

**Meaning of Family History
Q&A**

DR. McGRATH: We have a minute for questions.

DR. TUCKSON: We are going to get to the discussion, but I need to make sure. First of all, thank you. Terrific as always. You guys are always great.

I have a letter, also, that I think I got from the same group, signed by Katherine Whitcomb [ph.] This issue keeps coming back. Just for the new members, we have been around and around in circles around who it is that ought to certify who is competent to practice genetic counseling and get reimbursed. We have had a number of dueling presentations from well-meaning organizations about whether or not you have to have a master's level training or can you be a nurse who has been in the field for a bunch of years.

You may not be in a position to answer this, and so I want to give you time while you are there maybe to call somebody or something.

[Laughter.]

DR. TUCKSON: The issue is this. I just wondered; we have asked a bunch of times if all of the players could get together and decide on one board of competency certification. So all the competing groups would get together and just work it out without having the strong arm of the law having to come in and smash people's heads together.

This letter doesn't speak to it, either. I'm not sure I know whether anything is going on in that regard.

MS. TREPANIER: I think where we are is, the efforts that we are pursuing to get reimbursement, it is because we are not a recognize healthcare profession. We don't want recognition because we don't want anybody else to be able to provide genetic services. We just want to get paid for it when we provide it.

So as far as from my perspective, there is no issue. Bring them on. The more professionals that have the competencies through their professional organizations through these activities, the better. We just want to get paid for what we do.

DR. TUCKSON: I appreciate that. We have to get to the next one. Just for the discussion I want to make sure everybody understands.

I understand exactly why you would say that. Anybody that has to pay for health care services is basically saying at the end of the day there has to be some kind of clear-cut rule because everybody says that they are qualified to come forward and get paid. You have to have some criteria that says there is a cutoff, who is eligible and who is not.

What we keep asking for at this table is for all of those players who say everybody should get in, one accrediting body that takes care of this whole thing soup to nuts, instead of 15 different accrediting bodies who have dueling accreditation criteria. That is unadministrable.

You answered my question. I just wanted to find out where it was. We can put the rest of that in the discussion.

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DR. McGRATH: I'm going to exert my power at the bully pulpit here and ask everyone to save those thoughts for the discussion because I know some of the speakers coming after are going to address that as well. That will be a big topic for the half hour at the end. Thank you.