

**RCW 18.290.010 Definitions.** The definitions in this section apply throughout this chapter unless the context clearly requires otherwise.

(1) "Advisory committee" means the advisory committee on genetic counseling established in \*section 5 of this act.

(2) "Collaborative agreement" means a written document that memorializes a relationship between a genetic counselor and a physician licensed under chapter 18.71 RCW or an osteopathic physician licensed under chapter 18.57 RCW, who is board certified in medical genetics or who is board certified in a specialty relevant to the practice of the genetic counselor that authorizes a genetic counselor to perform the functions specified in subsection (5)(d) of this section as applied to the practice of genetic counseling.

(3) "Department" means the department of health.

(4) "Genetic counselor" means an individual who is licensed to engage in the practice of genetic counseling under this chapter.

(5) "Practice of genetic counseling" means a communication process, conducted by one or more appropriately trained individuals that includes:

(a) Estimating the likelihood of occurrence or recurrence of a birth defect or of any potentially inherited or genetically influenced condition. This assessment may involve:

(i) Obtaining and analyzing a complete health history of the person and family;

(ii) Reviewing pertinent medical records;

(iii) Evaluating the risks from exposure to possible mutagens or teratogens; and

(iv) Providing recommendations for genetic testing or other evaluations to diagnose a condition or determine the carrier status of one or more family members;

(b) Helping the individual, family, or health care provider:

(i) Appreciate the medical and psychosocial implications of a disorder, including its features, variability, usual course, and management options;

(ii) Learn how genetic factors contribute to the disorder and affect the chance for recurrence of the condition in other family members;

(iii) Understand available options for coping with, preventing, or reducing the chance of occurrence or recurrence of a condition;

(iv) Understand genetic or prenatal tests, coordinate testing for inherited disorders, and interpret complex genetic test results;

(c) Facilitating an individual's or family's:

(i) Exploration of the perception of risk and burden associated with the disorder;

(ii) Decision making regarding testing or medical interventions consistent with their beliefs, goals, needs, resources, and cultural, ethical, and moral views; and

(iii) Adjustment and adaptation to the condition or their genetic risk by addressing needs for psychosocial and medical support; and

(d) Pursuant to a collaborative agreement:

(i) Ordering genetic tests or other evaluations to diagnose a condition or determine the carrier status of one or more family members, including testing for inherited disorders; and

(ii) Selecting the most appropriate, accurate, and cost-effective methods of diagnosis.

(6) "Secretary" means the secretary of health. [2009 c 302 s 1.]

**\*Reviser's note:** Section 5, chapter 302, Laws of 2009 was vetoed by the governor.