

Call to Order
Cynthia E. Berry, J.D.

MS. BERRY: Good morning. In keeping with our new tradition of reviewing military history, I'll tell you that today, on this day in 1944, keeping his "I shall return" pledge to the people of the Philippines, General Douglas MacArthur waded ashore, and just like General MacArthur, the SACGHS has returned on its second day of our October meeting.

(Laughter.)

DR. EVANS: Hopefully there will be less carnage.

(Laughter.)

MS. BERRY: Yes, a lot less carnage.

Sort of a clean-up item to begin with. Yesterday we mentioned the coverage and reimbursement report and the recommendations that were edited and distributed to you.

There was the original version, and then the edited version, members of the committee were supposed to take a look at those. What we're going to do is not have a protracted discussion and try to edit and reedit, because that just takes too long. What we'll have is essentially an up or down vote.

Will we accept the staff recommendations for some of the editorial comments, the green-line version that you have? Yes or no? If it's no, we will go back to the original language that the committee approved at our last meeting.

So we'll just go around the room. Do we have everybody here? Yes, I think so.

So the question will be on approval of the edited version of the recommendations for the Coverage and Reimbursement Task Force, the green-line version that you all have.

I guess we'll start with Jim.

DR. EVANS: I vote for approving the edited version.

MS. BERRY: Chira?

MS. CHEN: I would do the same.

DR. FITZGERALD: Yes to the edited.

MS. BERRY: Agnes?

MS. MASNY: I would say yes to the edited. The only thing is I do have a question, sort of a concern that came up to me, especially in view of yesterday's discussion. That is for item number seven, just a clarification point where we say genetic counseling to be able to provide full access of genetic counseling services for all Americans, and then it goes on to identify a body who would oversee to determine who is appropriate to provide this kind of counseling.

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I think that, and I don't know if the committee would like to look at using the word not just "genomic," but "genetic counseling." I think that if we leave just genetic counseling, I think genetic counseling implies specifically genetic counseling for single-gene disorders, and I think the information that we heard, specific profession and a specific specialty.

I think with the information that we heard yesterday, that we need to have prepared health professionals who will be able to provide and possibly bill for genetic, genomic counseling, and education services. So I just think that we should have a little bit of foresight. I don't know if the task force would want to address that, or if in fact this was just intended for genetic counseling.

MS. BERRY: Suzanne?

MS. GOODWIN: You guys don't have a full copy of the report, but at the beginning, we had, at your request, added some definitions of some of the terminology used throughout the report. I don't know if you want to expand the definition throughout the report to whenever the term "genetic counseling services" is used to say "genetic and genomic counseling," or to simply say "genetic counseling services" and make sure that the definition included at the beginning of the report encompasses both what you just described, genetic and genomic counseling services.

MS. MASNY: Maybe if we, as you said, highlight that in the beginning, but I think this specific area since it involves an oversight body, and since genetic counseling is a specific profession, I think here it would be better to expand it to genetic and genomic counseling.

MS. GOODWIN: Do you think we need, just for consistency of terminology, do you think we need to change the term throughout the report, though? Or just in this particular recommendation?

MS. MASNY: No. No, just in this particular area. Especially if we're asking the Secretary to assign a body who would be overseeing this, I think it would be critical at this point to make sure that it's as expansive, and is not just the genetic counseling profession.

MS. CARR: What if you said "including genomic?" Then it would be you're trying to remind at that point that that key point, make a reminder that we're encompassing both.

MS. MASNY: Well, I think if you say including genomic, then it means that there is genetic counseling for genomic conditions. I think that as the field evolves, it will be other health professionals who will be providing the genomic counseling, not just genetic counselors. So I don't think we should put it in a way, phrase it, that it would just include genomic.

MS. BERRY: I don't want to get too bogged down in editing this at all. Do you feel strongly that --

MS. MASNY: I think just in the number one section there, the first bullet, identify an appropriate entity to determine which health professionals are qualified to provide genetic/genomic counseling services.

Because I think, again, there is a specific connotation to what genetic counseling means, and I think that's where we could get into problems with this.

MS. GOODWIN: I don't have the specific language in front of me for the definition that is used, but when the term is defined, it is meant to capture I think how you are defining genomic

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counseling, and it does point out that these services are provided not just by genetic counselors, but by a broad range of providers.

So I think at least the definition as we have it set out in the beginning of the report does include single gene counseling, and also how you've described genomic counseling as well as that it is provided by a breadth of health professionals.

MS. MASNY: Would we be able then to just put, you know how sometimes you say see Table 1, or see that page with the definition again so that people would know that it refers back to that?

MS. GOODWIN: We could do that, certainly.

MS. MASNY: All right. Thank you.

MS. BERRY: Emily?

DR. WINN-DEEN: So I vote to approve it.

MS. BERRY: Julio?

DR. LICINIO: I vote yes.

MS. BERRY: Sylvia?

MS. AU: I approve it. I just had one point of clarification on 7A. When you say you took out directly billed payers for their services and put directly bill for their services, that is a little confusing because you can directly bill anybody, the family, the doctor, the hospital, you know, because I think we had put payers because it was specifically third party payers that we were looking at, wasn't it? I can't remember. 7A.

You are deleting the word "payers," and you are just putting "directly bill" for their services. It's like, who? I don't know if that's a little confusing.

MS. BERRY: Does anybody feel strongly about that? I think it's implied, the word "payers" is implied, even if it's not in there. It you're going to bill someone, you're billing them with the expectation that they'll be paying the bill, hopefully. Any other thoughts on that?

DR. LICINIO: I haven't thought about it, but it is a good point. I mean, are we talking about billing the person directly, or merely third party payers? Or anybody?

MS. BERRY: Okay.

MS. AU: I mean, that does make a big difference in the reimbursement world.

DR. LICINIO: Yes, because anybody can go and bill a person directly, but the question is who will the third party payer pay to, you know? Only some people are credentialed to be paid.

MS. BERRY: Okay.

DR. LICINIO: So that's an issue.

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MS. BERRY: All right. Let's add that in there. Is it going to change anybody's recommendation if we add that in there? Okay.

Joseph, we didn't get your vote. I'm sorry. You snuck in.

DR. TELFAIR: No, I approve.

MS. BERRY: Okay. All right. The committee approves the edited version of the recommendations for the coverage and reimbursement report. That report will be finalized and then transmitted in short order to the Secretary.