



Interagency Council for Genetic Services

Texas Department of Mental Health and Mental Retardation ☞ Genetic Services
Contractors Texas Department of Health ☞ University of Texas Health Science Centers
Texas Department of Insurance ☞ Consumer and Public Representatives

September 5, 2003

Present:

Margaret Drummond-Borg, TDH, Chair
Hope Northrup, Provider Rep.
Bob Cleveland, Consumer Representative
Lillian Lockhart, UTMB
David Rollins, MHMR

Absent:

Susan Young, TDI
Janet Shephard, Cons. Rep.

Guest:

Aimee Tucker Williams
Mike Frazier

Announcement was made that Pat Craig has retired. David Rollins is now the representative from MHMR. Cynthia Scott resigned from the Council and Janet Shephard has been appointed to replace Cynthia. The minutes from the May 30th meeting were reviewed and approved.

AGENCY REPORTS

● TDH - Margaret Drummond-Borg

TDH has had a significant reduction in staff with all the retirees and there will be more people retiring over the biennium because the incentive bonus is offered to everyone who meet the eligibility requirements for retiring in the next 2 years.

The question was asked as to the status of the genetics contracts. Genetic services contracts are provided out of the Title V Maternal and Child Health (MCH) strategy. That strategy took a cut in the new state budget. Also the carry-over money from earlier years has been all used and thus there is less money available for Title V Services.

The Medicaid rates will change as of October 1st but we do not have, at this time, anything in writing stating what the rate will be. The Legislature said that all Medicaid physician services were to be decreased by 5%. However there was a significant outcry about that so now some services are being reduced by 2.5% and some are reduced by 5%. It is possible that genetic services will be decreased by 2.5%. NHIC implemented the new reimbursement rates on September 1st and then in October the HIPAA changes will be implemented. The new genetic codes will be bundled codes.

The question was asked as to why the birth defects received full funding and genetics funding was reduced.

The birth defects registry is funded from multiple strategies within TDH. Margaret will try to find out exactly where their funding comes from. Although the birth defects registry did well, the epidemiology division did not fare as well. Whenever there is a disease outbreak somewhere, it is assumed that TDH can do all the laboratory testing and pay for all the epidemiological studies and TDH has no money allocated to do that.

Genetic services are not the only ones affected by the reduction in funds; it also affected indigent prenatal services and the children's health indigent services.

TDH has eliminated a number of programs but in Genetics, only the contract dollars have been reduced, and thus reducing genetic services. NBS has been told to reduce spending and might possibly lose one position. CSHCN still has a large waiting list and this is continuing to grow because people are not coming off the program in order to free up a space. There were some funds released at the end of last year and some people were put on to the program. They looked at those children that were in greatest need such as children with leukemia, etc. Every year they are asking that the children be re-certified in order to be on the list. The number of services that were being paid for have also been reduced. The main concern is that there are going to be more children on the waiting list because of Medicaid and CHIP eligibility changes. There will be more people requiring CSHCN funding sources and we now have fewer funds.

There are a few legislative changes that require rules changes and we hope to have those done in the next few months. One of the things causing conflict is funding for Family Planning services. It has been stated that TDH may not be able to provide certain agencies funding for Family Planning services if the agencies provide termination of pregnancy, even though the money for the termination came from private organizations.

● **MHMR – David Rollins**

The Department's appropriation for mental retardation services took more than a \$25 million dollar cut in its general revenue funding. We have passed those reductions on to the community centers. In addition to that \$25 million, there was a \$7 million dollar reduction in our in-home family support program. Our Medicaid providers through legislative mandates took between 3 to 2.2% reductions in rates but given the additional federal money that came in, the reductions were reduced by about 50%. Mental health programs didn't have a significant reduction in dollars.

MHMR will be split with the statewide organization. Mental Health will be in with the Department of Health. The Mental Retardation services will go in with the Department of Aging and Disability Services. The intent of all of this is to cut out mid-level management, which should save the state money.

● **UTMB – Lillian Lockhart**

UTMB is still laying people off. UTMB was one of the eight regional centers of excellence chosen for the Center for Bio Defense and Emerging Infectious Diseases.

● **UT Houston – Hope Northrup**

UTH is involved in reorganization. We have a new chief operating officer who came from the Governor's office, Dr. Mike McKinney. The medical school hasn't been affected much by layoffs but we think, when that does happen, there will be many departments affected because they are in debt.

● **TDI – Representative Not Present**

GENETIC COUNSELORS - AIMEE TUCKER-WILLIAMS

Dr. Drummond-Borg introduced Aimee Tucker Williams who is a genetic counselor at UT Houston. She spoke about licensure for genetic counselors. Genetic counselors in the state of Texas are not licensed, so if they provide genetic counseling, they have to provide it under the direction of a physician to be able to bill for the services. Because the number of genetic counselors in Texas is small (about 80), there really has not been a lot of support for providing licensure so they could bill independently.

The Texas Genetic Counselor Licensure Working Group consists of 13 genetic counselors that have been working the past 2 years to try to get genetic counselors licensed. We are looking at 2005 to put a bill into the Legislature. We are now in the position of talking to legislators and have some meetings scheduled next month to try to find someone to take this bill to the Legislature. The main reason we really want to see licensure of genetic counselors in the state is to protect the health care consumer. There is no way that someone could technically file a complaint in our practice or ensure that we are appropriately trained or appropriately continue our education. Billing and reimbursement is an issue that is often brought up but that is a separate issue for us at this time.

We think that licensure may bring some benefits to Texas in that it may increase the consumer and health care provider knowledge of genetic services. We also think it will attract trained genetic counselors to the state. It is a badge of honor right now to say you are a genetic counselor, because it is so rare. We think that Texas is probably the next logical state to have licensure. So far California and Utah have an active licensure. California has 200 counselors and Utah has 15. Texas has about 80, which is the 7th largest population in the U.S. Our numbers have grown by 105% in the past 5 years and we anticipate continued growth. We also think that Texas is fairly progressive when compared to other states in its recognition. Texas has a genetic counseling Medicaid code and most other states do not have such codes.

The most important thing to point out is that we really, as do most genetic health care providers, spend a lot of time dealing with sensitive, emotional issues, as well as complex issues with our patients. If we are not keeping up to date on our training, we would not be able to do that in an appropriate manner; therefore we feel licensure is very important.

Dr. Drummond-Borg suggested that the IACGS write a letter of support for licensure of genetic counselors. The motion was made, second and approved. Aimee will let Dr. Drummond-Borg know to whom the letter should be addressed.

OTHER BUSINESS

There was discussion about the consolidation of the agencies under HHSC. Support services for the agencies are being consolidated under HHSC. HR services are now under HHSC. The HHSC Job Center is now located at TDH. This is also going to apply to Automation and Fiscal. In the process they hope to reduce the number of administrative staff.

Meeting was adjourned.

The next meeting date is December 5th.