



# Development of a Genetic Testing Specialty under CLIA

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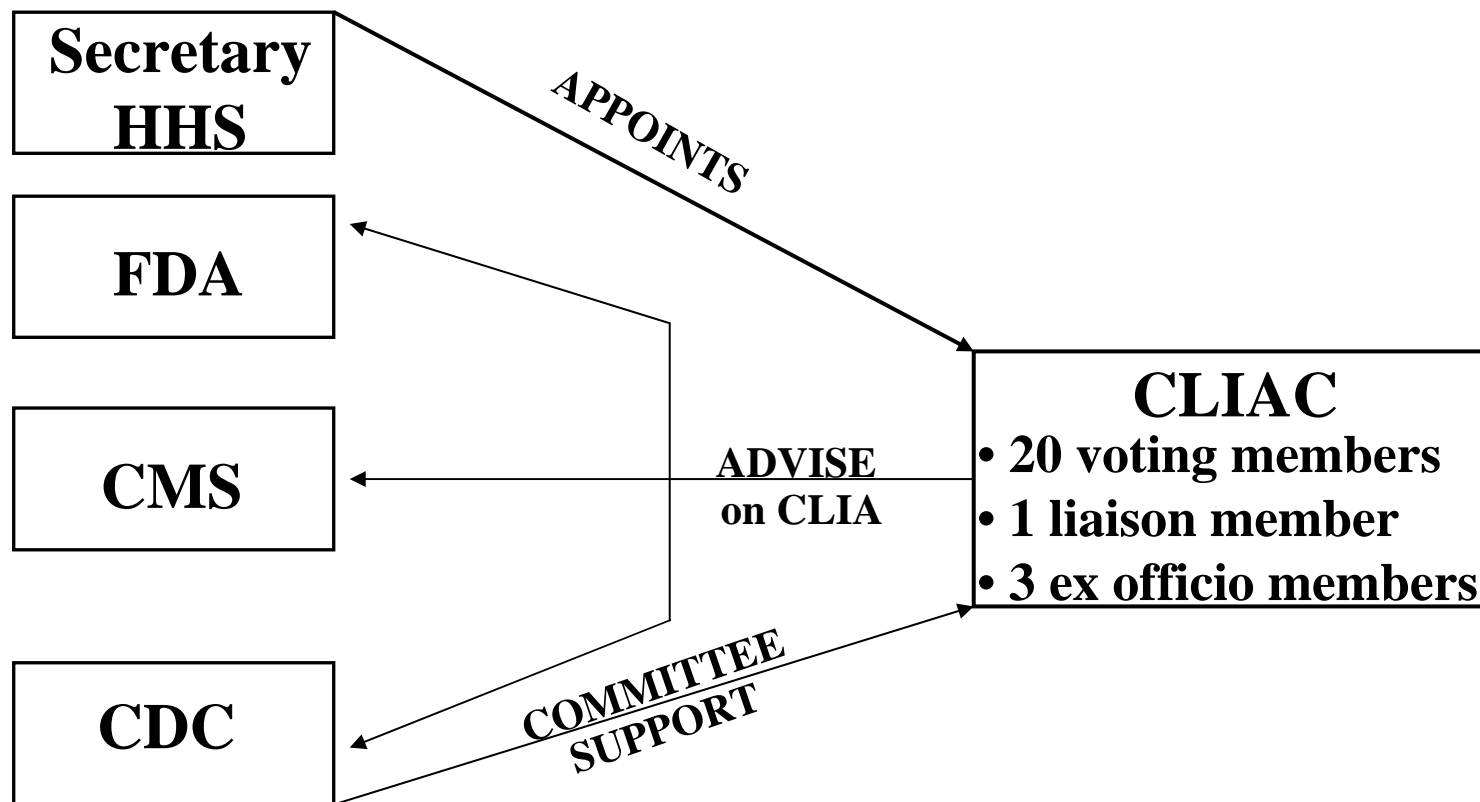


# CLIA Oversight

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- Centers for Medicare & Medicaid Services (CMS)
  - Publish regulations
  - Administer CLIA program
- Centers for Disease Control and Prevention (CDC)
  - Conduct assessment studies
  - Convene CLIAC meetings
  - Provide scientific and technical support/consultation
- Food and Drug Administration (FDA)
  - Complexity categorization
  - Waiver determinations

# Clinical Laboratory Improvement Advisory Committee (CLIAC)



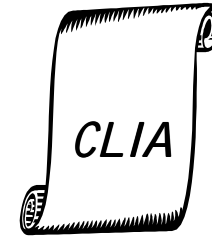
# CLIA Standards Development



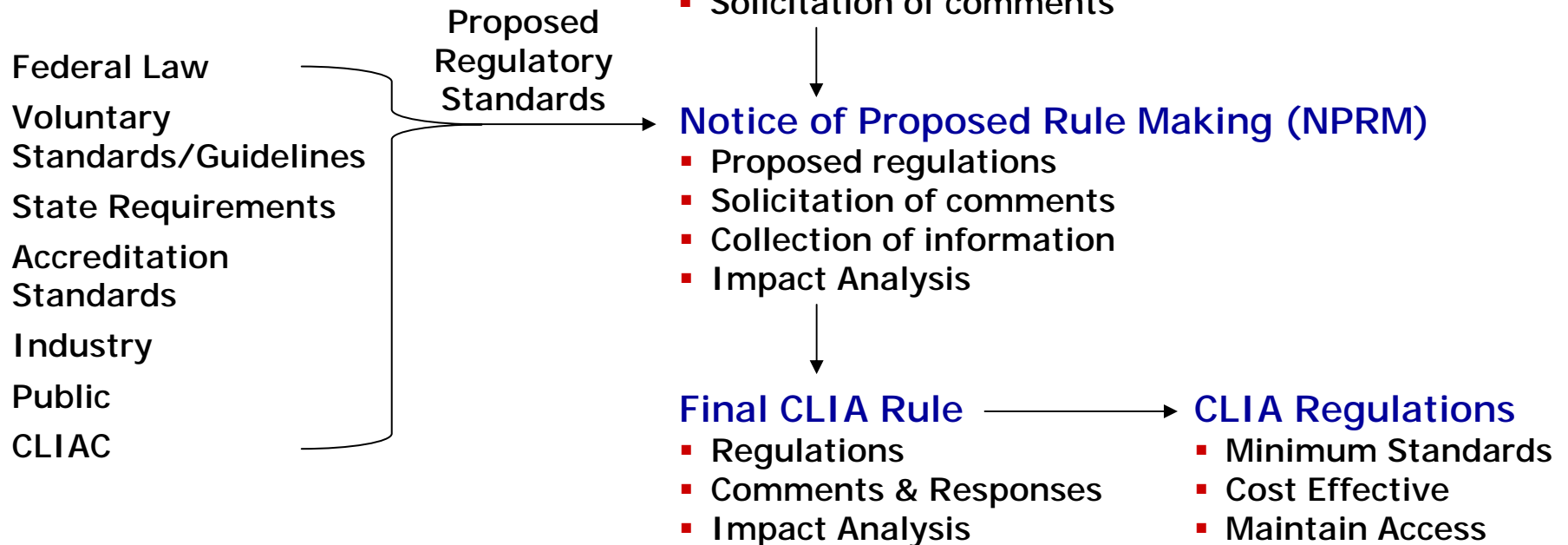
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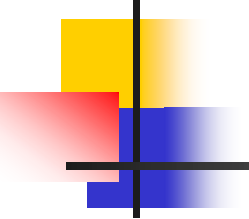


PROCESS  
(RULEMAKING)



OUTPUT





## Current CLIA Requirements Apply to Genetic Testing Laboratories

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- General requirements for non-waived testing
- Specialty of clinical cytogenetics
  - Specific QC requirements
  - Qualification requirements for technical supervisor
- *493.1101* - facilities needed for molecular amplification procedures and *493.1231* - confidentiality of patient information
- No specific requirements for an emerging genetics field in molecular genetics, biochemical genetics, pharmacogenetics



## Historical Framework

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- 1997 – NIH/DOE task force report
- 1997 – CLIAC : CLIA application to genetic testing
- 1998 – CLIAC: Proposed changes to CLIA
- 1999 – SACGT: Supports CLIAC's recommendations
- 2000 – Notice of Intent (NOI)
- 2001 – CLIAC reviews NOI comments
- 2003 – Quality Systems Rule – FR/Vol 68, No. 16, Friday, January 24, 2003 modifies CLIA



## Notice of Intent - Issues

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- Definition and categories
- Clinical validity
- Authorized person
- Informed consent
- Confidentiality
- Genetic counseling
- Pre-analytic, analytic, and post-analytic issues
  - **Test requisition, retention and use of tested specimens**
  - **Quality control, test validation, and proficiency testing**
  - **Test report and record retention**
  - **Personnel qualifications and responsibilities**



# Examples of NOI Comments

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## Definition of Genetic Testing

- Most comments supported creation of a specialty
- ~ 50% felt definitions too broad
- Major issues:
  - Germ-line mutation vs acquired or somatic mutation
  - Determination of a test as “genetic”
  - Intended use
  - Subspecialties
  - Newborn screening
  - Maternal serum screening
  - HLA testing
  - Pharmacogenetic testing

Note – based on 57 letters with 800 comments





## Examples of NOI Comments (cont.)

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### Clinical Validity

- ~50% commenters disagreed with NOI proposal
- ~50% requested clarification of clinical validity
- Differing positions
  - Impractical and out of laboratory's purview
  - Should be laboratory's responsibility to review existing data
  - Should not be required for all laboratory tests
  - Should be required only for certain types of tests
  - Should be an ongoing process following introduction into clinical practice
- Concerns about monitoring, criteria, data sources, number of samples to be tested



## Examples of NOI Comments (cont.)

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### Informed Consent

- ~60% felt laboratories should not be required to ensure documentation of informed consent
- Most believed health care providers should be responsible
- Some suggested CLIA was an appropriate mechanism to regulate informed consent
- Most felt oversight should be deferred to states
- Laboratories should be required to establish policies and procedures
- Controversy on extent of laboratory responsibility



# Development of CLIA Proposed Rule for Genetics

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- Major issues under consideration
  - Definitions of genetic testing and subspecialties
  - Informed consent
  - Test validation
  - Proficiency testing
  - Specific subspecialty requirements
  - Retention and use of tested specimens
  - Personnel qualifications



## Principles in Developing Proposed Rule

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- Ensure quality of all phases of genetic testing
- Provide flexibility to accommodate different testing environments and processes
- Ensure appropriate qualifications for laboratory personnel
- Assure availability of and access to quality genetic testing



# NPRM Content

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- **Preamble**
  - Explanation/clarification of proposed requirements
  - NOI comments and responses
  - Sources of information
  - Regulatory impact analysis
- **Proposed requirements**
  - Regulatory language



# Regulatory Impact analysis (RIA)

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- Assess potential impact of proposed requirements
  - Affected entities
    - Laboratories performing genetic testing
    - Accreditation and State programs
    - Industry
    - Others
  - Test volume information
  - Current laboratory practices
  - Genetic testing personnel
- Cost-benefit analysis
  - Quantify potential costs and benefits
  - Project costs and benefits over five years



# Status of NPRM

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- ✓ Revised CLIAC recommendations
- ✓ Voluntary Standards/Guidelines
- ✓ State Requirements
- ✓ Accreditation Standards
- ✓ Industry
- ✓ Public

## NOI

- CLIAC recommendations
- Solicitation of Comments

- ❖ Proposed Regulatory Requirements
- ❖ Information Collection
- ❖ Regulatory Impact Analysis
- ❖ Clearance

## NPRM

- Proposed regulations
- Solicitation of Comments
- Collection of information
- Impact Analysis



## Final Rule

- Regulatory Requirements
- Comments & Responses
- Collection of information
- Impact Analysis



# Regulation Clearance

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## Process Involves:

- CMS
- CDC
- FDA
- HHS (Health and Human Services)
  - ❖ Office of the Secretary
  - ❖ Assistant Secretary for Planning and Evaluation
  - ❖ Others
- OMB (Office of Management and Budget)
- Congress
- OFR (Office of Federal Regulations)





# Areas of CLIA Regulations Needing Revisions

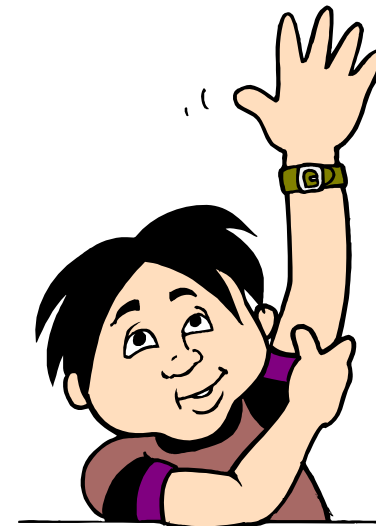
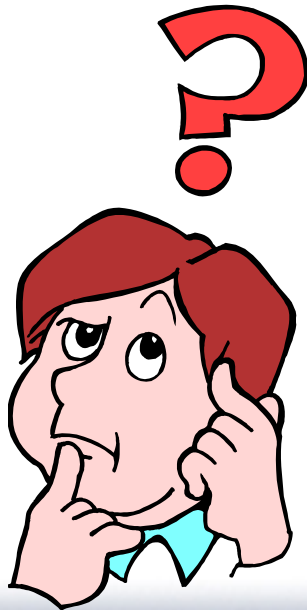
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- Cytology PT
- Genetics
- Personnel
- PT
- Waiver

List is alphabetical, not necessarily arranged in priority order.



## Questions???



WORKPLACE HEALTH • HEALTH INFORMATION • HIV PREVENTION AND CONTROL • HEALTH STATISTICS • PERINATAL  
AL • CHRONIC DISEASE PREVENTION • INFECTIOUS DISEASE PROTECTION • IMMUNIZATION • INJURY PREVENTION • PRI  
CHILD HEALTH • GLOBAL PARTNERSHIPS • MINORITY OUTREACH • MONITORING HEALTH • COMMUNITY PARTNERSHIPS  
**SAFER • HEALTHIER • PEOPLE™**  
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