



**Department of Commerce**  
Office of Professional Licensure Review

2026 Periodic Review

# Genetic Counselor

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# Executive Summary

## ***Background***

Genetic counselors (GCs) are masters-educated healthcare professionals with training in medical genetics and counseling who support patients with information about how inherited diseases or conditions might affect them and their families. They assess risk, select tests, interpret tests in collaboration with other providers, and provide support and counseling to patients about test results. While most genetic counselors typically work in hospitals or medical facilities, some serve in commercial labs to support physicians. Since the Covid pandemic, more and more genetic counselors offer services through remote methods.

Most states (37) regulate genetic counselors through licensure. Entry requirements in these states are relatively identical. Utah was the first state to issue genetic counselor licenses and protects both title and scope.

## ***Regulatory Model Recommendation: Continue to license genetic counselors***

- OPLR considered less burdensome forms of regulation for genetic counseling in Utah, but ultimately recommends maintaining licensure
- Continuing with licensure maintains entry requirements, directs patients to a practitioner with specialized training, and has minimal fiscal impact on DOPL given the relatively small number of practitioners and absence of an advisory board

## ***Recommended Regulatory Adjustments: None***

- With current indications of safe practice and few concerns about access, OPLR does not recommend adjustments to the current regulatory model.

## ***Additional Recommendations:***

### ***Consider joining a future interstate compact for genetic counselors***

- Many genetic counselors are licensed to practice in multiple states due to the prevalence of telehealth. There is no licensure compact at present, but a future compact may facilitate Utahns' access to genetic counseling from practitioners based in other states.

## Context

Consistent with its legislative mandate,<sup>1</sup> the Office of Professional Licensure Review (OPLR) reviewed Utah's licensing laws for genetic counselors. The review evaluated how well current regulations:

1. Protect the public from present and consequential physical and financial harm
2. Balance public and practitioner access to the occupation
3. Limit the economic impact of regulation on consumers, practitioners and the state<sup>2</sup>

OPLR's research for this review included analysis of Utah's current laws and rules, licensing and complaint data from the Division of Professional Licensing (DOPL), academic literature, as well as laws and policies in other states. OPLR also conducted interviews with stakeholders, including practitioners, employers, educators and DOPL employees. See [Appendix 1.1](#) for more information.

## Background

### *Profession Overview*

Genetic counselors (GCs) are masters-educated healthcare professionals with training in medical genetics and counseling who support patients with information about how inherited diseases or conditions might affect them and their families.<sup>3</sup>

Genetic counselors typically work in hospitals or medical facilities.<sup>4</sup> In those settings, they may assess a patient's risk for certain inherited conditions by gathering detailed family history information, selecting genetic testing to be performed, and interpreting the genetic test results in collaboration with medical providers. Medical providers, usually specialist physicians, confirm a patient's diagnosis and/or medical treatment options. Genetic counselors provide support and counseling to patients about their genetic testing results and future medical decisions.<sup>5 6</sup> Examples of diseases or conditions with a genetic component include: prostate cancer, breast cancer, cystic fibrosis, Crohn's disease and Down syndrome.<sup>7</sup> Genetic counselors are trained in all areas of genetic disorders, but many specialize in a certain area, such as prenatal, pediatrics, oncology, neurology or cardiology.<sup>8</sup>

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<sup>1</sup> UCA 13-1b-203(2)

<sup>2</sup> UCA 13-1b-302

<sup>3</sup> NSGC, "About Genetic Counselors."

<sup>4</sup> NSGC, *2024 Professional Status Survey*.

<sup>5</sup> BLS, "Genetic Counselors."

<sup>6</sup> NHGRI, "Genetic Counseling FAQ."

<sup>7</sup> COPRRR, *2017 Sunrise Review*; NHGRI, "Genetic Disorders."

<sup>8</sup> Clark et al., "U.S. Genetic Counselors' Perceptions"; ACMG, "Careers in Medical Genetics"; NSGC, *2024 Professional Status Survey*.

While most genetic counselors interact directly with patients in a clinical setting, others work in non-patient-facing roles, such as commercial labs that support physicians with genetic test selection and interpretation.<sup>9</sup> Genetic counseling is increasingly provided using remote methods, particularly since the Covid pandemic. This has contributed to new ways for patients, as well as healthcare and life sciences organizations, to access this service.<sup>10</sup>

Patients are usually referred to a genetic counselor by their health care provider, such as a primary care physician, after potential signs of a genetic disorder are present, or if they have a significant family history of one, although self-referral is common.<sup>11</sup> The type of patient seen by genetic counselors varies according to the medical speciality. On average, patients seeing genetic counselors are more likely to be white, college educated, higher income, and younger.<sup>12</sup>

The focus on information and support to patients is what distinguishes genetic counselors from medical geneticists. Medical geneticists are physicians with specialized training in the diagnosis and management of genetic disorders.<sup>13</sup>

### *Evolution of Profession*

Genetic counseling was formally defined as a clinical service in 1947 and the first Masters program for genetic counseling was established in 1969.<sup>14</sup> The National Society of Genetic Counselors (NSGC) was established in 1979.<sup>15</sup> Soon after, the American Board of Medical Genetics (ABMG) and the American Board of Genetic Counseling (ABGC) were created to separate genetic counseling from the medical genetics profession.<sup>16</sup>

The number of genetic counselors nationwide has increased significantly since the profession was first licensed in the early 2000s, almost doubling from 2009 to 2019.<sup>17</sup> With the evolution of advancements in genetic technologies and research, the amount of information available to individuals and providers has increased. The demand for genetic services has increased in response and is predicted to continue.<sup>18</sup> There is currently no widely accepted way to measure how many genetic counselors should be available for a population.<sup>19</sup>

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<sup>9</sup> NSGC, *2024 Professional Status Survey* & OPLR Stakeholder Interviews

<sup>10</sup> NSGC, *2024 Professional Status Survey*; Shannon et al., "Transition to Telephone Genetic Counseling."

<sup>11</sup> NHGRI, "Genetic Counseling FAQ"; NSGC, *2024 Professional Status Survey*.

<sup>12</sup> Cragun et al., "Factors Associated with Genetic Counseling"; Olsabeck et al., *Racial Differences*; Quinteros, "Intersectionality of Race."

<sup>13</sup> ACMG, "Careers in Medical Genetics."

<sup>14</sup> Resta, "What Have We Been Trying to Do"; Ormond et al., "Genetic Counseling Globally."

<sup>15</sup> NSGC, "Timeline."

<sup>16</sup> Boughman, "Looking Back."

<sup>17</sup> GAO, *Genetic Services*.

<sup>18</sup> GAO, *Genetic Services*.

<sup>19</sup> GAO, *Genetic Services*.

## *Profession in Utah*

Utah was the first state to issue genetic counselor licenses in 2002.<sup>20</sup> At the time of OPLR's review, there were 515 genetic counselors licensed in Utah. A majority (approximately 75%) of those licensees list a non-Utah address, suggesting they are providing services remotely.<sup>21</sup>

To become licensed in Utah, an individual must complete at least a Masters degree in genetic counseling from an approved accredited program, and then complete a Genetic Counselor Certification by the ABGC.<sup>22</sup> Genetic counselors are regulated under the Genetic Counselors Licensing Act (Utah Code 58-75), which protects the title of genetic counselor and defines genetic counseling practice as a specialized communication process aimed at assisting individuals and families in navigating the medical, hereditary, and psychosocial complexities of genetic disorders. Medical geneticists, physicians and surgeons (including doctors of osteopathic medicine) and physician assistants are also authorized to provide these services.<sup>23</sup>

Genetic counselors must renew their license every two years and complete a total of 40 hours of continuing education.<sup>24</sup> There is currently no genetic counseling licensing board, though there has been one in the past.<sup>25</sup>

## *Approaches in Other Jurisdictions*

At the time of OPLR's review, most states regulate genetic counselors, typically through licensure.<sup>26</sup> Entry requirements for genetic counselors in those states are relatively standardized, requiring completion of an accredited genetic counseling Masters program and successful completion of the ABGC exam and certification.<sup>27</sup>

Thirty-seven states license genetic counselors, protecting both the title of genetic counselor and the scope of genetic counseling practice. Of these states, approximately half (16 states) explicitly allow genetic counselors to order genetic tests and half (17 states, including Utah) are silent or ambiguous on this. Two states explicitly prohibit genetic counselors from ordering genetic tests while two others require a collaborative agreement with a physician to do this.<sup>28</sup>

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<sup>20</sup> NSGC, "Timeline." & UCA 58-75 Note: The first genetic counselor licensure law passed in California in 2000, but Utah issued the first genetic counselor licenses.

<sup>21</sup> DOPL Licensee Data, analyzed November 2025.

<sup>22</sup> UCA 58-75, Note: Utah also will license a Medical Geneticist who completes a Medical Geneticist Certification by the ABMG as a Genetic counselor.

<sup>23</sup> UCA 58-75-304

<sup>24</sup> R156-75-303 & R156-75-304

<sup>25</sup> The board was disbanded in 2023 along with eight other boards/committees, see S.B. 123 (2023).

<sup>26</sup> OPLR Policy Scan. See [Appendix 1.2](#) for OPLR's methodology for conducting its policy scan for genetic counselors.

<sup>27</sup> OPLR Policy Scan

<sup>28</sup> OPLR Policy Scan

# Regulatory Model Assessment & Recommendations

## *Framework*

In an effort to standardize how appropriate regulatory models are determined for each profession (e.g. license, registry, no regulation, etc.), OPLR developed a framework which incorporates its statutory review criteria.<sup>29</sup> Appropriate models are determined principally by an evaluation of the potential for harm and related factors that may aggravate or mitigate the potential for harm. These factors include the availability of consumer choice, vulnerability of patients, and independence of practice. See [Appendix 2.1](#) for potential regulatory models and factors in OPLR's framework.

## *Potential for Harm*

OPLR characterizes the potential for harm from genetic counselors as typically moderate and temporary. Literature and practitioner interviews indicate typical harm is from short-term emotional distress to patients from interpreting or communicating genetic information to patients, or potentially additional financial cost in cases of unnecessary or poor test selection. Genetic counselors are trained to communicate the results and implications of genetic testing cautiously, allowing patients to make choices for themselves, for example about their medical treatment, decision to continue with a pregnancy, or to test family members. Nonetheless, in some instances, poor practice or mistakes by a genetic counselor could be life-altering and potentially irreversible for patients (e.g., errors in communication leading to unnecessary procedures, mixed up patient results leading to medical errors, failure to recommend further testing to uncover serious conditions). While this is uncommon for trained practitioners, harm is more likely if an individual were untrained or poorly trained.

This overall assessment of potential for harm is reflected in the U.S. Department of Labor's O\*Net Consequence of Error Ranking, which attempts to estimate and rank the severity of harm that arises from different professions. The O\*Net ranking for genetic counseling is 57 out of 100.<sup>30</sup> This score is characterized by O\*NET as "serious", similar to speech language pathologists, but not as highly ranked as other healthcare professions within the "serious" category (e.g., physical therapists at 69 or registered nurses at 74) or other healthcare professions in categories of greater severity (e.g., physicians, physician assistants, nurse practitioners).

The patients genetic counselors work with, and the settings in which patients are seen, do not generally create a greater potential for patient harm from a genetic counselor. Patients are not

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<sup>29</sup> Among other criteria, OPLR is required to evaluate "whether the regulation of the occupation is necessary to address a present, recognizable, and significant harm to the health, safety, or financial welfare of the public" and consider "potentially less burdensome alternatives to the...existing regulation". UCA 13-1b-302

<sup>30</sup> O\*NET, "Consequence of Error."

highly vulnerable.<sup>31</sup> They are typically in the early stages of treatment seeking further information about risks of a condition, although patients may consider their situation to have high personal stakes. While counseling is provided privately, there is no physical touch. Additionally, the risk of private settings is mitigated by the prevalent use of remote technologies to communicate with patients.

The specialized knowledge required in genetics is the greatest area where patients may be vulnerable. They rely on genetic counselors to help them understand a genetic testing result and potential implications.

### *Related Harm Factors*

Genetic counselors are somewhat limited in their clinical independence, also mitigating the potential for harm. In specialized clinical situations such as rare genetic conditions and rapidly evolving genetic fields, physicians rely on genetic counselors to provide input on genetic test selection or to conduct background work on potential treatment options. At the same time, genetic counselors collaborate heavily with physicians and their work is generally nondirective due to their emphasis on counseling rather than treating patients. Literature also suggests that referral rates to genetic counselors may be hindered by factors such as concerns about cost and/or lack of awareness of when to refer.<sup>32</sup>

Additionally, there is strong oversight of genetic counselors in their settings, primarily by sophisticated employers. Genetic counselors typically work for hospitals or medical facilities, or for commercial labs.<sup>33</sup> Healthcare employers, particularly hospitals, vet practitioners through hiring (e.g., checking credentials, experience), reviewing ongoing performance (e.g., using input from peers) and ensuring compliance (e.g., tracking the maintenance of practitioners' credentials).

Results from the NSGC professional survey, anecdotes from interviews with practitioners, and scans of genetic counseling industry online bulletins all indicate that independent private practice is limited. Patients typically see genetic counselors in conjunction with other medical care and so genetic counselors typically work in settings with other healthcare providers. In addition, genetic counselors could be limited in their ability to order genetic tests without physician involvement in many states (including Utah) due to statutory ambiguity. Independent practice requires genetic counselors to secure insurance credentialing—which provides oversight—or rely on out-of-pocket payments. These requirements may restrict income potential and deter practitioners from working in independent settings.

Companies, such as Genome Medical and InformedDNA, more than independent practitioners, offer direct-to-consumer genetic counseling services. These companies typically have both physicians and genetic counselors on staff and offer genetic test ordering and counseling via

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<sup>31</sup> Cragun et al., "Factors Associated with Genetic Counseling"; Olsabeck et al., Racial Differences; Quinteros, "Intersectionality of Race"; Delgado, Schulkin, and Macri, "Prenatal Genetic Screening."

<sup>32</sup> Truong et al., "Genetic Referral Patterns."

<sup>33</sup> DOPL Licensee Data, analyzed November 2025; NSGC, 2024 Professional Status Survey.

telehealth. They may also provide additional services such as matching with clinical trials or providing patients with access to peer support groups. These companies may also support healthcare and life science organizations with their genetic counseling needs (e.g., contract genetic counseling, clinical trial recruitment, etc). In this telehealth setting, genetic counselors are still typically hired and overseen by employers.

Outside of licensure, there is moderate oversight through the Utah Consumer Sales Practices Act and the Division of Consumer Protection, or private tort actions.

Private bodies also provide some oversight. Insurers check the medical necessity of genetic tests based on clinical guidelines. The ABGC requires that genetic counselors maintain their credential every five years in order to practice.<sup>34</sup> The ABGC may deny, suspend or revoke certification through its disciplinary policy and procedures, which affects a genetic counselor's ability to seek or maintain employment in a field where most genetic counselors are employed.

Consumer oversight of genetic counselors is fairly limited. Patients may choose a particular genetic counselor by accessing information (e.g., practitioner bios, patient reviews) and booking appointments within a medical facility or healthcare system. However, consumer choice may be limited to a particular network, especially if a patient is already being treated by physicians within that network.

For more detail on OPLR's analysis of genetic counselors according to the framework, see [Appendix 2.2](#).

### *Recommendation*

OPLR considered title protection via certification or statutory mandate as a form of regulation for genetic counseling in Utah, but ultimately recommends retaining licensure.

Licensure may be an excessive form of regulation, particularly given the prevalence of strong employer oversight and collaboration with physicians. At the same time, a preference for competence in this field is high due to: 1) the highly specialized and evolving nature of the genetics field, 2) the potential for permanent and life-altering consequences for patients, even while the prevalence of this is generally low, and 3) patients may access direct-to-consumer genetic counseling outside of a healthcare network. This points to models of regulation with entry requirements that are mandatory, not voluntary, and that offer title protection at a minimum.

One argument for protecting the scope of practice of genetic counseling (with current exemptions for medical geneticists, physicians and physician assistants) is that it directs patients to practitioners with specialized training. As genetic testing continues to expand as an avenue for understanding and subsequently treating patient conditions, scope protection may

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<sup>34</sup> ABGC requires GCs to have 12.5 Continuing Education Units (CEUs) (125 hours) every 5 years divided into specific categories in order to maintain certification. NSGC, "Recertification & CEUs."

help prevent non-specialists from practicing beyond their core competency.

Another argument in support of licensure is that it may facilitate reimbursement of genetic counselor services and, in doing so, enhance access. Utah Medicaid coverage guidelines do not explicitly mandate state licensure, but rather require credentials via certification from the ABGC, specifically for whole genome testing.<sup>35</sup> However, Federal Centers for Medicare & Medicaid Services (CMS) currently excludes genetic counselors from direct billing and reimbursement as these services must be part of a supervising physician's claims. Stalled federal legislation advocates for genetic counselors to bill independently as approved providers, but it is unclear if this will move forward.<sup>36</sup> As a result, genetic counseling is treated as a cost center by healthcare systems. This can have benefits because genetic counseling expertise is then viewed by systems as a scarce resource to deploy towards the greatest patient needs and encourages innovation in handling lower-risk demands on genetic counselors' time.<sup>37</sup> At the same time, direct billing may open opportunities for smaller facilities to provide genetic counseling services. While licensure may not be necessary for future potential federal reimbursement, maintaining the status quo in Utah could be beneficial.

A final argument for maintaining licensure is that it is not overly burdensome to DOPL (e.g., small number of practitioners with minimal administrative burden, no advisory board) or to practitioners (e.g., standard requirements) in its current form. This is a practical consideration.

For these reasons, OPLR leans towards maintaining licensure.

## Regulatory Model Adjustments & Recommendations

After determining an appropriate regulatory model, OPLR's framework also evaluates whether adjustments should be made within a recommended model to address any material and existing safety and access issues affecting the Utah public and practitioners. Regulatory model adjustments may include changing entry qualifications, the scope of practice, unprofessional or unlawful conduct, and/or supervision and independence provisions (see [Appendix 3.1](#)).

### *Safety Issues*

There are minimal safety issues from the practice of genetic counseling in Utah, although data is limited. Utah's professional entry requirements are standard compared with other states. There have been no substantiated complaints about licensees to DOPL 2017-22, the timeframe OPLR analyzed, and there have been none in the years since 2022.<sup>38</sup> Malpractice insurance premiums appear low (circa \$500 per annum) and reflect practitioners' role as counselors.<sup>39</sup>

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<sup>35</sup> Utah DHHS, *Physician Services*, sec. 1-15.3.

<sup>36</sup> Access to Genetic Counselor Services Act of 2026, S. 3607; Access to Genetic Counselor Services Act of 2025, H.R. 6280.

<sup>37</sup> OPLR stakeholder interviews

<sup>38</sup> See [Appendix 3.2](#) for a more detailed description of OPLR's analysis of DOPL complaints

<sup>39</sup> OPLR online scan

## *Access Issues*

Access by patients to genetic counseling services is hard to assess but seems sufficient. A 2020 study by the federal Government Accountability Office (GAO) estimated Utah is on the higher end of the number of genetic counselors per population.<sup>40</sup> This is corroborated by interviews with practitioners in Utah, who noted that Utah's genetic counseling Master's program, academic medical institution at the University of Utah, and presence of genetic testing companies make it a hub for genetic counseling in the U.S. The Health Resources and Services Administration (HRSA) has no projections for genetic counselors and how demand will grow in the future. However, the number of certified genetic counselors in the U.S. has grown significantly since 2009.<sup>41</sup> Utah licensing growth has also been strong, growing at almost 20% each year in the past ten years to reach 515 actively licensed genetic counselors in 2025.<sup>42</sup>

There don't appear to be significant barriers to individuals seeking to become a licensed genetic counselor. Genetic counseling is an attractive area of practice. While a Masters degree is the entry qualification, compensation is relatively high and hours can be flexible. While education programs are small (e.g., University of Utah's program produces approx ten graduates per year), the increase in the number of programs nationally has been significant, producing at least 500 graduates per year.<sup>43</sup>

## *Recommendation*

OPLR recommends no adjustments to the licensure of genetic counselors.

## **Additional Recommendations**

### *Recommendation 1: Consider joining a future interstate compact for genetic counselors*

Approximately one-third of genetic counselors nationally are licensed to practice in more than one state due to the prevalence of telehealth.<sup>44</sup> There is no interstate licensing compact at present. Utah should consider approving a future proposed compact if it facilitates access to genetic counseling services from qualified practitioners based in other states without imposing undue burdens on the state or new entrants.

## **Other Considerations**

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<sup>40</sup> GAO, Genetic Services.

<sup>41</sup> NSGC, "Genetic Counselor Workforce."

<sup>42</sup> UMEC, *Utah's Genetic Counselor Workforce*, 2018, OPLR analysis of DOPL licensing data (see [Appendix 3.3](#))

<sup>43</sup> GAO, *Genetic Services*; ACGC, *Annual Accreditation Report, 2021*; ACGC, *2024 Annual Accreditation Report*.

<sup>44</sup> NSGC, *2024 Professional Status Survey*.

Utah statute does not explicitly allow genetic counselors to order genetic tests. OPLR considered, but ultimately decided not to recommend, whether to include this in the scope of practice of genetic counselors.

Currently, 16 states explicitly allow genetic counselors to order genetic tests for patients. This may better represent the day-to-day practice of genetic counseling and may reduce physician and health system administrative burden modestly. However, OPLR anticipates this change may have minimal public impact because facilities and/or payors may still require physician sign-off on test ordering, reducing any modest efficiency gains. Additionally, this topic received mixed feedback from stakeholders that OPLR engaged with during its review.

## Rule Review

In accordance with Utah Code 13-1b-203(5), OPLR conducted an in-depth review of DOPL's genetic counselor rules, found in R156-75.

The rule review covered potential rule changes needed to:

1. address specific rules that may be either overly burdensome (e.g., for individuals seeking to practice a profession or given the potential risk to public safety from a profession, etc) or insufficient (e.g., to ensure safe practice);
2. address rules misaligned with statutory language;
3. clarify language and correct references to statute or other rules; or
4. support OPLR's recommendations.

OPLR's review of R156-75 found:

1. rules are not overly burdensome;
2. rules are aligned with statutory language;
3. four incorrect references. These are outlined in [Appendix 4.3](#);
4. OPLR has no recommendations for this profession, additional rule-writing is not needed.

# Appendix

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# 1 Context

## 1.1 General Methodology

OPLR's methodology combines qualitative and quantitative methods with robust stakeholder engagement. Methods include:

- Conducting quantitative analysis of DOPL licensee and complaint data and evaluating publicly available data from other state and federal government entities (e.g., Utah Department of Workforce Services, Health Resources and Services Administration)
- Reviewing academic literature and reports on a profession's practice, efficacy and safety
- Scanning education and credentialing requirements, programs and content
- Reviewing state occupational regulation policies across the U.S.
- Engaging with a wide range of stakeholders, including: Utah and other state governments and agencies, industry organizations, practitioners, employers and educators.

## 1.2 Genetic Counselor Policy Scans

To better understand the regulatory environment for genetic counselors, OPLR conducted a review of state occupational regulation in the U.S. OPLR utilized AI tools offered by LexisNexis and WestLaw to create the first draft of these policy scans, though a subset of the data was verified by an analyst. The data was then used to map the national policy landscape, find patterns in regulation, make cross-state comparisons, and discover outliers. OPLR also used the data to help inform recommendations.

For each policy scan, OPLR began by manually finding the answers to relevant policy scan questions for a small subset of states (5-7 states). An analyst then prompted AI (LexisNexis and WestLaw) to look for the answers to the question(s) in the same group of states and compared the AI's answers to the manual answers. If there was a low level of accuracy, the analyst would adjust the prompt and run the test again. Once a high level of accuracy was achieved, the analyst prompted the AI to answer the question(s) for all 50 states. The following is an example of a prompt used to research the preceptorship and continuing education requirements for genetic counselors:

*“Survey the regulations regarding genetic counselors in all 50 U.S. states, determining for each state whether there is a license for genetic counselors with a protected scope of practice or if the state only has a license or certification that protects the title. For states with a protected scope of practice, identify the specific scope of practice. For all states, identify any exemptions and indicate whether other medical practitioners are permitted to provide genetic counseling services, noting the distinction between medical geneticists and genetic counselors.”*

The analyst then checked the AI-generated answers for all states to ensure accuracy within the 50-state dataset. For any states where the AI prompt did not return relevant information, the analyst interacted with AI in a more targeted way or manually found the answers.

This approach does contain limitations related to normal human and AI-related error. It is possible that there is slight misreporting of some data due to limited accessible state information, errors in data entry, or mistakes made by LexisNexis or WestLaw AI tools that were not caught by OPLR's manual verification.

## 2 Regulatory Model Assessment & Recommendation

### 2.1 Menu of Regulatory Models and Factors Considered in Framework

Please see [this working document](#), OPLR's Occupational Regulation Framework, for a more detailed explanation of OPLR's approach to assessing occupational regulation and evaluating different regulatory models.<sup>45</sup>

### 2.2 Model Assessment of Genetic Counselors

The following tables summarize OPLR's analysis of genetic counselors according to factors that OPLR determined should influence the appropriate regulatory model for an occupation. Factors that OPLR considered as particularly determinative in its assessment of long term care administrators are highlighted in bold.

| Model Assessment of Long-Term Care Administrators |                                                                                                                                                                                                                                                                                                                                                                                                    |
|---------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Harm Factors                                      |                                                                                                                                                                                                                                                                                                                                                                                                    |
| Mechanism of Harm                                 | Genetic counselors support genetic test selection, test interpretation and they counsel patients on the results of genetic tests, including the potential choices and implications. Example harm is from emotional distress to patients from communicating genetic information or failures in interpreting or communicating, or potentially financial cost from unnecessary or poor test selection |
| Severity, Permanence, and Likelihood of Harm      | <b>Harm is typically low to moderate and temporary (e.g., emotional anxiety, costs from extra/unneeded tests). In some instances, mistakes could be life-altering and potentially irreversible for patients (e.g., mixed up patient results, failure to recommend further testing), though this is uncommon. Harm is more likely if an individual were untrained.</b>                              |
| Consequence of Error                              | 57 out of 100*                                                                                                                                                                                                                                                                                                                                                                                     |
| Downstream Impact                                 | <b>Genetic counselors are trained to communicate the results and implications of genetic testing cautiously with patients. Genetic counselors provide support as the patient makes their</b>                                                                                                                                                                                                       |

<sup>45</sup> The document is also available on OPLR's website in the "About OPLR" section, accessible here: <https://oplr.utah.gov/about-oplr/>

|                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|---------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                       | decision. Ultimately, patients make the choices that can be consequential. This includes their medical treatment, decision to continue with a pregnancy or to test family members.                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
| <b>Consumer &amp; Setting Factors</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Patient Vulnerability                 | The patients seen by genetic counselors are not generally vulnerable, though patients may consider their medical situation to be high stakes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| Frequency of Physical Touch           | None, the focus is on counseling and many genetic counselors now work with patients using remote technologies                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| Information Asymmetry                 | <b>High due to specialized knowledge required in genetics. Patients rely on genetic counselors to help them understand a genetic test result and potential implications</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| <b>Related factors</b>                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| Independence                          | <p><b><i>Business Structure:</i></b> Genetic counselors are almost always employees working within, or supporting, sophisticated medical environments amongst other professional healthcare colleagues.</p> <p><b><i>Clinical Independence:</i></b> Limited. In situations such as rare conditions and evolving fields, physicians rely on genetic counselors to conduct background work and provide expertise. However, genetic counselors collaborate heavily with physicians.</p>                                                                                                                                                                 |
| Patient Choice                        | Patients may choose a particular genetic counselor through their ability to book appointments, though choice is limited to the medical facility/health network a patient is accessing                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| Information Availability              | Patients can often access information about genetic counselors within a medical facility (e.g., education, training, patient reviews), though this choice may be limited because patients may already have chosen which healthcare network to receive care within.                                                                                                                                                                                                                                                                                                                                                                                   |
| Level of Oversight                    | <p><b><i>Employers:</i></b> Strong oversight through hiring (e.g., checking credentials, experience), performance (e.g., input from peers) and compliance (e.g., maintenance of credentials)</p> <p><b><i>Government:</i></b> Moderate oversight. Beyond licensing, patients may bring actions under the Utah Consumer Sales Practices Act for deceptive, misleading or unconscionable practices. Patients may also sue hospitals for damages.</p> <p><b><i>Private Bodies:</i></b> Moderate oversight. Insurers check for medical necessity of genetic tests. ABGC requires genetic counselors to maintain their credential every five years in</p> |

|  |                                                                                                                                                                                                                                                                |
|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|  | <b>order to practice. The ABGC may deny, suspend or revoke certification through its disciplinary policy and procedures, which affects a genetic counselor’s ability to seek or maintain employment in a field where most genetic counselors are employed.</b> |
|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

\* The O\*NET Consequence of Error ranking estimates the severity of harm that could occur if a profession's activities are performed incorrectly, with 0 being "not serious at all" and 100 being "extremely serious." A score of 57 is comparable to speech-language pathologists (score of 55), which is at the lower end (but not the lowest) for healthcare professionals. O\*NET, "Consequence of Error."

## 3 Regulatory Model Adjustments & Recommendations

### 3.1 Possible Adjustments

Please see [this working document](#), OPLR’s Occupational Regulation Framework, for a more detailed explanation of how OPLR approaches whether adjustments should be made within a recommended regulatory model.<sup>46</sup>

### 3.2 DOPL Complaint Data

The Division of Professional Licensing (DOPL) receives complaints from individuals, other state agencies, co-workers, professional associations, and licensing boards. DOPL is required to “investigate unlicensed practice in regulated professions, acts or practices inconsistent with recognized standards of conduct, allegations of gross negligence or incompetence, and patterns of gross negligence or incompetence”.<sup>47</sup> Violations that meet the criteria for investigation are then prioritized and assigned to an investigator. DOPL may resolve investigations in a variety of ways, including: closing an investigation due to a lack of evidence; referring the case to another agency or to law enforcement if appropriate; carrying out informal or formal administrative sanctions or stipulated agreements; issuing a citation; or denying, suspending, or revoking an individual’s license.

To analyze complaints sent to DOPL, OPLR used My License Office (MLO) to access closed complaints investigated by DOPL between 2017-2022 for all licenses/professions. This data contains information on the license name, the complaint type, and the disposition of the complaint, among many other data fields not relevant to OPLR’s analysis. DOPL personnel helped code the complaint dispositions as either substantiated, unsubstantiated, or no jurisdiction. Substantiated complaints are those where a disposition includes some type of disciplinary action, whether formal or informal (e.g., letter of concern, verbal warning, surrender of license). Unsubstantiated complaints have dispositions without a disciplinary action (e.g., dismissed, lack of evidence, unfounded). ‘No jurisdiction’ complaints are complaints that may or may not have basis, but DOPL was not able to take action on the case.

<sup>46</sup> The document is also available on OPLR’s website in the “About OPLR” section, accessible here: <https://oplr.utah.gov/about-oplr/>

<sup>47</sup> DOPL, *Complaint Handling Process*.

OPLR filtered complaints to exclude any likely duplicates and then used substantiated complaints to calculate the number of complaints per license type or profession. OPLR estimated the complaint rate for each license type by dividing the number of substantiated complaints by the number of unique individuals who held that license type over the same period.

### *Complaint Case Notes Analysis*

A more detailed analysis of historical case notes was conducted on two unsubstantiated genetic counselor complaints from 2020 and one substantiated complaint from 2013. While these three complaints were not included in OPLR's analysis of observed harm from genetic counselors (due to either the timeframe, or that they were not substantiated), an OPLR analyst read them to understand the nature of these complaints.

### *Limitations*

There are significant limitations to this analysis, and the information collected should not be interpreted as a precise estimate of harm caused by genetic counselors. DOPL data likely underestimates true harm, as many instances of harm may be handled in other ways (e.g., directly by employers), reported to other entities, or may never be reported. Additionally, some unsubstantiated complaints may have resulted in harm but the necessary evidence was not produced.

There could also be latent factors correlated with both the likelihood of complaint and the profession, systematically biasing the comparisons across professions. This is especially true in healthcare, as certain professions, by their nature, include a greater potential for harm and may generate more complaints. For example, surgeons have a higher likelihood of causing severe harm to a patient than HFAs because surgery is inherently far riskier, not because surgeons are "less safe" or less competent than HFAs.

For these reasons, OPLR uses DOPL complaint data as directionally informative, but avoids direct comparisons across professions wherever possible. Fine comparisons across professions are unwarranted and unsupported by this data.

## **3.3 DOPL Licensee Data**

OPLR used DOPL licensee data queried on October 31st 2025 to conduct analyses, such as the number of licensees per year, inflow and outflow of licensees, overlap of licenses, and time with license. The dataset included individuals first licensed after 1970 to those actively licensed as of that date. Each row in this dataset was a unique combination of individual and license type and contained information regarding when the license was issued, the status of the license, the date the status was last updated, and the sex and year of birth of the individual. OPLR estimated the number of licensees in each year by summing the number of unique individuals whose licenses were active during any point in each year. Additionally, OPLR excluded any

individual with a null or incorrect value for their license issue date and license expiration date, as OPLR could not determine how long or for what years they were actively licensed. License counts may slightly underestimate the true number of licensees due to this, but the effect is fairly negligible given OPLR's use of the data to determine trends over time rather than estimate with precision for specific dates.

## 4 Rule Review

### 4.1 Potential Rules that are Overly Burdensome or Insufficient

None

### 4.2 Rules Misaligned with Statutory Language

None

### 4.3 Incorrect references

OPLR identified the following incorrect references in R-156-75 the Genetic Counselors Licensing Act Rule:

| Rule            | Incorrect Reference                        | Correct Reference                            |
|-----------------|--------------------------------------------|----------------------------------------------|
| R156-75-104     | R156-1-107                                 | This section no longer exists                |
| R156-75-302b(1) | 58-75-302(1)(e)                            | This section no longer exists                |
| R156-75-502     | NSGC Code of Ethics as revised in Jan 2006 | NSGC Code of Ethics as revised in April 2017 |

## 5 Stakeholder Engagement

### 5.1 OPLR Interview Series

OPLR relied heavily on stakeholder engagement and qualitative interview data, combined with OPLR's other analysis, to conduct this review and develop recommendations. OPLR engaged with employers, industry associations, DOPL board members, and Utah regulators. OPLR prioritized diversity of perspective and relevance to the industry in selecting stakeholders.

Interviews were conducted in person, over the phone, and via video conferencing using semi-structured interview methods; they were conducted one-on-one and with multiple members. Extensive notes were taken for all interviews.

OPLR conducted initial interviews to understand the genetic counseling industry, determine the largest issues related to safety and access, and identify potential areas for change. OPLR engaged with stakeholders later in its review to test initial findings from analysis and preliminary recommendations.

### *Limitations*

This interview sample was not randomly selected and, therefore, is not completely representative. OPLR spoke to individuals most likely to represent the broad aims and concerns of their groups. Additionally, OPLR did not contact “consumers” of genetic counseling, so their perspectives were not incorporated into this review. Thus, the stakeholder engagement and findings from these interviews should not be understood to be fully representative of the views of all Utahns, GCs, employers or any other person, group, or population.

Note that stakeholders’ views are not always reflected in OPLR’s recommendations. OPLR is directed by Utah Code 13-1b-302 to apply specific review criteria. These can and do lead to recommendations that diverge from stakeholder preferences. A stakeholder’s appearance here is not an endorsement of OPLR’s recommendations as such.

## **5.2 Stakeholder Engagement Summary**

The following is a comprehensive list of those OPLR engaged with throughout the review of the genetic counselor profession.

| <b>Stakeholder Engagement Summary</b> |                                                                                                                                                                                                                                                                                        |
|---------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Utah Department of Commerce</b>    | <b>Deborah Blackburn</b> , Assistant Director, Division of Professional Licensing<br><b>Jim Garfield</b> , Bureau Manager<br><b>Tina Marshall</b> , Board Secretary<br><b>Mark Steinagel</b> , Director, Division of Professional Licensing                                            |
| <b>Industry Associations</b>          | <b>Meghan Carey CAE</b> , Executive Director for the National Society of Genetic Counselors<br><b>Carrie Haverty MS, CGC</b> , President of the National Society of Genetic Counselors<br><b>Krista Savage MS, CGC</b> , 2025 President of the Association for Utah Genetic Counselors |
| <b>Employers and Educators</b>        | <b>Karen Brownell</b> , VP of Lab Services at Intermountain Health<br><b>Karin M. Dent, MS</b> , Director of the University of Utah Genetic Counseling Program<br><b>Susan Longman</b> , Program Manager for Intermountain                                                             |

|                                                   |                                                                                                                                                                                                                                                                                                                           |
|---------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                   | Health Advanced Heart Failure/Transplant/MCS<br><b>Amber Matthisan Philips MS, CGC</b> , Perinatal GC for University of Utah Health<br><b>Whitney Maxwell MMSc, LCGC</b> , Director of Huntsman's Inherited Cancer Research Shared Resource<br><b>Keyleigh Summers</b> , Medical Oncology Manager at Intermountain Health |
| <b>Academics, Practitioners &amp; Researchers</b> | <b>Ambreen Khan MS</b> , Practitioner<br><b>McCall Larson MS, CGC</b> , Practitioner<br><b>Luke Maese DO</b> , Physician colleague<br><b>Mallory Sdano</b> , Practitioner<br><b>Geoff Whitehead</b> , Geneticist and healthcare investor                                                                                  |

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