           Thank you. Thank you very much Ms.  
21 Bollinger, for testifying your very personal story. A  
22 question kept occurring to me all day was that more  
23 than 2,000 year old question. If you knew the day you  
24 were going to die would you want to know. And I  
25 always personally thought in my mind, no. And for

1 this genetic testing, as your testimony began I  
2 thought I'm not sure if I would want to know. Did you  
3 have the same feelings and how did you come to have  
4 the courage and the mindset to find out?

5 MS. BOLLINGER:

6 Sure. I think that's a great question.  
7 For me it was a little bit different because I already  
8 had cancer at the time I decided to undergo genetic  
9 testing. So I wanted --- my reasons for doing it were  
10 two-fold. First of all, as I said, I couldn't imagine  
11 how, at such a young age, I had developed ovarian  
12 cancer having none of the usual risk factors. So I  
13 wanted to answer that question, first of all. In the  
14 back of my mind I sort of already knew what the answer  
15 would be.

16 So given that, then, it was important for  
17 the rest of my family to have that information for a  
18 variety of reasons. They can do what they want with  
19 it, as I alluded to. Many of my family members then  
20 went on to get tested and what my children do will be  
21 up to them when they turn 18 and are able to make the  
22 decision as to whether or not to get tested.

23 But at the same time, just having that  
24 information available to them, that I am BRCA-1  
25 positive will ensure that they are screened

1 differently no matter what, as they go into adulthood.  
2 And so then as Ms. Galley was talking about, then,  
3 insurance should cover some of those tests that may  
4 not be covered regularly for other people that might  
5 not possess this genetic mutation.

6 CHAIRMAN MCGEEHAN:

7 And how is your health now? I know you  
8 had a recurrence?

9 MS. BOLLINGER:

10 Well, I'm in the midst of another  
11 occurrence, so I'm on a different --- I can't have any  
12 more chemotherapy because I'm severely  
13 immunosuppressed, so I was trying a different route of  
14 treatment, but in the meantime I'm gathering  
15 information about clinical trials that are specific to  
16 BRCA positive women, and in fact, when Dr. Baker  
17 walked in this morning she said that Hershey Medical  
18 Center just opened up one of those trials, which is  
19 great, because the other trials that we identified  
20 were Sloan-Kettering up in Boston. So just knowing  
21 that one is closer for me to travel to is important  
22 information.

23 CHAIRMAN MCGEEHAN:

24 Well, your testimony is very moving. I  
25 do appreciate you being here. Thank you, Ms.

1 Bollinger. Our next testifier is Virginia Speare,  
2 Ph.D. She's a certified genetic counselor for Crozer  
3 Regional Cancer Center and she'll be reading  
4 testimony; is that correct, Doctor?

5 DR. SPEARE:

6 That's right.

7 CHAIRMAN MCGEEHAN:

8 For Heather Hampel. Did I pronounce your  
9 name correctly?

10 DR. SPEARE:

11 Yes.

12 CHAIRMAN MCGEEHAN:

13 And she is the President of the American  
14 Board of Genetic Counseling. Good morning.

15 DR. SPEARE:

16 Thank you. Thanks for giving me the  
17 opportunity to read Ms. Hampel's statement from the  
18 American Board of Genetic Counseling. This is the  
19 organization that certifies genetic counselors.

20 Chairpersons McGeehan and Adolph,  
21 distinguished members, I am Heather Hampel, a  
22 certified genetic counselor and President of the  
23 American Board of Genetic Counseling. Thank you for  
24 the opportunity to present testimony with regards to  
25 licensure for certified genetic counselors in

1 Pennsylvania.

2           Genetic counselors are healthcare  
3 professionals trained to translate complicated genetic  
4 information to patients in an uncomplicated way to  
5 enhance understanding and facilitate appropriate  
6 medical management.

7           Genetic counselors often practice as part  
8 of a healthcare team. They interpret and provide  
9 clear and comprehensive information about the risk of  
10 medical conditions that have the genetic contribution.  
11 They ascertain the usefulness of genetic technologies  
12 for individuals and families and facilitate an  
13 informed decision making process that elicits and  
14 respects the spectrum of personal beliefs and values.

15           Integral to the practice is the  
16 interpretation of family and medical histories to  
17 assess the chance of disease occurrence or  
18 reoccurrence. Education about inheritance, testing,  
19 management, prevention, resources and research and  
20 counseling to promote informed choices and adaptation  
21 to the risk or condition.

22           The ABGC is dedicated to maintaining the  
23 highest level of professionalism in the field of  
24 genetic counseling, serving as a credentialing  
25 organization for the genetic counseling profession in

1 the United States and Canada. ABGC establishes the  
2 standards of competence for clinical practice through  
3 accreditation of graduate programs in genetic  
4 counseling and advances the role of genetic counselors  
5 in healthcare through the certification and  
6 recertification of qualified professionals.

7           In this way, the work of ABGC promotes  
8 the ongoing growth of the genetic counseling  
9 profession and allows the public to identify  
10 individuals who have met established standards of  
11 knowledge, skills and practice for their profession.

12           As a credentialing organization, the ABGC  
13 recognizes that certification is a non-statutory  
14 process whereby a credentialing body grants  
15 recognition to an individual who meets specified  
16 qualification. In contrast to licensure, which is  
17 mandatory to perform a professional activity and is  
18 enforced by government, certification is not needed to  
19 practice, but rather in statement of qualification.

20           ABGC credentialing is an element in the  
21 licensing procedure outlined in House Bills 125 and  
22 127 and for this reason my testimony addresses ABGC  
23 certification, recertification and accreditation  
24 processes.

25           I hope the committee will find this

1 information useful as it moves forward with its work.  
2 The ABGC conducts ongoing review of its credentialing  
3 requirements to reflect changing professional demands  
4 within a rapidly evolving field and to follow best  
5 practices in the credentialing industry.

6           ABGC constituents are informed of any  
7 approved changes to the examination frequency,  
8 certification period, and other important matters  
9 through an annual business meeting, electronic  
10 communications and postings to the ABGC website.  
11 Licensing bodies may contact ABGC for information  
12 about current and future requirements.

13           Certification. Certification by ABGC  
14 designated by the acronym CGB indicates that an  
15 individual is qualified to provide genetic counseling  
16 services. All ABGC certified genetic counselors have  
17 at least a Master's degree. Currently eight percent  
18 of all certified genetic counselors in the United  
19 States reside in Pennsylvania. To achieve  
20 certification, genetic counseling professionals must  
21 pass a comprehensive examination that is developed and  
22 administered by ABGC.

23           The examination is designed to assess  
24 necessary knowledge and skills of genetic counseling  
25 practice. Certified individuals have demonstrated

1 their competency by qualifying for and passing the  
2 objective nationally relevant certification  
3 examination based on an analysis of current practice.  
4 This promotes the public --- the protection of the  
5 public from less qualified practitioners. The ABGC  
6 executive office can provide verification of  
7 certification status. In the recent past, the  
8 examination was offered every other year, but  
9 beginning in 2009 the examination will be offered on  
10 an annual basis. Genetic counselors who meet the  
11 eligibility requirements to take the examination which  
12 includes verification of specialized training are  
13 given the designation active candidate status.  
14 Graduates may be eligible for temporary or provisional  
15 licensure through ACS while awaiting the next  
16 available examination administration. To date, all  
17 states that license genetic counselors have used the  
18 ABGC examination for licensure qualifications.

19                   Recertification. Beginning in 1996,  
20 genetic counselors certified by ABGC were issued time  
21 limited certificates and are required to recertify  
22 every ten years. Beginning in 2010 genetic counselors  
23 certified or recertified by ABGC will be issued time  
24 limited certificates that require recertification  
25 every five years.

1                   Recertification demonstrates a dedication  
2 to maintaining knowledge and skills in an evolving and  
3 dynamic field. Recertification can be obtained by  
4 reexamination or continuing education, averaging 25  
5 clock hours per year over the certifying period.  
6 Voluntary recertification is available and encouraged  
7 for genetic counselors certified before 1996.

8                   Accreditation. The ABGC establishes and  
9 maintains criteria and procedures for the  
10 reaccreditations --- for accreditation and  
11 reaccreditation of graduate programs in genetic  
12 counseling. The ABGC publishes appropriate standards  
13 of quality for graduate genetic counseling programs  
14 and provides recognition for degree granting programs  
15 at the Master's level that meet or exceed the minimum  
16 standards.

17                   Programs accredited by the ABGC must meet  
18 requirements within three main areas, didactic  
19 coursework, clinical training and scholarly research.  
20 Graduate coursework includes human, medical and  
21 clinical genetics, psychosocial theory and techniques  
22 and social, ethical and legal issues. Graduates must  
23 demonstrate significant hands-on involvement with  
24 counseling individuals and families affected with a  
25 broad range of genetic conditions.

1                    Graduation from an accredited program is  
2 one requirement for eligibility to sit for the ABGC  
3 certification examination. Currently there are 32  
4 genetic counseling graduate programs in North America  
5 that are accredited by the ABGC. Two are located in  
6 Pennsylvania.

7                    In conclusion, on behalf of ABGC I would  
8 like to thank the committee for this opportunity to  
9 provide testimony. As a credentialing organization  
10 for genetic counselors, ABGC is concerned with matters  
11 of public protection in the area of genetic counseling  
12 services. The ABGC is available as a resource for the  
13 committee as it moves forward with this endeavor.

14                    CHAIRMAN MCGEEHAN:

15                    Thank you very much, Ms. Speare, for  
16 reading Ms. Hampel's testimony into the record. Just  
17 so Sarah, our stenographer gets it, there are at the  
18 back of your package nine more letters that will be  
19 also part of the official record as well. Are there  
20 any questions of Ms. Speare?

21                    CHAIRMAN ADOLPH:

22                    One quick question. Doctor, thank you  
23 for testifying here today. Out of curiosity, how many  
24 counselors are employed at Crozer, in that Crozer  
25 system?

1           DR. SPEARE:

2           First of all, let me just say I'm not  
3 representing the ABGC for the record.

4           CHAIRMAN ADOLPH:

5           Okay, right.

6           DR. SPEARE:

7           So at Crozer there are two counselors.

8           CHAIRMAN ADOLPH:

9           Okay.

10          DR. SPEARE:

11          Right now we have an opening for a  
12 counselor. So myself in the cancer program and a  
13 counselor in the maternal/fetal medicine department.

14          CHAIRMAN ADOLPH:

15          Okay. And you handle all the hospitals  
16 that are associated with it?

17          DR. SPEARE:

18          That's right, the system.

19          CHAIRMAN MCGEEHAN:

20          Thank you very much, Ms. Speare. That  
21 concludes our list of testifiers today. I want to  
22 thank, and I think I speak for the committee, I'm  
23 impressed by the distinguished panel of testifiers we  
24 have here today. Even though I wasn't acquainted with  
25 this issue previously, I'm impressed by the testimony

1 and the importance of this bill, Representative  
2 Killion.

3 REPRESENTATIVE KILLION:

4 Thank you.

5 CHAIRMAN MCGEEHAN:

6 And I hope that Representative Adolph  
7 will actually work to see that this moves quickly  
8 through the committee process and onto the House  
9 floor.

10 CHAIRMAN ADOLPH:

11 Thank you.

12 CHAIRMAN MCGEEHAN:

13 I want to thank the staff of Chairman  
14 Adolph and my staff for their great work in organizing  
15 these hearings and for bringing the distinguished  
16 testifiers here today. Having said that, if there are  
17 no other business, Representative Killion, do you have  
18 any closing remarks?

19 REPRESENTATIVE KILLION:

20 Just to thank the Chairman and the  
21 committee and the testifiers and all the folks who  
22 helped us restart this process probably three years  
23 ago, maybe even longer. And I appreciate your taking  
24 the bill up.

25 CHAIRMAN MCGEEHAN:

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Thank you, Representative Killion.  
Having said that, we'll adjourn this official hearing  
of the House Professional Licensing Committee.

\* \* \* \* \*

HEARING CONCLUDED AT 11:19 A.M.

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## CERTIFICATE

I hereby certify, as the stenographic reporter, that the foregoing proceedings were taken stenographically by me, and thereafter reduced to typewriting by me or under my direction; and that this transcript is a true and accurate record to the best of my ability.



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Court Reporter