The American College of Medical Genetics, the first 20 years

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Abstract: The American College of Medical Genetics (ACMG) celebrates its 20th anniversary this month, having been founded in March of 1991. The ACMG has firmly established itself as a major medical association representing the needs of the many patients with genetic disorders and the expanding number of genetic clinical and laboratory professionals that strive to diagnose, treat and prevent these disorders. Over the last two decades they have had major accomplishments related to their original mission: They have become members of the American Medical Association House of Delegates and the American Board of Medical Specialists, pushed through laboratory Current Procedural Terminology codes, developed a manual for billing and reimbursement, have been active in a number of national arenas including Health and Human Services, Food and Drug Administration, Center for Disease Control, National Institutes of Health and with other professional organizations (College of American Pathologists, American College of Obstetricians and Gynecologists, American Society of Clinical Oncology). They have secured grant funding, developed major educational programs (Board courses, MOC modules, CD-ROMS), a well respected medical journal, a successful and well attended annual meeting, major relationships with industry, and have been leaders in the legal arena, challenging patents for genetic testing, etc. In the future, the tools and knowledge of medical genetics will permeate all of medicine and the ACMG should embrace, encourage and assist all of those varying medical specialists, counselors, nurses and scientists who are involved in providing genetic services. *Genet Med* 2011;13(3):179–187.

The American College of Medical Genetics (ACMG) celebrates its 20th anniversary this month, having been founded in March 1991. It is now the recognized body representing doctoral level laboratory and clinical practitioners of medical genetics in the United States but was not the first organized body of practitioners and investigators in medical genetics. Indeed, the first organization interested in human genetics was the American Eugenics Society, which was founded in the 1920s to organize the eugenics movement, which had gained significant popularity and political power in the first decades of the 20th century. They were involved in disseminating practical and scientific information on genetic health and promoting eugenics research. They concentrated on encouraging the genetically gifted to reproduce but spent a great deal of their influence in trying to prevent the “defective” from reproducing. Indeed under their influence, most states passed eugenic laws authorizing forced sterilization of “defectives,” and the US Supreme Court deemed them constitutional. After the horrendous results of the Nazi eugenics programs during the Second World War triggered a much needed reevaluation of the prin-

ciples underlying such efforts, eugenics became a dirty word, and the movement in the United States fizzled out.

It was at that time that the research community in human genetics was organized with the creation of the American Society of Human Genetics (ASHG) in 1948 to provide leadership in research, education, and service in human genetics. It began to publish a journal, *The American Journal of Human Genetics*, and established an annual meeting, which grew from an attendance of several hundred to more than 6000 today. Although concentrating primarily in human genetics research, the major discoveries in the next decades in cytogenetics, biochemical genetics, and then molecular genetics led to the evolution of medical genetics as a discipline involving physicians, PhD laboratory geneticists, and masters level genetic counselors, who attempted to apply the fruits of the genetics research explosion to the public at large. In the late 70s, with an increasing number of individuals seeking careers in clinical genetics and taking medical genetics fellowships, but not officially recognized as true medical specialists, ASHG President Arno Motulsky asked me, David Rimoin, to form a committee to look into credentialing medical geneticists and accrediting training programs. A 12-member Board of Directors (BOD) was founded consisting of human geneticists representing expertise in the areas of clinical genetics, medical genetics, laboratory genetics (including clinical cytogenetics, clinical biochemical, and clinical molecular genetics), and genetic counseling, and the American Board of Medical Genetics (ABMG) was incorporated in 1980. As the American Board of Medical Specialties (ABMS) was not admitting any new Boards at the time, to make the new ABMG credible, they hired the National Board of Medical Examiners to administer the examinations.

Over the next decade, numerous programs were accredited, and individuals became certified as clinical geneticists, PhD medical geneticists, genetic counselors, clinical cytogeneticists, biochemical geneticists, and molecular geneticists. With the burgeoning development of new and complex clinical genetic services and genetic testing, which occurred in the 1980s, the need for the establishment of an independent body to represent the clinical practitioners of medical and laboratory genetics became evident. The ASHG Genetic Services Committee had been the primary mechanism for addressing the needs of MDs and PhDs involved in the delivery of clinical services and their patients, but the number of issues that they were asked to address had grown into more than the committee could handle and was distracting from the major research mission of the society.

In 1989, the ASHG’s BOD asked Jesse Davis to form a committee to discuss the development of a new organization that would focus on the professional needs of clinical geneticists and on all aspects of the clinical practice of medical genetics. They agreed that medical genetics was a rapidly growing discipline of national and international importance, and it shared the same professional needs for quality standards, social, economic, medicolegal, and political activities as other medical specialists. However, ASHG did not focus primarily on the practice of medical genetics, the impact of technology on med-

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ical genetic practice, or the growing problems of healthcare. Medical geneticists were unrepresented in those national and state arenas where policies, rules, statutes, and standards are promulgated. They believed that they could make an impact if they developed a new organization, which was primarily a medical genetic-physician organization but could include PhD clinical geneticists. They sought an effective ongoing voice in healthcare policy decision making at the state, regional, and national level, a leadership role in the development of establishing and maintaining activities and measures to ensure that professional services of the highest quality and quality assurance program issues, including reimbursement, malpractice insurance, and health, life, and disability insurance. The new organization would strive to gain membership on appropriate advisory committees of the American Medical Association (AMA), such as the Current Procedural Terminology (CPT) codes Advisory Committee. They also felt that this would enable medical geneticists to push for admission of the ABMG into the American Association of Medical Specialties. They proposed the formation of a special committee and requested \$5000 to fund the committee.

In August 1990, the ASHG announced that they had charged an ad hoc committee to form the "American College of Clinical Geneticists" to be established. The committee consisted of the following members: Chairman—David L. Rimoin, MD, PhD; Vice Chairman—Maimon M. Cohen, PhD; Clinical Geneticists—Jessica G. Davis, MD, Sherman Elias, MD, Robert M. Greenstein, MD, James W. Hanson, MD, R. Rodney Howell, MD, and Reed E. Pyeritz, MD, PhD; Biochemical Geneticists—Stephen I. Goodman, MD, PhD, and Jerry N. Thompson, PhD; Cytogeneticists—Beverly S. Emanuel, PhD, and Michael S. Watson, PhD; Molecular Geneticists—Arthur L. Beaudet, MD, and Patricia Murphy, PhD; Legal Representative—Lynn D. Fleisher, PhD, JD; Genetic Counselor (ex officio)—Ann C. M. Smith; and Advisors—Kurt Hirschhorn, MD, Laird G. Jackson, MD, and Michael M. Kaback, MD.

The following points were to be addressed: (1) providing advocacy for all individuals with and at risk for genetic disorders/birth defects and their families pertaining to all aspects of their genetic healthcare needs. (2) Providing advocacy for all clinical geneticists as the best-qualified providers of medical genetic care to the public, other professional, and lay organizations and governments. (3) Maintaining high standards of practice. (4) Dealing with all issues related to the practice of clinical genetics. (5) Providing and promoting comprehensive programs of medical genetic education, which meet the needs of clinical geneticists and other health professionals. (6) Finally, conducting and promoting programs of information and on all aspects of medical genetics for the public.

There was a great deal of discussion as to whether this organization should be made up of only MDs doing clinical genetics, so that they could gain admission to the AMA and its committees or whether it could also include clinical laboratory geneticists. Michael Watson had led a group of laboratory directors for several years that discussed quality assurance and quality control issues involved in the laboratory testing of genetic disorders, and they were following a separate path. It became apparent to the committee that one could become a member organization of the AMA if more than 50% of the members were MDs and more than 50% of those were members of the AMA. Through the leadership of Maimon Cohen and Michael Watson, the laboratory geneticists agreed to join the clinical geneticists in one organization representing all clinical and laboratory geneticists, using the ABMG definitions of the various disciplines to be included. In retrospect, this was a

prescient decision, given the important role of emerging technology as a foundation of much medical genetics activity.

Some of the College's immediate objectives would be to gain admission to the AMA's house of delegates and CPT advisory committee; work for the admission of ABMG into the ABMS; provide technical assistance to governments, agencies, organizations, and other medical subspecialties; deal with all issues related to the practice of clinical genetics; obtain funds to establish the college and to keep it a going concern; and conduct board-review courses and continuing education programs. It was felt that the College would need \$60,000–75,000 to support an office.

During a meeting in March 1991, the ASHG BOD mandated the Ad Hoc Committee to undertake the founding of the College immediately. The first meeting of the College took place on September 14, 1991, in Santa Monica, CA (Fig. 1). A College Forum was held on October 8, 1991, at the 8th International Congress of Human Genetics, where there was a consensus that the College should be known as the "American College of Medical Genetics." There would be MD and PhD American or Canadian Fellows, Candidate Fellows, Honorary Fellows, Affiliate Members, Associate Members, Junior Members, Student Members, Corresponding Members, and Emeritus Fellow Members. The second meeting of the BOD took place several days later, and it was decided that the corporation would be classified as a professional association under section 501(c)(6) of the Internal Revenue Code. A parallel corporation would be created as a section 501(c) 3 foundation, so that donations to the College would be tax deductible. By the next BOD meeting, the ABMG application to the ABMS was formally approved as the 24th full board. There were, however, several stipulations: (1) future certification would be time limited requiring recertification after 10 years and (2) the ABMG could no longer certify genetic counselors. This meant that the genetic counselors had to form their own College and Board.

Fig. 1. First meeting of the Board of Directors, September 14, 1991—Lowes Hotel, Santa Monica, CA. Top row: left to right—Stephen Goodman, Patricia Murphy, Michael Watson, Lynn Fleisher, Michael Kaback, Rodney Howell, Robert Greenstein, James Hanson, and Kurt Hirschhorn. Middle row: left to right—Jessica Davis, Maimon Cohen, David Rimoin, and Elaine Strauss. Front row: left to right—Sherman Elias, Laird Jackson, Arthur Beaudet, and Reed Pyeritz.

Table 1 ACMG presidents

David Rimoin, MD, PhD, FACMG	1991–1996
Reed Pyeritz, MD, PhD, FACMG	1997–1998
R Rodney Howell, MD, FACMG	1999–2000
Edward McCabe, MD, PhD, FACMG	2001–2002
Charles Epstein, MD, FACMG	2003–2005
Marilyn Jones, MD, FACMG	2005–2007
Joe Leigh Simpson, MD, FACMG	2007–2009
Bruce R. Korf, MD, PhD, FACMG	2009–2011
Wayne Grody, MD, PhD, FACMG	2011–2013

The ACMG Board decided that the president must be a physician. David Rimoin would serve as initial president elect concurrently, making his term of office 6 years, including two as past president and subsequent presidents would hold 2-year terms (Table 1). There would be a Vice President of Clinical Genetics and Vice President of Laboratory Genetics. Sherman Elias was elected as Vice President for clinical genetics for 3 years, and Maimon Cohen served as the initial Vice President and for laboratory genetics. Patricia Murphy was the initial secretary and Laird Jackson the initial treasurer. The BOD consisted of six Laboratory and six Clinical representatives, and the election procedures would ensure maintaining this balance. The initial committees created were By-laws, Finance, Public Policy, Clinical Practice, Laboratory Practice, Membership, Education, and Nominating. Each committee would have both Board and nonboard members. Kurt Hirschhorn and Ann Smith were named official advisors to the BOD. The Board agreed that the responsibility of reviewing proficiency testing issues with the College of American Pathologists (CAP) be transferred from the ASHG to the ACMG.

On July 13, 1992, the ACMG sent applications to ASHG, ABMG, and National Society of Genetic Counselors members. As of November 5, 1992, 398 applications were received. Three hundred twenty-one of those were complete; the board approved 297 as Founding Fellow members and added one honorary member. By the end of 1993, there were 1032 members, including 458 MD fellows, 247 PhD Fellows, 131 associate members, and a variety of affiliate, corresponding, and various trainee type members. The membership has grown steadily but rather slowly over these past 2 decades, with the total membership in 2010 reaching 1460 (Fig. 2).

In 1992, the laboratory practice committee became very active in communications with Health Care Financing Administration, Clinical Laboratory Improvement Amendments, and Food and Drug Administration and in the development of a full set of standards and guidelines for genetics laboratories. It was decided that the first annual meeting of the College would be in February or March beginning in 1994, a spring date chosen, so that it would fall approximately 6 months from the annual ASHG meeting. This would be a two to two and a ½-day meeting to follow the March of Dimes annual Birth Defects meeting. The Birth Defects meeting consisted of invited speakers, whereas the College meeting would include contributed articles. At first, there would be two separate meetings with separate registrations and accounting.

In March 1993, the bylaws of the ACMG Foundation were approved, and Kurt Hirschhorn was elected as first president. The Council of Medical Specialty Societies formally approved the ACMG as its 25th full member that year. The ACMG published the first edition of the ACMG Standards and Guidelines for Clinical Genetics Laboratories that year.

The first annual meeting of the College was held jointly with the March of Dimes Clinical Genetics Conference on Genes in Development and Cancer on March 13–17, 1994, in Kissimmee, FL (Fig. 3). At first, they were separately managed, but by the next year, joint management was established. Over the years, the March of Dimes component was reduced to 1 day and then ½ day, as the ACMG activities grew in size and complexity, with research pa-

Fig. 2. ACMG total membership growth over the past 2 decades.

Fig. 3. First annual meeting announcement.

pers and posters being accepted, as well as educational sessions, symposia, and laboratory company sponsored events. Furthermore, the Society for Inborn Errors of Metabolism arranged to have their

meeting held in proximity to the ACMG meetings every several years, and this has grown to be a regular occurrence with joint sessions. Over the years, the attendance at the annual meetings, the number of abstracts submitted, and the number of exhibitors have grown enormously (Fig. 4).

At that 1994 meeting, a Joint Committee on Professional Practices was established dealing with overlap of clinical and laboratory issues and the drafting of guidelines for the clinical practice of genetics. This has grown into a major function of the College with numerous practice guidelines, clinical genetics laboratory guidelines, and policy statements being written over the years (Figs. 5–7). A motion was also passed directing the College to develop a Board-Review Course, and this has become a very well attended and successful course, being held before each round of ABMG examinations. In addition, the education committee applied to become a source for Continuing Medical Education credit from the Accreditation Council for Continuing Medical Education and was approved in July 1998. At a later date, the college was also asked to help the National Board of Medical Examiners to review the genetics components of their United States Medical Licensing Examinations and increase the number of questions.

During 1994, the first step toward becoming a member organization of the AMA was achieved when the ACMG was accepted into the Specialty and Service Society of the AMA. One must be a member of the Specialty and Service Society for 3 years before being eligible for House of Delegate membership. In 1996, the College was granted AMA membership in the House of Delegates, which also gave it a seat on the CPT Committee, where all new billing and reimbursement codes are reviewed. It also has a seat on the Resource-Based Relative Value Scale Update Committee that reviews the work involved with new professional codes and assigns them value.

In 1995, the Joint Professional Practice and Guidelines committee applied on behalf of the College for a grant from the New

Fig. 4. Growth of the attendance, abstracts, and exhibitors at the annual meetings.

Fig. 5. Practice guidelines created by the ACMG.

Fig. 6. ACMG published standards and guidelines for clinical genetics laboratories.

Fig. 7. ACMG policy statements.

York State Department of Health to develop guidelines for (1) genetic testing for predisposition for breast cancer and (2) clinical evaluation of the newborn/infant with malformations or congenital anomaly(ies). They were successful in the application and completed both tasks under the leadership of Michael Kaback and Karen Greendale. This was the first of many grants that the College obtained over the next 15 years under the leadership of Michael Watson.

ACMG activities also focused on establishing formal liaisons with primary care colleges/academies to address the incorporation of genetics into continuing education programs and to facilitate mechanism for the dissemination of ACMG policy statements. This has led to many successful collaborations with other colleges and academies in drafting and disseminating support for screening programs, such as cystic fibrosis with ACOG, and the support of a number of amicus briefs relating to

gene patenting. The ACMG and the CAP began joint participation in national proficiency testing.

In 1997, the ACMG signed a contract with Williams and Wilkins to create a medical journal, which was given the name "*Genetics in Medicine*." Richard A. King, MD, PhD, became the founding editor of the journal and built it into a well-respected medical journal with an increasing impact factor. King served as editor until 2006, when James P. Evans, MD, PhD, took over the role. In 2009, the Inaugural Richard King Trainee Award for Best Publication in *Genetics in Medicine* was awarded. The Nature Publishing Group will take over publishing the journal in 2011.

The Lab QA Committee published the 2nd Edition of Standards and Guidelines for Clinical Genetic Labs, in 1999. The BOD was charged with the task of developing a strategic plan for the ACMG. As part of this effort, they arranged focus groups on Education and Public Health; Billing and Reimbursement; Clinical Practice Guidelines; Lab Practice Guidelines; and Professional recognition. It seemed that members were primarily concerned with professional recognition, billing, and reimbursement. The Strategic Planning session led to a number of recommendations, including hiring of an Executive Director; funding improvements in the website; establishing links to partner organizations; reorganizing the current committee structure, and prioritizing specific goals. A second strategic planning session was held in 2008.

A major step in the college's growth and influence occurred with the hiring of Michael Watson as Executive Director. In this role, he made exceptional strides in growing the College and its financial base, increasing its influence nationally, and thereby greatly improving the recognition of medical genetics as a prime medical and laboratory specialty. He did this by quickly

Fig. 8. ACMG staff growth.

Fig. 9. ACMG growth in revenue and expenses.

developing a number of grants and contracts, such as with Human Resources and Services Administration (HRSA) to develop guidelines for genetic evaluation of hearing loss detected in newborn screening and developing a newborn screening national agenda. The HRSA grant that allowed the ACMG to recommend the Uniform Panel for newborn screening in the United States has had a significant impact. Approximately all the 4.2 million babies born in the United States are now screened for more than 25 genetic diseases. ACMG now has a cooperative agreement with Maternal and Child Health Bureau/HRSA through which they direct the National Coordinating Center for the Regional Genetics and Newborn Screening Collaboratives (approximately \$4.8 million over 5 years) and a contract with National Institute of Child Health and Human Development/National Institutes of Health to direct their Newborn Screening Translational Research Network (a \$13.5 million contract over 5 years). Many suggest that the changes over the past 5 years to the US newborn screening programs may be one of the most significant public health program developments of the past 50 years.

Liaisons with industry also grew with creation of the ACMG Foundation Corporate Sponsorship Program and later The Partners in Science program. This also led to a large increase in the number of exhibitors at the annual meeting, making it a financial success (Fig. 3). Over the next decade, the College hired a fundraiser and public relations person. Both of these positions have now become fulltime and have been very effective in raising funds from the membership and industry and in raising the profile of the college through all types of media. Rodney Howell became President of the ACMG Foundation and greatly increased the fundraising of the Foundation and participation of Industry in the Foundation Board. Over the years, the Foundation was able to help support the ABMG, the ABGC, the ACMG, and even the Bar Harbor Short course in mammalian and medical genetics. The growth of the grants program and fundraising led the college administration to grow from one and one-half positions to 23 at last

count, necessitating the need for more office space than that available in the Federation of American Societies for Experimental Biology building with the ASHG, ABMG, and ABGC (Fig. 8). In 2009, they moved into a beautiful suite of offices in downtown Bethesda. Expenses of the College have grown from \$83,827 in 1992 to \$7,134,570 in 2010. This tremendous growth was fueled by a major increase in income, largely due to significant increases in grants and annual meeting revenue (Fig. 9). In 1992, the total revenue was \$33,679; by 2002, it had grown to \$1,315,400; and by 2010, it had skyrocketed to \$7,479,931.

In 2006, ACMG organized a coalition of interest groups, including the AMA, American College of Obstetricians and Gynecologists, Association of American Medical Colleges, CAP, and the Association for Molecular Pathology to submit an *amicus curiae* brief to the US Supreme Court in the case of *Metabolite Labs versus LabCorp*, involving the patentability of reference ranges for homocysteine levels, such that a physician who considered that an elevated level of homocysteine could be associated with a vitamin deficiency would be infringing the patent. ACMG argued for the removal of the exclusion as it relates to gene patents and genetic tests, while, in keeping with the Secretary's Advisory Committee on Genetics, Health, and Society recommendations to the Secretary of U.S. Department of Health & Human Services, maintaining the exclusion—and, thus, the intellectual property protection—for gene patents related to the development of therapeutics, a high investment area for which patent protection is considered important.

Several years later, the ACMG joined with other leading organizations and experts as plaintiffs opposing the *BRCA1/2* patents, and they successfully convinced a federal district court that the DNA sequences isolated by the company are “unpatentable products of nature” (a decision now under appeal to the Court of Appeals for the Federal Circuit). A series of articles was published in a special online supplement of *Genetics in Medicine* demonstrating that Policies allowing genes to be

Table 2 ACMG history timeline

1991	The ACMG incorporates to give national representation to providers of genetic services and their patients with genetic disorders, and to speak for the emerging specialty of medical genetics in organizations and agencies concerned with medical service, certification, and regulatory issues.
1992	The ACMG submits the first extensive revision of Current Procedural Terminology (CPT) codes for genetic testing to the Current Procedural Terminology Code Committee of the American Medical Association.
1993	The ACMG publishes the first edition of the ACMG Standards and Guidelines for Clinical Genetics Laboratories. The ACMG supports formation of American Board of Genetic Counseling.
1994	The first Annual Clinical Genetics Meeting is held.
1995	The ACMG becomes a full member of the Council of Medical Specialty Societies.
1996	The ACMG obtains full membership in the AMA House of Delegates. The AMA passes the first laboratory CPT codes for genetics.
1997	The Accreditation Council on Continuing Medical Education (ACCME) grants the ACMG provisional accreditation as a Continuing Medical Education (CME) provider.
1998	The first issue of <i>Genetics in Medicine</i> , the Official Journal of the American College of Medical Genetics, is published.
2000	Michael Watson, the first Executive Director is hired. The ACCME awards the ACMG full accreditation as a CME provider. The ACMG publishes the Manual on Reimbursement for Medical Genetics Services.
2001	The ACMG publishes the first standards and guidelines for cystic fibrosis population carrier screening.
2004	The Maternal & Child Health Bureau of the Health Resources and Services Administration, Department of Health and Human Services enters into a cooperative agreement with the ACMG to develop the National Coordinating Center for Regional Genetics and Newborn Screening Collaborative Groups.
2005	The ACMG publishes "Newborn Screening: Toward a Uniform Screening Panel and System," which recommends a national uniform panel of conditions for newborn screening.
2006	The ACMG launches the first issue of the ACMG Medical Geneticist, the official newsletter of the American College of Medical Genetics. The ACMG integrates its new database system.
2007	The ACMG launches its new integrated website.
2008	Dr. Barry H. Thompson, FAAP, FACMG, becomes Medical Director. ACMG received a \$13.5 million, 5-year contract from the Eunice Kennedy Shriver National Institute of Child Health and Human Development (NICHD) for the development of a National Newborn Screening Translational Research Network.
2009	ACMG joined the Association for Molecular Pathology, the College of American Pathologists, and the American Society for Clinical Pathology in a lawsuit charging that patents on the human genes associated with breast and ovarian cancer interfere with diagnostic testing, stifle research, and limit women's options regarding their healthcare. ACMG moves to new expanded office space in downtown Bethesda to accommodate growing organization.
2010	ACMG, in collaboration with the American Board of Medical Genetics, develops a set of modules on the ACMG website to satisfy the Maintenance of Certification (MOC) Part IV requirements. ACMG celebrates the US District Court ruling that genes are "unpatentable" and the Federal Court Ruling calling Gene Patents Invalid.

patented can make it more difficult for patients to access testing for important disease-causing gene mutations.

The ACMG has been an active partner and participant in the Banbury Summits concerning medical genetics manpower issues. The first Banbury Summit on training the physician medical geneticist was held in 2004. The second meeting in 2006 was aimed at defining the scope of practice in medical genetics. The third meeting was intended to establish an "educational vector" beginning with residency training and continuing through Maintenance of Certification (MOC).

The College has been very active in promoting education in medical genetics, creating a High School day, National Public Radio sponsorship segments, MOC modules with the ABMG, a Genetics for Providers CD-ROM; an Airline radio program, ACTION sheets for the education of primary care practitioners in the evaluation, and management of patients with genetic disorders. The College also established the ACMG Summer Scholars Program for medical students and the annual meeting travel

grants for trainees in medical genetics were established this year. The ACMG and the Foundation have sponsored a number of awards, including a Public service award; the American College of Medical Genetics Foundation (ACMGF)/Luminex Award "Promoting Safe and Effective Genetic Testing and Services"; the ACMGF/Genzyme Fellowship in Biochemical Genetics; the Richard King Trainee Award for best publication in *Genetics in Medicine*; and the Foundation Lifetime Achievement Award. The ACMG membership has also been kept up to date with the establishment of a quarterly newsletter in 2006, which is now known as the "ACMG Medical Geneticist."

The ACMG and ACMGF have certainly had major accomplishments related to their original mission: they have become members of the AMA House of Delegates and the ABMS, pushed through laboratory CPT codes, developed a manual for billing and reimbursement, and have been active in a number of national arenas including Health and Human Services (HRSA), FDA, CDC, National Institutes of Health, and with other pro-

fessional organizations (CAP, ACOG, and ASCO). They have secured grant funding, developed major educational programs (Board courses, MOC modules, and CD-ROMS), a well-respected medical journal, a successful and well-attended annual meeting, major relationships with industry, have been leaders in the legal arena challenging patents for genetic testing, etc. (Table 2).

The ACMG recently created a tagline: “Medical Genetics: Translating Genes in to Health,” and their current mission statement is as follows:

To improve health through medical genetics, the ACMG will:

- Define and promote excellence in medical genetics practice and the integration of translational research into practice.
- Promote and provide medical genetics education.
- Increase access to medical genetics services and integrate genetics into patient care.
- Advocate for and represent providers of medical genetics services and their patients.

- Maintain structure and integrity of ACMG and its value to members and the public.

If the past 20 years is any indication, the College will clearly meet and exceed their stated mission in the next 2 decades. The ACMG has firmly established itself as a major medical association representing the needs of the many patients with genetic disorders and the expanding number of genetic professionals that strive to diagnose, treat, and prevent these disorders. As we look forward, we anticipate the permeation of all medicine by the tools and knowledge of medical genetics, and the ACMG should embrace, encourage, and assist all those varying medical specialists, counselors, nurses, and scientists who are involved in providing genetic services.

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