PERSPECTIVES IN GENETIC COUNSELING
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REIMBURSEMENT AND CREDENTIALING ISSUES FOR GENETIC COUNSELORS: A REPORT ON A SURVEY OF GENETIC COUNSELORS IN CALIFORNIA

Lisa Feuchtbaum

Many changes now occurring in the health-care system are influenced by concerns about cost containment. These changes have implications for all nonphysician health-care providers, including genetic counselors. In California, between 1980 and 1983, there was a 46 percent increase in the utilization of genetic diagnostic services that required genetic counseling services (1). If this trend continues, genetic counselors and the public should be concerned that high quality services are provided in a manner that is acceptable to the profession and accessible to the public. Credentialing and reimbursement are, therefore, particularly relevant issues for nonphysician genetic counselors. Before considering why genetic counselors should be concerned with these issues, one must understand why the changing economic climate has created concerns about cost containment and how these changes affect physician and nonphysician health professionals.

Given the explosion in costs for health care, it is not surprising that an ethos of cost containment has emerged. The development of forms of health-care delivery that differ from the traditional fee-for-service arrangement is characterized by cost-conscious approaches that incorporate competitive market strategies. The traditional model of hospital-based, fee-for-service systems is shifting to a community-based, prospective, fixed-fee model that emphasizes comprehensize preventive care. Examples include health maintenance organizations and preferred provider organizations. These changes reflect the growing belief among policy makers that the introduction of competitive mechanisms into the health-care market can help curb costs.

These changes emerge from a health-care system that is rapidly expanding and claiming an increasing portion of the nation's expenditures. During the last quarter century, the proportion of the gross national product (GNP) devoted to health care has more than doubled, from 4.4 percent of the GNP in 1950 to 9.5 percent in 1980. Economists estimate that within the next 15 years expenditures for health care will account for almost 15 percent of the GNP (2).

Hospital administrators, third-party payers, and consumers will increasingly consider costs as they search for health-care providers, and the development of the market for health practitioners will be guided by these economic considerations (3-5). Nonphysicians may have an advantage in that regard, especially if they continue to show that they can provide quality care at lower costs (6).

Current reimbursement and credentialing policies may prevent non-physician providers from realizing potential savings. Their services are often billed by supervising physicians at the customary physician-based charges (6). This inefficient system survives because third-party payers will not reimburse for services unless providers have the proper licensing credential.

The current credentialing system allows physicians to influence significantly the scope and practice of health-care practitioners who are not physicians. This can limit the establishment of health-care disciplines or limit the scope of practice. Thus, nonphysician health professionals sometimes are unable to practice to the full extent of their training (6).

To deal constructively with this problem, state governments should begin to recognize the worth and efficiency of nonphysician health practitioners by establishing more flexible licensure policies. In addition, third-party payers should begin to recognize more nonphysician practitioners by agreeing to reimburse directly for their services (assuming competency can be demonstrated through other means such as certification programs).

If nonphysician practitioners are to gain more influence in the health-care market, policies concerning reimbursement and state licensure will have to change. These changes could alter the physician-dominated medical hierarchy and allow nonphysician providers to have a greater impact on the delivery of health services.

Given continuing claims that the nonphysician professional can provide more cost-effective health care, how will physicians respond? With an impending oversupply of physicians, they may move into services now dominated by nonphysicians. If there is a struggle to expand the market for physicians, nonphysician health professionals will have to be more involved in the political process if they are to survive (3). One hopes that constructive dialogue will result in innovative arrangements that will go beyond protectionism and move toward concerns about improving the availability of health services.

Licensure

A third-party payment system that allows genetic counselors to receive payment for their services would create more jobs for genetic counselors and help meet the increasing demand for services. This is not feasible currently, because Blue Cross/Blue Shield will not consider reimbursing genetic counselors unless counselors are licensed by the relevant state (7).

Licensure may also be an important prerequisite to ensuring quality services. Current national certification includes no legal requirements to assure that persons practicing genetic counseling are certified; a person may still practice without proper training or expertise. If genetic evaluations become a routine part of health care, as Riccardi has suggested (8), more patients will be referred to genetic counselors for further education and counseling. As public exposure to these services increases, licensure could help ensure that the providers are qualified to practice.

Programs funded by the federal government or by individual states are in many ways dependent on genetic counselors to provide mandated screening and diagnostic services. Research has shown that nonphysician genetic counselors can provide counseling and educational services at a cost 50 percent below the cost of comparable services provided by physicians (9). If nonphysician counselors were permitted to bill for and receive reimbursement for their services, there would be considerable savings. Again, these savings will not be realized unless there are changes in the reimbursement and credentialing policies for nonphysician genetic counselors.

Genetic counselors need to advocate for reforms in credentialing and reimbursement policies and should examine their current positions to determine how to expand their responsibilities. Genetic counselors need to be aware of their changing roles in an increasingly uncertain health-care environment. They will have to consider how they can influence the development of the profession while maintaining the integrity of their work and the quality of the services they provide.

Part of this exploration will involve an assessment of needs in genetic counseling as seen by working genetic counselors. The assessment must address especially those nonclinical issues that relate to increasing the financial stability and viability of the field. The information reported below is an attempt to begin that assessment.

Methods

The work described here began in the summer of 1984. A questionnaire was mailed to 65 employed genetic counselors in California; the selection was nonrandom. The primary purpose of the survey was to gather information about how genetic counselors feel about their work, including information about job responsibilities, about changes within the field, and about costs and payments for their services. Other questions addressed the need for formal state licensure, while still others focused on the stability of funds that support genetic counseling positions. Forty-five questionnaires were returned, a 65 percent response rate. Space limitations preclude a comprehensive overview of the survey findings, but a discussion of the highlights follows.

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Summary of Counselor Characteristics

The average respondent had worked for three to four years in genetic counseling; 73 percent worked full time (40 hours pe week). Seventy-eight percent had either an M.A. or M.S. degree presumably from a master's-level genetic counseling program. The average yearly salary was $25,000.

The average counselor spent only 47 percent of his or her time doing "face-to-face," direct-service counseling, while indirect services (assorted case-management functions, including time on the telephone) accounted for 50 percent of the workload.

The four most common sources of case referrals were physicians (32 percent), self referrals (22 percent), community health clinics (12 percent), and regional center services for the developmentally disabled (10 percent). The most commonly reported increases in type of case load were for prenatal diagnostic services (48 percent) and consultation for maternal exposure to teratogens (22 percent).

The average length of an individual family counseling session was 59 minutes; group counseling sessions averaged 70 minutes. Sixty-nine percent of respondents felt there was an increasing demand for individual counseling services.

Thirty-five percent of respondents reported an increase in job responsibilities. Specifically, 29 percent reported an increase in the diversity of cases seen, 25 percent reported an increase in administrative responsibilities, and 10 percent reported an increase in autonomy on the job. The largest service-sector increase was within private labs and offices (63 percent).

When asked to indicate the source of funds that support the salaries of the counselors, 45 percent reported at least partial support from federal and/or state monies. Twenty-five percent are paid through program budgets or are employees of the institution in which they work, 15 percent are dependent on private funds, 8 percent are supported by revenue generated by lab fees, and 2 percent reported receiving funds through patient third-party payment.

Discussion

When asked their opinions about the idea of a California state licensure program, 25 percent of the respondents were strongly in favor; 25 percent were in favor conditional upon several factors such as feasibility of licensure leading to third-party reimbursement, the assurance of reasonable licensure fees, and effective administration of the licensure program. Another 25 percent were indifferent and reported feeling too uninformed to comment; the remaining 25 percent were strongly opposed.

These reponses indicate the need for further discussion and understanding of the licensure issue. While 25 percent of the respondents said they could not comment on the issue because of lack of knowledge, another 25 percent of the respondents did not respond to the question. It is interesting to note that although the sentiment for or against licensure was split, 93 percent of the counselors were either already certified by the American Board of Medical Genetics or had just taken the certification exam. However, judging from the responses, there is some confusion about the significance of the certification exam. For example, several counselors thought the certification exam was a "national licensure." Thus, there appears to be a need for counselors to learn about the meaning of certification so that they fully understand the implications of a licensure policy.

Another issue is the reported rate of turnover in the profession, which may be related to the apparent instability of funds that support postions for genetic counselors. Counselors

perceived the turnover rate to be 34 percent. Eighty-two percent of respondents attributed the turnover rate to a combination of burnout, low pay, lack of job mobility and advancement, and lack of autonomy and responsibility. In addition, at the time of the survey 25 percent of the counselors were planning to go back to school to pursue another degree, while another 10 percent were considering this same option.

Counselors provided additional information that demonstrates their concern about their role and status in institutions where they work. Counselors felt that they had a difficult time "being accepted by other health professionals." Some perceived "a lack of respect and recognition" for genetic counselors on the part of other health-care professionals.

Funding instability may contribute to the turnover rate. Fifty percent of respondents reported some degree of funding instability. Forty-nine percent expected additional changes in their funding source within the next two years, and of those, 12 percent thought that funding instability could threaten their positions. A potential outgrowth of funding instability is that people will be discouraged from pursuing careers in genetic counseling, resulting in a shortage of qualified counselors. If such a shortage arose, unqualified individuals might compete in the job market and jeopardize the quality of genetic counseling services.

Conclusion

The survey results raise several issues for discussion in light of the reforms suggested in this article. As proposed earlier, genetic counselors need to discuss nonclinical professional issues. This can be done nationally, perhaps during annual NSGC conferences. It may be more appropriate, however, for genetic counselors to convene within each state, because licensure issues are handled by individual state legislatures.

Genetic counselors need to be aware of the larger changes occurring in health care. They need to be better informed about how other counselors feel about these and other issues in order to develop strategies to guide the growth of the profession.

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BOOK REVIEWS

Genetic Disorders and Birth Defects in Families and Society: Toward Interdisciplinary Understanding, edited by Joan O. Weiss, Barbara A. Bernhardt, and Natalie W. Paul, Birth Defects Original Article Series, Vol. 20, No. 4, White Plains, N.Y., March of Dimes Birth Defects Foundation, 1984, 243 pages, $10.00 (paper).

The articles in this book were generated from the national symposium of the same name that took place in the spring of 1983. The purpose of the symposium was to foster communication among members of the various disciplines that can be involved in genetics. The diversity of the participants was impressive, including physicians, social workers, educators, nurses, genetic counselors, patients and their family members, media representatives, lawyers, clergy, and bioethicists. These participants addressed three areas from their particular points of view: education (professional and lay); patient and family needs; and advocacy issues. The format of the book follows the format of the symposium. Each section includes a brief report by each panel member. The workshop reports that follow discuss topics in more depth.

The first part of the book is titled "Educational Needs of Professionals," although lay education is also addressed. Eight panel members briefly review (two to three pages) the roles and educational needs of genetic counselors, physicians, social workers, nurses, clergy, lawyers, and the media. Joseph McInerney reviews the dilemmas that arise when addressing the psychosocial aspects of genetics in the public school system. The workshop reports are brief (fewer than eight pages), but generally complete, reviews of communication skills, the "Baby Doe" regulations, psychiatric genetics, mainstreaming, decision-making dilemmas, and cultural and ethnic influences.

The second section of the book is titled "Patient and Family Needs." The panel members, largely patients or parents, discuss a wide range of family needs from the perspective of their particular disorders (cystic fibrosis, sickle cell anemia, Huntington disease, osteogenesis imperfecta, Marfan syndrome, Tay-Sachs disease, and Down syndrome). The workshop reports that follow address specific needs, such as support groups, amniocentesis counseling, clergy support, legal needs, and concerns of unaffected relatives. Sylvia Schild and Seymour Kessler provide two concise reviews of stress in genetics.

The last section of the book addresses advocacy issues. Six panel members describe very briefly how the media, the law, parents, the clergy, and the legislature can be advocates. Thomas Murray discusses the ethical use of genetic knowledge in the workplace. The workshops tackle such diverse and difficult issues as working with the media, legal issues, legislation and funding, public policy, adoption and artificial insemination, stigma in the workplace, and health insurance.

The theme of the symposium—communication between disciplines—is evident in the book. The diversity of the authors, the range of topics, and the brevity of the reports work both to

the advantage and disadvantage of the book. Many of the articles, especially the panel reports, are too short to be useful sources of information by themselves. They work best when the articles from an entire section are considered together. The workshop summaries are generally longer, and many give concise reviews of their subject area. Brevity here is the advantage.

This book would be a useful supplemental reference for any professional working in genetics. The book can be obtained only through the March of Dimes Birth Defects Foundation, 1275 Mamaroneck Avenue, White Plains, NY 10605.

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Birth Defects and Speech-Language Disorders, by Shirley N. Sparks, College Hill Press, San Diego, 1985, 190 pages, $19.50 (paper).

The goals of this book are 1) to serve as a resource for students and practicing speech/language clinicians in identifying signs, symptoms, and prognosis associated with birth defects, 2) to draw attention to the availability of genetic counseling, and 3) to stimulate research.

The book includes a 19-page preface and introduction, a glossary, growth charts, and a case history form. The author is a teacher in a speech/language hearing clinic and a staff member of a genetics clinic. To achieve the first goal, she reviews the fundamentals of genetics at an elementary level, discusses specific genetic conditions such as Down syndrome, 5p-, fragile X syndrome, and Duchenne muscular dystrophy, and provides examples of speech/language development associated with these conditions. Other sections of the book discuss environmental and iatrogenic birth defects.

Although the case reports are anecdotal, they generally provide helpful insights into speech/language management of patients with birth defects. Two speech pathologists who reviewed the book independently cautioned that the observations cannot be generalized.

The author also addresses inappropriate expectations that parents and professionals may have for progress, or lack of progress, in children with birth defects. An additional strength is the good literature review. Unfortunately, some references are out of date, a hazard of a rapidly changing field.

There is a well-written section on genetic counseling, with Gretchen Landenberger serving as consultant, thus fulfilling the author's second objective. In contrast, the section on research needs is thin.

A few caveats are necessary. The book contains several misimpressions and errors. A few examples must suffice. The author notes the similar phenotype of patients with Treacher Collins and Goldenhar syndromes and urges a differential diagnosis to obtain immediate investigation of hearing loss in the former and scoliosis in the latter. Speech clinicians need to know that patients with Goldenhar syndrome have hearing loss. Noonan syndrome is cited as sporadic (p. 62), while McKusick* assigns it an asterisk as an autosomal dominant. Similarly, the author cites a 50 percent risk of affected children for individuals with the median cleft face syndrome (p. 78); the condition is heterogeneous and usually sporadic. In the section on cleft lip/palate, the author treats face shape, palatal shelf width, and other features as environmental factors that interact with a genetic liability to produce this birth defect in humans (p. 82). Although there are some interesting hypotheses on this subject, there is no proof.

In summary, this book is ambitious. It is a useful introductory book for speech/language clinicians and students in those fields, but of limited value to genetic counselors and counseling students.

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*McKusick VA: *Mendelian Inheritance in Man* (6th edition). Baltimore, The Johns Hopkins University Press, 1983.

Social Work and Genetics: A Guide for Practice, by Sylvia Schild and Rita Beck Black, New York, Haworth Press, 1984, 164 pages, $19.95.

The expertise gained from the late Professor Sylvia Schild's many years of social work practice in genetics settings and from Professor Rita Beck Black's recent graduate education and research in genetics and social work has resulted in this unique contribution to the literature of social work practice in genetics. The authors have drawn from their personal experiences to acquaint social workers with the counseling needs of clients in the genetics clinic and to illustrate the professional roles of social workers in the delivery of genetic services.

The authors feel that social workers have important and unique roles to play in genetics and support their viewpoint by exploring the psychosocial dynamics that accompany the diagnosis of a genetic disorder. Schild and Black correlate the role of social workers in this relatively new area of medical services with the long-established roles of social workers in other medical settings. They make a strong statement, however, about the additional knowledge in genetics required of social workers who wish to participate in this new and exciting field of practice.

An exploration of screening for genetic disorders and the ethical and legal consequences of genetic counseling illustrate many situations appropriate for social work interventions. Social, ethical, and legal issues surrounding abortion, adoption, confidentiality, informed consent, and decision making are discussed in relation to this new role in medical social work practice. The interactions between medical geneticists, genetic counselors, and social workers are presented in many of the case illustrations.

This text is a significant and unique contribution to professional training. The authors have provided a sound basic primer of genetic information, a glossary, and a selected review of genetic disorders that will provide social workers with the knowledge to understand more clearly the biological bases of their clients' concerns. The authors have compiled citations from the genetic counseling literature and have used clinical examples from several practitioners of social work in genetics to illustrate the interwoven psychosocial needs of families that have genetic problems.

This synthesis from research and practice will provide extremely important information for students pursuing careers in genetic social work as well as for practicing social workers contemplating professional redirection into the delivery of genetic services. The book will also appeal to readers in related

professions. Nurses, physicians, and others will be interested in knowing how social workers view their role in genetics services. In addition, genetics professionals can use the case discussions to increase their own sensitivity and skills in addressing some of the psychosocial concerns of families that are dealing with a genetic disorder; many genetics clinics function without social workers, and genetic counselors or nurses trained in genetics must deal with the same psychosocial issues. They will find this book helpful in their professional growth.

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RESOURCES

National Organization for Rare Disorders
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Phone: (212) 686-1057

The National Organization for Rare Disorders (NORD) states that its objectives are to:

1. provide a clearinghouse for information about rare disorders;
2. encourage and promote research on those conditions;
3. educate the public and medical professionals about rare disorders;
4. represent people who have orphan diseases that are not covered by other organizations; and
5. focus national attention on the needs of those who have rare disorders.

NORD is a "newly formed coalition of voluntary agencies, medical researchers, physicians, and private individuals all dedicated to the interests of rare disease sufferers." Among this coalition are numerous organizations that represent genetic disorders such as Cornelia de Lange syndrome, cystic fibrosis, cystinosis, dysautonomia, epidermolysis bullosa, Friedreich ataxia, Gaucher disease, Huntington disease, sickle cell anemia, neurofibromatosis, ectodermal dysplasias, retinitis pigmentosa, Tay-Sachs disease, tuberous sclerosis, osteogenesis imperfecta, Prader-Willi syndrome, and Wilson disease.

NORD publishes a newsletter titled "Orphan Disease Update." This newsletter provides information about government and industry action on orphan drugs and diseases, as well as other articles and news about rare conditions. There are six different membership categories for NORD. Basic, individual membership is $10.00.

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NSGC NEWS

Legislative Alert

The Social Issues Committee has created a legislative alert mechanism to apprise NSGC members of proposed or current federal legislation that may directly affect the genetic counseling profession. The purpose of the alert is to notify the NSGC membership quickly and efficiently about significant legislation that might require individual, direct responses to legislators.

The alert will be initiated by Kathi Hanna Mesirow, who is serving as the NSGC's legislative liaison in Washington. When Ms. Mesirow becomes aware of a situation requiring membership attention, she will summarize the key issues, note the key legislators involved, and describe the current status of the legislation and its projected course through Congress. Ms. Mesirow will forward this information to Kathleen O'Connor, who will distribute the information to the membership by mail, or, if time does not allow, by telephone. If a telephone alert is initiated, Ms. O'Connor will call a designated member of the Social Issues Committee in each region. The committee members will then alert individual members in their regions.

Because the intent of the alert is to elicit a response from the membership, its success will depend on how well individuals follow through on the information they receive. Each member is expected to review the information presented, decide how the projected legislation would affect the delivery of genetic services in her or his area (and indirectly affect individual positions), and respond appropriately.

The response should be in the form of a telephone call, letter, mailgram, or visit to local congressional representatives, and should describe briefly, and in personal terms, why the respondent favors or opposes the proposed legislation. Copies of correspondence may be sent to Joan Scott, NSGC secretary.

The Social Issues Committee recognizes that the degree and content of responses from the NSGC membership will vary, but encourages each member to voice her or his opinion appropriately. The committee expects, however, that if NSGC members identify themselves as such in their responses, legislators will begin to recognize the NSGC as a professional society that actively monitors and responds to legislation that might affect the profession.

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Call For Abstracts

The fifth annual NSGC Education Conference will be held in Salt Lake City, Utah on 7, 8 October 1985. The theme of the meeting is "Religious, Cultural, and Ethnic Influence on the Counseling Process." Invited speakers and workshops have been confirmed. Registration information was sent to all NSGC members and other interested health professionals in early June. Directions and forms for abstracts were included. The deadline for submission of abstracts is 1 August 1985. This deadline differs from an earlier deadline announced in *Perspectives* (Vol. 6, No. 4); the members of the planning committee apologize for any inconvenience this may cause. Contributed papers will be an important component of the conference; please encourage your colleagues to submit their work. Preference will be given to abstracts that address the theme of the meeting and that focus on counseling strategies related to new genetic techniques and information. Submit abstracts to: LuAnn Weik, MS, Abstracts Co-chairperson, Birth Defects Center, Children's Memorial Hospital, 1700 W. Wisconsin Avenue, Milwaukee, WI 53233.

ANNOUNCEMENTS

Dr. David Danks of Australia presented a seminar on Menkes disease at Michael Reese Hospital, Chicago, Illinois on 14 June 1985. This program for families and professionals was cosponsored by the Division of Medical Genetics, Michael Reese Hospital, and the Corporation for Menkes disease, a parent group based in the Chicago area. The group is eager to hear from other families. For more information, contact: Jane Swiss, 201 Elizabeth Dr., Schererville, IN 46375, phone: (219) 322-3320; or Beth Fine, Genetic Counselor, Michael Reese Hospital, Chicago, IL 60616, phone: (312) 791-4436.

POSITIONS AVAILABLE

Genetic Counselor: The Michigan State Department of Public Health has an immediate opening for an experienced, board certified genetic counselor. The position will involve counseling in a genetics clinic at Michigan State University, coordinating several field clinics, and developing and presenting educational activities of the Michigan Genetic Services Program. Contact: William Young, PhD, Director, Michigan Genetic Services Program, Michigan Department of Public Health, 3500 North Logan, P.O. Box 30035, Lansing, MI 48909, phone: (517) 373-0657. Salary is based on experience.

Senior Genetic Counselor: Supervisory position in prenatal diagnosis unit including clinical, administrative, research, and teaching responsibilities. The position requires a master's degree in genetic counseling or related field, minimum of two year's genetic counseling experience, and certification by the American Board of Medical Genetics. Send C.V. to: Miriam Schoenfeld, Department of Human Genetics, Yale Medical School, 333 Cedar Street, New Haven, CT 06510, phone: (203) 785-2667.

Genetic Counselor: The Division of Human Genetics, Schneider Children's Hospital of Long Island Jewish Medical Center is conducting a search for a third genetic counselor. The Schneider Children's Hospital is a 150-bed facility located at the eastern border of the Borough of Queens of New York City. It opened in 1983. The hospital draws on a population base of 4.5 million, encompassing eastern Queens and Nassau County. The present staff includes two medical geneticists, two genetic counselors, a PhD cytogeneticist, and five cytogenetics technologists. The division has an active prenatal diagnosis and cytogenetics program and is increasing its staff to augment its clinical role in the hospital. We will become a clinical center for the diagnosis and therapy of inborn errors of metabolism and expect to become involved in the wide range of clinical applications of modern genetics. We intend to expand the division to a total of three clinical geneticists and three genetic counselors in the next few months. We are interested in an individual who has genetic counseling experience and who wishes to interact with the other division members in an expanding, diversified clinical program. Responsibilities will include genetic counseling for prenatal diagnosis and a wide range of disorders, teaching, and clinical research. The successful candidate will receive a faculty medical school appointment and a generous salary and benefits package. Interested individuals should contact: Audrey Heimler, MS, Division of Human Genetics, Schneider Children's Hospital, New Hyde Park, NY 11042, phone: (718) 470-3010.

Genetic Counselor: A position is available for a board certified/eligible genetic counselor with master's degree, in a growing genetics center in Columbia, South Carolina. Duties include all phases of genetic counseling: prenatal diagnosis, pediatric genetics, outreach program, and specialty clinics. Teaching responsibilities will involve professional audiences, lay audiences, and students in our new Master of Science in Genetic Counseling Program. Cultural and recreational activities abound in the state capital, also home of the University of South Carolina. You can have sunshine, the mountains, and the ocean, along with a challenging position. Please send resume to: S. Robert Young, PhD, Director, Division of Clinical Genetics, Department of OB/GYN, University of South Carolina, School of Medicine, 3321 Medical Park Road, Suite #301, Columbia, SC 29203, phone: (803) 765-7316.

Genetic Counselor: Large university prenatal diagnosis center is looking for a genetic counselor for summer 1985. The position involves all aspects of prenatal diagnosis (including CVS). There will be close liaison with genetic services of children's hospital. Applicants must be board certified (or eligible); previous experience is required. Send curriculum vitae to: Michael T. Mennuti, MD, Genetics-OB/GYN, 4 Courtyard, Hospital of the University of Pennsylvania, 3400 Spruce Street, Philadelphia, PA 19104, phone: (215) 662-3230, 3232 (Ann McDonnell).

Genetic Counselor/Associate: A clinical faculty position is available immediately to coordinate the pediatric genetics clinic at East Carolina University School of Medicine. Applicants must have a master's degree and be board certified/eligible. Responsibilities include satellite clinics, genetic education for medical and lay communities, and support group involvement. Please send C.V. to: Dr. Theodore Kushnick, 3 N. 51 Brodie Building, Department of Pediatrics, East Carolina University School of Medicine, Greenville, NC 27834, phone: (919) 757-2525. East Carolina University School of Medicine is an Equal Opportunity/Affirmative Action Employer.

Coordinator of Newborn Screening Program: An administrative position is available for an individual with a master's degree in genetic counseling, human genetics, nursing, or public health, to coordinate nonlaboratory aspects of Washington State's newborn screening program for PKU and congenital hypothyroidism. One year of experience is preferred. Duties include: providing consultation to health care providers on problems of screening; overseeing monitoring of hospital births for completeness of screening; coordinating voluntary programs for screening out-of-hospital births; attending PKU management clinics and coordinating state services to meet the needs of families with PKU; managing dietary products essential for treatment of children of PKU; identifying and providing counseling for girls at risk for maternal PKU; compiling statistics, and preparing and disseminating reports and educational materials. This is a position with the State of Washington. The beginning salary is $19,848. Send curriculum vitae and names of two references to: Roberta Spiro, Genetic Services Section, 1704 NE 150th Street, Seattle, WA 98155, phone: (206) 545-6783. The state of Washington is an Equal Opportunity Employer.

Genetics Associates, Incorporated is pleased to offer the following opportunity: Genetic counseling centers are being opened in various cities and are being staffed by qualified genetic counselors who are given the opportunity to share in the ownership of their respective centers. The applicant can select the city where he or she wishes to operate. Qualifications include formal training, practical genetic counseling experience, and a sense of business operations. Please send details about yourself, with the names, addresses, and phone numbers of two referees to: Richard J. Warren, PhD, Genetics Associates, Inc., 7254 S.W. 87 Avenue, Miami, FL 33173. Genetics Associates, Incorporated is an Equal Opportunity Employer, involved in Medical Genetics Service since 1974.

Genetic Associate: The Genetics Division of L.A. County/USC Medical Center has an opening for a full-time genetic associate. Applicants should be board certified/eligible as a genetic counselor with the American Board of Medical Genetics. Preference will be given to applicants who have at least two years of work experience as a genetic associate and are bilingual in English/Spanish. Responsibilities will include general and prenatal genetics clinic services and specific research projects. Faculty appointment and salary commensurate with background and experience. Please send curriculum vitae and references to: Miriam G. Wilson, MD, Chief, Genetics Division, L.A. County/USC Medical Center, General Laboratory Building, Room 1G-24, 1129 N. State Street, Los Angeles, CA 90033.

JOBS HOT-LINE NUMBER

Linda Nicholson: (302) 651-4234