

COMMONWEALTH OF PENNSYLVANIA
HOUSE OF REPRESENTATIVES

PROFESSIONAL LICENSURE COMMITTEE

STATE CAPITOL
ROOM 60, EAST WING

MONDAY, JANUARY 19, 2012
9:30 A.M.

HEARING ON
HOUSE BILL 1717 (MUSTIO)

BEFORE:

HONORABLE JULIE HARHART, MAJORITY CHAIR
HONORABLE HARRY READSHAW, MINORITY CHAIRMAN
HONORABLE MICHELE BROOKS
HONORABLE JIM CHRISTIANA
HONORABLE MARK GERGELY
HONORABLE JARET GIBBONS
HONORABLE KEITH GILLESPIE
HONORABLE NEAL GOODMAN
HONORABLE SUE HELM
HONORABLE DAVID HICKERNELL
HONORABLE WILLIAM KORTZ
HONORABLE NICK KOTIK
HONORABLE JOHN MAHER
HONORABLE T. MARK MUSTIO
HONORABLE DONNA OBERLANDER
HONORABLE CURTIS SONNEY

INDEX
TESTIFIERS

WITNESSES	PAGE
REP. JULIE HARHART CHAIR	6
REP. MARK MUSTIO PRIME SPONSOR, HOUSE BILL 1717	6
REP. HARRY READSHAW MINORITY CHAIR	7
JOHN NEELY, M.D. DIRECTOR OF PEDIATRIC HEMATOLOGY/ ONCOLOGY PENN STATE HERSHEY MEDICAL CENTER	7
PAUL MITTMAN, ND, Ed.D. PRESIDENT SOUTHWEST COLLEGE OF NATUROPATHIC MEDICINE	11
CHRISTINE GIRARD, N.D. EXECUTIVE VICE PRESIDENT OF ACADEMIC AND CLINICAL AFFAIRS SOUTHWEST COLLEGE OF NATUROPATHIC MEDICINE	14
HEIDI WEINHOLD, N.D. LEGISLATIVE CHAIR PENNSYLVANIA ASSOCIATION OF NATUROPATHIC PHYSICIANS	19
DEBRA E. DALLAS, Ph.D., MifHI, DCNT DALLAS WELLNESS CENTER, LLC	37
LIBBY FELTEN NATIONAL NATURAL HEALTH FREEDOM COALITION	40
GISELA DI CARLO, M.S. HOMEOPATH	44

LICENSED ESTHETICIAN	
JAN BOURDELLE NEUROMUSCULAR MASSAGE THERAPIST NATUROPATHIC PATIENT	45
RITA M. GILDAY, N.D., C.N. QUEEN’S HEALTH CENTER	48
MARILYN J. HEINE, M.D., FACP, FACEP PRESIDENT PENNSYLVANIA MEDICAL SOCIETY	62
DENNIS L. GINGRICH, M.D. PRESIDENT PENNSYLVANIA ACADEMY OF FAMILY PHYSICIANS	66
REP. JULIE HARHART CHAIR	81
CERTIFICATE	83

WRITTEN TESTIMONY SUBMITTED:

GENE MCGILL, LEGISLATIVE DIRECTOR
AMERICAN ASSOCIATION OF NATUROPATHIC PHYSICIANS

CHRISTA LOUISE, M.S., Ph.D., EXECUTIVE DIRECTOR
NORTH AMERICAN BOARD OF NATUROPATHIC EXAMINERS

DANIEL SEITZ, J.D., Ed.D., EXECUTIVE DIRECTOR
COUNCIL ON NATUROPATHIC MEDICAL EDUCATION

LINDA SOLOMON, R.N., B.S.N.

CARRIE A. RUNDE, N.D.
BOARD OF DIRECTORS, AMERICAN ASSOCIATION OF NATUROPATHIC
PHYSICIANS
RESIDENT PHYSICIAN, GW CENTER FOR INTEGRATIVE MEDICINE

RENEE AWAD, N.D., PRESIDENT
PENNSYLVANIA ASSOCIATION OF NATUROPATHIC PHYSICIANS

JULIE S. LACHMAN, N.D.
RECENT NATUROPATHIC MEDICAL SCHOOL GRADUATE

DIANE M. MILLER, J.D., DIRECTOR OF LAW AND PUBLIC POLICY
NATIONAL HEALTH FREEDOM ACTION

MARY J. CRAMER
NATUROPATHIC PATIENT

SUSAN GERKEN
NATUROPATHIC PATIENT

IVAN MULLIGAN, P.T., DSc, SCS, ATC, CSCS, PRESIDENT
PENNSYLVANIA PHYSICAL THERAPY ASSOCIATION

DIANE PARADISE
NATUROPATHIC PATIENT

JOHN LAIRD, N.D.

NATUROPATHIC COUNSELOR, CENTER FOR INTEGRATIVE MEDICINE AT
UPMC – SHADYSIDE HOSPITAL
ASSOCIATE PROFESSOR, PHYSICIAN ASSISTANT STUDIES, INTEGRATIVE
HEALTH STUDIES, CHATHAM UNIVERSITY

TIMOTHY C. BIRDSALL, N.D., FABNO, VICE PRESIDENT, INTEGRATIVE MEDICINE
CANCER TREATMENT CENTERS OF AMERICA

DWAYNE HAUS, N.D., Rev, CNHP, CHE
FORMER PROFESSOR OF NUTRITION, CENTRAL PENNSYLVANIA COLLEGE
FORMER STUDENT GROUP ADVISOR, THE PENNSYLVANIA STATE
UNIVERSITY
NATURAL HEALTH CONSULTANT

CHAIR HARHART: Good morning, everybody. Meeting – public hearing starts at 9:30. We're five minutes late. We've got a lot to cover here, so I would like to call the hearing of Professional Licensure Committee to order. For people – for the proper recording and transcription purposes, I would ask all Members and testifiers to please identify themselves and speak clearly into the microphones. First order of business, we will be taking role. Michele, would you please take role?

(The role was taken.)

Okay, okay. We are holding this public hearing to take testimony on House Bill 1717, which requires naturopathic doctors to be licensed. We have an ambitious agenda – agenda, so I encourage everyone to keep their testimony, please, to five minutes so that the Members have significant time for questions. Also, in the, the interests of time, I am going to ask the committee members to hold your questions until all guests are given – a panel has completed their testimony. If there are many questions and we do not get to all of them today, Members may submit their questions in writing, and we will get the answers back to you. Housekeeping out of the way, I do want to recognize the prime sponsor of this legislation, which is Representative Mark Mustio, for initial comments. Mr. Mustio, are you ready to begin?

REPRESENTATIVE MUSTIO: I am. Thank....

CHAIR HARHART: Short, brief, and....

REPRESENTATIVE MUSTIO: Short and brief. Yes, thank you, Chair Harhart and Chair Readshaw. It's nice that we're able to get this hearing in with, with good weather this time. I have given everyone a business card that says T. Mark Mustio, N.D., Naturopathic Doctor. I can do that in Pennsylvania because we don't have regulations that says I can't do that, and I was thinking about going online, Chair Harhart, and taking a course to get some additional

education, but I think we'll wait and hear, hear the testimony today to hear about the, I guess, diverse level of service and education that various practitioners have and they're offering the residents of Pennsylvania, and, and I would certainly encourage this committee to keep an open mind to consider and, and really push for best practices in Pennsylvania so that our constituents are better served. Thank you.

CHAIR HARHART: Thank you, Representative Mustio. I, I also would like to introduce our Democratic Chair, which is Representative Readshaw. Did you want to say anything, Mr. Readshaw?

CHAIRMAN READSHAW: Oh, no, just briefly, I would like to obviously thank all the participants that are going to testify today. We welcome you and look forward to what you have to say to us.

CHAIR HARHART: Okay, with that we will begin. Our first panel consists of Dr. Paul Mittman, President of Southwest College of Naturopathic Medicine; Dr. Christine Girard, Executive Vice President of the Academy and Clinic Affairs of Southwest College of Naturopathic Medicine; Dr. John Neely, Director of Pediatric Hematology and Oncology, Penn State Hershey Medical Center; and Dr. Heidi Weinhold, Legislative Chair, Pennsylvania Association of Naturopathic Physicians. We thank you very much for joining us, and we look forward to hearing your testimony. You may begin, Dr. Neely, if you would, please. I know you, you have a schedule, and you like to do your presentation.

DR. NEELY: Thank you, and I appreciate being able to go first. I hope to stay for as much of this as I can, but I do have a number of very important patients this afternoon that are seeing me in my holistic practice, so good morning, Madam Chair and distinguished members of the House Professional Licensure Committee. My name is John Neely. I am classically trained

as a medical doctor. In fact, I got my degree here at Penn State. A good bit of my training has taken place in the state. I grew up in York, and I've been back here since 1985 with a really, really wonderful career taking care of children with cancer.

However, about ten years ago, I got very interested in taking a different direction in my medical practice because I really felt that we were looking at chronic health issues with patients from an acute care perspective, and we needed to be more integrated and holistic about how we were doing that, and I want to tell you a little story about a young – a young lady aged seventy or thereabouts that came in to see me. Interesting, as a pediatrician, to see adults in my integrated practice, but this is a lady that came in horribly, horribly worried and sick because she had a, an irregularity of her heartbeat, and she had been seen by many cardiologists, had proper procedures done, was put on medications, was not entirely controlled, and then spiraled out of control with, with anxiety and horrible arrhythmias and everything, and when I reviewed her case, I don't see patients from a "you have this disease." I look at what is their degree of health, and what's out of balance? And as I talked to her, she had been seen by somebody who said, "Well, your adrenal glands are out of whack. I'm putting you on the following supplements." As I reviewed those supplements, each one of them, not only – not only did I disagree with the adrenal problem, but those supplements directly interfered with the medications that she was on to control her arrhythmias and threw her totally out of balance. My first job, as it oftentimes is, is to get people off of supplements that aren't necessary. Her rhythms start to, started to improve but were not entirely better. I actually had – she had consulted one of my naturopathic colleagues in the past – who's in the back, Dr. Michael Reece, and he and I came to the same conclusion as we talked to her about her problem, which was yes, she had this arrhythmia, but a good bit of her issues were the turmoil she had with some family relationships and her need to

reduce stress, and so we've been working on that. I also prescribed green tea, which is well-described in the medical literature, our medical literature, as being an agent that can help reduce inflammation and control arrhythmias. This lady is much happier today than she was a month or two ago because her rhythms are under better control. She still sees her cardiologist. She sees me, and I believe this is an example of how between a naturopathic physician who knows what they're talking about dealing with me in consultation can help a patient feel better.

I've come to know my naturopath colleagues on a national level as well as locally. Dr. Mittman, who you'll be hearing from shortly, served with me on the board of the American Holistic Medical Association, and I've known him. I've been to his facilities, and I've seen the curriculum that they go through. I've been to formal education meetings put on by naturopathic doctors, and I find them to be as high a quality as any medical meeting I've gone to and quote the exact same medical literature. They just look at things in a different way and draw conclusions that I tend to agree with on many – in many cases, and so I see this as a blending of a knowledge base between naturopathic doctors and standard medicine. I've developed valuable collaborative relationships with naturopaths in the area. Jessica Shoemaker, who's sitting behind me, and Michael Reece are in the area, and we share patients. We collaborate all the time.

In my experience of developing my practice, I've come to realize three things. First, that true naturopathic doctors come from highly-qualified, four-year doctoral degree programs that are recognized nationally, and although I think their scope of practice is different than a standard medical doctor, nonetheless, these graduates come from accredited schools and should be recognized and licensed accordingly. To me, this is a health and safety issue for patients in Pennsylvania.

Second, I think there's mass confusion out in the public about what a naturopathic doctor actually is. There are many people in the community who call themselves healers or health advisors in some way or another. The – some of them call themselves naturopaths, but they do not come from accredited four-year schools. I'm not saying that some of these people are not gifted healers. I have seen people that, without degrees, that are gifted healers. Some of them are talented. Some of them, in my opinion, are not. When I spend time with the plain people in Lancaster, I see times when they are served well by some of the practitioners and sometimes when they are very much taken advantage of. I think citizens of Pennsylvania should have the ability to make some choices about their health care, but they should understand through a licensing procedure that those who are professionally educated are in a different category than those who are not. This would not, in my opinion, be to drive anybody out of business. This is just to provide information to the consumer from a health and safety standpoint.

And lastly, I personally think, for the best interest of Pennsylvanians and an enhancement to our primary care environment, that there should be – instead of an opposition, a strong collaboration between primary care family doctors and naturopaths. I just couldn't imagine a stronger primary care practice than one that might include a naturopath in their office. I would love to have one with me because much of what I do is nutrition and lifestyle work, and this is a natural thing for a naturopathic doctor.

In these days where health care costs are so important and doctors are now being held accountable with what are called “accountable care organizations,” what we could do to partner to make patients happier and healthier is an advantage, and I see collaboration in the future rather than opposition. What I want to see for Pennsylvanians is not only a long life expectancy but a

long good health expectancy, and I think our naturopathic colleagues have a role in that. Thank you.

CHAIR HARHART: Thank you, Dr. Neely. Next testifier would be Dr. Paul Mittman. Remember, kind of summarize and....

DR. MITTMAN: Sure.

CHAIR HARHART: Thank you.

DR. MITTMAN: Thank you, Madam Chair, members of the committee. It's a pleasure to be back in Pennsylvania.

CHAIR HARHART: I'm so glad you're back.

DR. MITTMAN: I'm here...

CHAIR HARHART: I'm sorry about the last time.

DR. MITTMAN: Well, I was referring to the fact that my wife is from Pennsylvania, so when I get to come here, I get to visit in-laws. I also went to the University of Pennsylvania for a doctoral program in higher education management, and so it's, it's a privilege for me to be here, and thank you for the opportunity to testify. Dr. Neely mentioned collaboration, and practicing in a licensed state, when I was in private practice, I had the pleasure and the privilege to work with medical doctors. I worked in a practice where we shared an office with an ear, nose, and throat practice, and we collaborated on many cases for both adults and for children suffering from conditions like sinusitis, chronic sinus problems, chronic respiratory problems, children with ear infections. My wife, who's also a naturopathic doctor, worked in a dermatology practice, and the nature of collaboration, I think, is the – is vital to the future of health care. One of the issues for not having licensure for naturopathic doctors is that the opportunity to work together in either a private practice or particularly in university medical

centers and medical schools requires credentialing, requires malpractice coverage, and requires all of the things that will come with licensure and I think will facilitate the working together for naturopathic doctors with medical doctors and our colleagues in the health professions.

I'm just going to summarize three points about the testimony that I submitted in writing. The naturopathic profession has been regulated in the United States since 1917 in the state of Washington. Arizona's been licensed since 1935. The – to have a safe and effective profession in the United States rests on three pillars. Number one, you have to have a credible accredited medical education. Number two, you have to have some kind of standardized national licensing examination, and number three, the state has to regulate through a board of examiners to oversee the profession and make sure that people are practicing within the scope of profe – the scope of practice and that the standards are adhered to.

Naturopathic medical schools – I don't know as – if it's okay, I'll ask a rhetorical question. I don't know how many of you have either done, either an Ironman, a triathlon, a marathon or, you know, some other kind of endurance activity, but I would say our students who attend Southwest College or any of the other naturopathic schools in the United States go through a grueling experience akin to running an Ironman, you know, those, those ones in, in Hawaii where they do a marathon and ride one hundred and something miles. It's over four thousand hours, which equates to roughly twenty-eight hours a week, either in class or in clinic for four years. They need a bachelor's degree to be considered for admission. They need a pre-med[ical] background to get in. During the time that they're in the, in the program, they have classroom education, which, again, alone, the nature of collaboration is taught not just by naturopathic doctors but by scientists with Ph.D.'s where appropriate, medical doctors, psychologists, osteopathic physicians, chiropractors, and acupuncturists, in addition to N.D.'s.

They have clinical training, which is primarily in an outpatient setting, and they are also required to do a significant amount of community service. A lot of the care that they give is in medically-underserved communities, and I'm not familiar with the demographics in Pennsylvania, but in Arizona, many of our citizens and residents of the state really have limited access to medical care.

We recently changed our curriculum, and again, this was done in a partnership and in a collaboration with the University of Arizona, the University of New Mexico, and Tulane University, and so picture a student who walks in, and the very first week that they're in school, they begin their clinical training. They learn not only the basic sciences, the anatomy, the physiology, biochemistry, etc., but they start learning how to do a history, a physical examination, how to use electronic health or electronic medical records, and in their first year, they are far more advanced than they were just a few years ago by the time they were entering their third year. The program requires our students to go through the basic sciences, which you have summarized here: anatomy, biochemistry, physiology, etc. All of those are taught as the courses are taught by teachers with terminal degrees, which is a part of our accreditation requirement. I'm just going to leave you with the materials about the school itself and about the education and just touch on two other subjects.

The accreditation, all schools that I would say are legitimate schools in the United States are accredited, and the same is true for naturopathic medical school. We are accredited regionally as are schools in Pennsylvania, in our case through the North Central Association of Colleges and Schools, as opposed to the Middle States Association, and then we have programmatic accreditation. We're required to submit self studies to our accrediting bodies on an, a, a periodic basis. We have to file annual reports. We have site visits. We have audits that

are submitted to the Department of Education. The Department of Education also tracks how our students do in a time of defaults, and I assume that you've been following the issues around student loan defaults. Our students take out, on average, close to 200,000 dollars to complete naturopathic medical school. It's roughly 25,000 dollars a year. Our default rate, historically, has never been above 3 percent, and in most years, it's, it's zero percent of – for our graduates, and, and I think that that speaks to the integrity of the program, of the accreditation, and of the students who go into the program and the graduates who go out and practice.

And then finally, the licensing examination is a standard – standardized licensing exam that is developed by practitioners across the health professions is psychometrically sound, is – there's pre-test, post-test analysis, and for a doctor to be licensed in any jurisdiction in North America, they have to pass a basic science exam at the end of their second year, and they have to complete a clinical sciences exam after graduation, which I would assume would be part of any licensure effort in the state of Pennsylvania.

In closing, again, I want to thank you, Madam Chair, for the opportunity to be here and members of the committee, and just share with you a dream that I would have, which is to someday come back to Pennsylvania to visit a naturopathic medical school at one of the – I, I know it's over eighty schools, colleges, and universities here in the state, and it would be a wonderful opportunity to advance the kinds of collaborations and partnerships that Dr. Neely mentioned already. Thank you.

CHAIR HARHART: Thank you, Dr. Mittman. Next testifier will be Christine Girard.

DR. GIRARD: Thank you. Good morning, Madam Chair and distinguished members of the committee. I first would like to thank you for your service to the state of Pennsylvania and secondly, thank you for the opportunity to speak to you today regarding the bill before you. I'll

start by introducing myself. I'm Dr. Christine Girard. I have a somewhat interesting background in that my training and my professional career has essentially been in hospital-based integrative medicine. I'm trained as a naturopathic physician, and I participated in and completed a hospital-based residency at Griffin Hospital, which is a Yale teaching affiliate in Derby, Connecticut. At – during that program, I worked side by side with allopathic and osteopathic residents, did everything that they did every day. Medical officer of the day, rounds, all of those things, and had a very unique experience where I was able to participate in integrative or collaborative care of patients, both in the inpatient or hospital setting, and also in the outpatient care setting.

After completing that residency, I began a private practice as a naturopathic physician and worked with physicians in my primary – the primary service area of the hospital. We participated in care that was very collaborative, so much so that Dr. David Katz and I went on to create the Integrative Medicine Center at Griffin Hospital, which was a teaching clinic where we trained allopathic, osteopathic, and naturopathic medical students and residents. Everyone together, and what we found was we were successful in that the training helped reduce the barriers between the different professions, and we as physicians, regardless of the modifier before the word “physician,” were able to collaborate and were able to understand, such as a Venn Diagram, where we had similarities and where we had differences and how we could use those similarities and differences....

CHAIR HARHART: Excuse me, Dr. Girard. I – and maybe it's just me, but are you speaking – is your mic[rophone] on, and are you speaking directly into the mic[rophone]? Because I'm having a little hard time hearing you.

DR. GIRARD: Is that any better?

CHAIR HARHART: Yeah, maybe if you just move it closer to you.

DR. GIRARD: That better? Better?

CHAIR HARHART: Can everybody hear?

DR. GIRARD: Yes. Thank you.

CHAIR HARHART: Okay, thank you.

DR. GIRARD: Sure. We were able to find that we could use those strengths to be able to benefit – excuse me, benefit the patients that we – where we were providing care. What I, I also did within that time period was begin to do clinical trials in complementary and alternative medicine and the outcomes related to those practices. I'm sharing this with you because I want to demonstrate that naturopathic physicians are well-trained and also can fit into medical practice in a variety of different ways. I have worked, also, in hospital settings in oncology and then also now at the college I'm the Executive Vice President where I oversee all of the academic, both didactic and clinical, aspects of our training program. You have my summary – or excuse me, you have my testimony before you, and I don't want to recapitulate it in detail, but I do want to summarize a couple of areas, and in doing so, I understand that this information may be new to you, and I encourage you to ask questions. In fact, I encourage you to be open-minded skeptics. The more information you can receive from us to understand what the lay of the land is, I think the better it is for not only this committee but also for Pennsylvanians.

We do know that patients are voting with their feet. Whether we like it or not, more than a third of the American public uses some form of complementary and alternative medicine, and many of you around the table may be taking supplements or may be on a medicine and having a side effect and seeking ways to mitigate those side effects. How do you gain your information? How do your citizens gain their information? Typically, that's by going online because at this

point in the state, there are not – there is no regulation of naturopathic physicians. I think that from a safety standpoint we want to make sure that our citizens have more resources available to them, and naturopathic physicians can hold that role or fill that role.

Now, there will likely be rumors or, or things that you hear in the course of testimony today related to the training of naturopathic physicians that could lead you to believe that the training is not sufficient. Dr. Mittman has spoken to some of these issues. I have brought with me for your benefit college catalogs from SCNM. I want to take a moment and just read to you some of the courses that our students receive in the four-year program. In the first year of study, Introduction to Clinical Practice, Human Biology, Field Observations, which is where they go into the community and work with patients. In the second year, General Medical Diagnosis, Practice Management, Pharmacology. The list goes on and includes things like nutrition, mind/body medicine, and those sorts of things. The last two years are primarily focused in clinical practice. This clinical practice is typically in the outpatient care setting. I'll leave some of these with you before we leave today, and that way you can reference them should you want to do so. I also have a copy of our required textbooks, and I'll read for you a couple of the textbooks that we utilize at the college that are well, well-known and utilized throughout medical education. *Gray's Atlas of Anatomy, Medical Physiology Principles for Clinical Medicine, The Harper's Illustrated Biochemistry.* We also have quite a number of courses in regards to ethics and jurisprudence to make sure that our graduates are practicing safely and understand the ethical boundaries that we would want them to understand as practitioners.

One of the things that I think naturopathic physicians bring to the table is the ability to be what I'll call "bilingual," and what I mean by that is that we can speak both the medicine. We have the training in medicine, so we can have the conversations with our medical colleagues in a

way that's very understandable. We can speak that language. We understand what the tests are, whether they be lab tests or radiology or what-not. In addition, we understand complementary and alternative medicine. We're the only physician-level practitioners that have core training in things that you would consider to be complementary and alternative medicine: nutrition, clinical nutrition, mind/ body medicine. Go down the list of those things that come to mind. Botanical medicine. That's all part of the core curriculum, so when patients come to the table and they say, "Doc, I – you know, I, I need – I know I have hypertension, and I'd like to try a way to approach hypertension without going on a medicine." We can evaluate them medically to understand if it is appropriate to do that, and then if it is, we have a number of, of options for those patients, and we can partner with them. Have the conversation about how we may begin to approach this care, typically starting with diet and lifestyle changes and moving from there, and so it's through this ability to be bilingual that we can help patients understand how to proceed if it's safe to proceed with any natural medicine before going on to pharmacotherapy.

We also know that the state is facing a physician crisis and that there is need to have, as we enter into health care reform, as boomers are beginning to need more healthcare, we understand that there is a physician crisis, if not already present in parts of the state, also looming in general. I believe that naturopathic physicians can help fill a health care gap that the state may have in future.

The other thing that I would mention to you is that I understand that there has been concern around this bill providing difficulty for others who are in the natural medicine field, so to speak, whether it be health, health foods stores or other lay practitioners. As I read the bill, I believe that the term "naturopathic" is used to define this practice that we're talking about and does not necessarily impact the practice of a lay midwife or the Amish community, as an

example, or health food store owner. I have gone, as I've mentioned in my testimony, and looked on the website, the corporation bureau's website, and have found only five returns as I've searched the term "naturopath" and "naturopathic," so in terms of businesses that are using that term, I found five of all of – you know, as I think about the entire population of Pennsylvania, I don't think that that's an overwhelming issue. Certainly, something to consider. I believe that we can bring to the table safe and effective care that can help provide care to people who may not be receiving care in the state where there's a health care gap. We can participate in collaborative care in a way that provides safe and effective care. Thank you.

DR. WEINHOLD: I, I am. Good morning. Good morning, Madam Chair and distinguished members of the committee. I'm, I'm really honored to be here in front of you today to present in, in favor and support of House Bill 1717, which would license naturopathic physicians in the state of Pennsylvania. I am – my name is Dr. Heidi Weinhold. I am the Legislative Chair of our, our state association, and I'm here to represent my naturopathic physician colleagues in this state, as well as the patients that we serve. I'm sharing this, this panel today. You're seeing some of the very best doctors in, in the world. Dr. Girard was just nominated a year ago as the Physician of the Year by, by our national association, and they came here – they traveled across the country to be here to testify today because they know and respect the importance of the state of Pennsylvania. I am here because this is my home state, and it's a beautiful state, and I'm here because I would like my doctorate recognized.

Now, I have bulleted a bunch of reasons to license naturopathic physicians in Pennsylvania, and my written testimony is before you. I'm not going to read it all. I'm just – I'm going to just – I respect your time, and I'm going to highlight some of the points. Dr. Girard and, and – with Dr. Neely, both had spoken to the, the collaboration of care. Dr. Mittman has

spoken extensively about our, our education, but licensure brings legitimacy. Medical doctors, right now they're uncomfortable discussing patients' care with an unlicensed professional. Licensing naturopathic doctors is going to open up the ability to refer between medical professionals.

Prevention. Naturopathic care, by focusing on the prevention of chronic disease, we save money. It's cost-effective. There was one study done with 800 employees over a one-year period, and it was found that they saved both 1.5 million in direct and indirect costs.

Patient safety. Right now, Pennsylvania law currently does not protect patients from the unqualified. A mail-order degree does not qualify. You know, I'm a graduate of Southwest College of Naturopathic Medicine, and it was hard. I can personally testify it was grueling. You spend about a year dissecting human cadavers. I would, I would call home, and I would be crying to my father about how hard it was, and I'd be studying for my exams, and it was grueling, and he would say, "Oh, Heidi, if it was easy, everybody would do it." Well, consequently, in this state, everybody is.

Non-licensure limits the ability of Pennsylvania hospitals to recruit and retain licensable and credential naturopathic physicians. My dear friend and colleague who's here today, Dr. Michael DePalma, he was actually recruited by the University of Pennsylvania to work in this hospital, and then they realized, "Oh, the state doesn't recognize his credentials." Dr. Neely has testified. There's several of my colleagues are here today. He would love for them to be part of Hershey Medical Center. Hospital doesn't recognize it. I've been approached by hospitals in Pittsburgh, as well as my, my colleagues. We would like our doctorates recognized in the state.

Malpractice insurance. Right now, House Bill 1717 would require that a naturopathic doctor practicing in the Commonwealth shall maintain a level of professional liability insurance

in the amount of one million per occurrence or claims made. This requirement would be yet another new aspect of consumer protection that can be achieved with this legislation.

Generating revenue. You know, licensing naturopathic medicine is going to create jobs. It's going to support small businesses. It's going to create more jobs in the state. Licensure of naturopathic physicians will generate referrals, not only to other medical doctors, but also to acupuncturists. We'll, we'll hire them. We'll hire, hire them in our offices. Massage therapists, physical therapists, chiropractors, counselors. In another important point, and it says it directly in our bill, "This legislation will not limit any other health care provider or practitioner from using natural therapies as they have been or currently permitted under their primary licenses." It will not limit it. It will not limit the sales of supplements, botanicals, homeopathic remedies at retail stores, offices, pharmacies, or by the general public. It's not, it's not going to hurt. You know, it's not going to hurt the GNC. It's not going to hurt Vitamin World. A lot of my naturopathic colleagues, somebody comes into our office. We'll make recommendations. Maybe a woman is, is concerned about what calcium supplement. We'll tell them calcium citrates are better than calcium carbonate. It's more absorbable. We'll tell them the doses, dosages, and then they'll go to these health food stores, and many of them are run by these mail-order N.D.'s. How, how does this hurt?

In Texas, they – I'm going to quote because we know in Pennsylvania has a friendly relationship with, with Texas, but the, the Texas Attorney General's office declares, "It is false, misleading, or deceptive for a graduate from a mail-order naturopathic school that is not approved by the U.S. Department of Education to call himself or herself a naturopath, naturopathic doctor, or an N.D.," and I actually printed out in, in one of the appendixes for you just to see, you know, how many mail-order schools there are and the reasons why the Attorney

General thinks, “You know what? It’s a bad idea to let themselves be called a naturopath.” And you know that – I really – I want to clear up some of this, this confusion, because I’ve, I’ve heard from some of the Members, and they say, “Well, you know, there was a naturopathic doctor that came into my office, and they don’t agree with this, this legislation. They’re, they’re against it.” “Well, do they, they have a degree?” “Yeah, they’re a naturopathic doctor, and they, they have their, their certificate,” and I’m asking you, members of the committee, don’t let these certificates trip you up. You know, and a really easy way to remember it is certified does not mean bonafide, not in naturopathic medicine. If someone representing themselves as a naturopathic doctor walks into your office, you ask them one question: “Did you graduate from one of the five accredited four-year doctorate programs recognized by the U.S. Department of Education?” If the answer is yes, then you’re talking to a naturopathic doctor. If the answer is no, it’s something else. Everybody as far as the Pennsylvania Association of Naturopathic Physicians, we’re unified. We would like our doctorates recognized in the state. As far as our scope of practice, it has been extremely limited. This bill has been, been carved up. It’s a completely different bill than it was when it was first introduced. We heard the concerns of the Pennsylvania Medical Society. We, we scaled it down. We’ve made many concessions in this bill, and my colleagues and I, we’re willing to meet this challenge. If given the opportunity, we will prove ourselves worthy of your trust. There is a need for qualified naturopathic care, and, and we can fill it.

The term “naturopathic doctor,” “N.D.,” and “naturopath,” should be reserved exclusively for the qualified, which have attended four-year, graduate level programs at institutions approved by the U.S. Department of Education. Now, the diploma mill naturopaths will say, “You know what, we’re not worried about being called a doctor.” Yet, they use N.D.

behind their name, which stands for naturopathic doctor. It's misleading. It's confusing the public. I know of no shortcuts to becoming a doctor. None of my board exams and our, our examinations at Southwest College were, were open book. I mean, it was grueling, and the difference is a certif – a certificate, a certificate from a mail-order school, it really does not qualify. This lack of training means that they are not trained to recognize when to refer out to a medical doctor, and I see this happening all the time. The Pennsylvania Medical Society should be in such support of this because, because we are trained on their level. Because these mail-order degree naturopaths are not trained on a physician level, it means that they're uncomfortable dialoguing with other medical doctors. They're not trained in drug/ herb interactions. They don't know the pathophysiology of, of disease, and consequently, they'll actually discourage patients from going to visit a medical doctor. Again, the Pennsylvania Medical Society, they should be so supportive of this. My colleagues and I, we have undergraduate degrees. We have four years of naturopathic medical training. We have received our doctorates from one of five accredited naturopathic medical schools approved by the U.S. Department of Education. We've completed over twelve hundred hours of clinical rotations. We sat and passed our naturopathic licensing examinations, three days, three grueling days of exams. We are naturopaths, and I am asking that our hard-earned doctorates be recognized in the state of Pennsylvania, and doing so will not only make me happy, but it will also serve to protect the health and the safety of Pennsylvanians. Thank, thank you for your time.

CHAIR HARHART: Thank you all for your testimony. Any questions? Representative Maher.

REPRESENTATIVE MAHER: Thank you, and particularly Dr. Mittman and Dr. Girard. I do very much appreciate the journey you have made. In your, your home states now is....

DR. MITTMAN: Madam Chair, members of the committee, Arizona.

REPRESENTATIVE MAHER: Arizona. Now, in Arizona, Dr. Mustio would be committing a crime to be offering his services. Is that correct?

DR. GIRARD: Yes, sir.

REPRESENTATIVE MAHER: But in, in Pennsylvania, Dr. Mustio is completely free to go about advertising his ability to serve the public's health care needs.

DR. GIRARD: Maybe we'd grandfather him in, only if he passes the exam.

REPRESENTATIVE MAHER: I don't think Dr. Mustio is seeking that grandfathering protection, but it's, it's – and I'm very glad to hear your testimony about the issue of patient safety. I have had cats throughout my life, and I had a cat who had a doctorate. Now, I never saw him crack a book, but through one of the mail-order opportunities, it arrived in the mail, return envelope, presto! The cat's got a doctorate. Now, he didn't attempt to treat any patients, so I guess there was no harm, but frankly, I think it's very important for Pennsylvanians to know if someone's holding themselves forth as a doctor, a doctor in a medical field to know the difference, so I, I very much appreciate your testimony, particularly about the rigors of the training.

CHAIR HARHART: Any other questions? Representative Mustio.

REPRESENTATIVE MUSTIO: Thank you, Cha – thank you, Chairman, and thank all of you for your, for your testimony. Dr. Mittman, can you tell me if there has been any research done on the safety of the naturopathic practice?

DR. MITTMAN: Madam Chair, members of the committee, the research that's been done has been done mostly through – in the Northwest there is an organization called Juries Verdicts NorthWest, which has been tracking malpractice suits across the – at least the health

professions for the past twenty-five years, including naturopathic doctors in Oregon and Washington, the two states with the highest concentration of N.D.'s. Both states have been licensed going back to the [19]20's and, and before. The practice of naturopathic medicine, it would be an indirect study, but as an indicator, the, the number of malpractice suits against naturopathic medicine has been less than, certainly less than ten over the last twenty-five years, and, and really, I believe, smaller than that, and also, malpractice for naturopathic medicine is considered quite low, which I think also reflects the safety of the practice of naturopathic medicine.

REPRESENTATIVE MUSTIO: Would I be correct in making the assumption that Pennsylvania does not have any schools because Pennsylvania does not license so it would not make much sense for Pennsylvania universities to offer schools educating along these lines, since we really, really'd be sending our students, then, out of state to practice where they would be recognized and licensed in most cases, Heidi being the exception?

DR. MITTMAN: Madam Chair, Madam Chair, members of the committee, I believe the, the closest school would be Bridgeport, Connecticut at the University of Bridgeport, and I think that given the move among many schools to include additional programs in the health sciences, whether it's nursing, physicians assistants, I think having a naturopathic doctor program at a college or a university would be a natural fit here in the Commonwealth.

REPRESENTATIVE MUSTIO: Chairman, one more question and a comment if that's okay? One of the difficulties about these panels is that we'll have panels coming up afterwards that'll say things totally opposite or contrary to what you just said to try and support their case, so I, I'd like to ask this question, if you could please address it. I think you spoke to it in a roundabout way or briefly, but some of the opposition's going to say that House Bill 1717 blocks

consumer access and it makes traditional and natural health care modalities illegal. Could someone please speak to that?

DR. MITTMAN: At the risk of hogging the panel, Madam Chair and members of the committee, I think I've heard the same argument because I've attended hearings and licensure hearings for the past twenty years. I've heard the same argument in Washington, D.C., in Minnesota, in California, in New York State. The first three have – states that passed licensure legislation over the past fifteen years, and there is no evidence following licensure in California, in Minnesota, and in Washington, D.C., that, that any other, either profession or, or health practitioner was adversely affected in those states.

REPRESENTATIVE MUSTIO: Thank you, and I want to thank the American Medical Association for putting this wheel together because I think it almost makes the point. You know, if we did a similar one for, for the, for what you've testified to and put in here the education and the number of years and then put next to that, you know, what I've found in some of these mail-order catalogues, you know, as long as I send my money in, they're going to send me another class. I'm okay, but that's not the case from what you've testified, so I also want to thank the American Medical Association for providing this because we've gone, we've gone through this with other, other scopes of practice, whether it was the anesthesiologists and the nurse anesthetists, and there sometimes get to be these turf wars, but my point is that the turf that we need to be fighting for is the consumer of Pennsylvania, and I hope that we continue to remember that. Thank you, Chair.

CHAIR HARHART: You're welcome.

DR. NEELY: Could I, could I also just make a brief comment about that from an M.D., from my perspective as an M.D.? I do not see how this is going to block access to care. To me,

it informs access to care. We – I’m interested in having citizens of Pennsylvania understand what their options are for health care, and to me, part of that is a well-trained naturopathic doctor. That speaks to the second point about blocking access to natural remedies. I spend a fair bit of my time with patients coming to see me that bring in two shopping bags full of, of nutrients and supplements. They’ve – they’re gotten because they see them on the web. They see them in advertisements. Friends tell them. A health store might tell them. Some of these are helpful, but the vast majority of times, people need to be taken off of boatloads of supplements because they interact with the drugs they’re on. They interact with each other, and they’re spending money on things that could be directed in other ways, so from that standpoint, I, and I believe my naturopathic colleagues, help educate patients about what is good for them, what’s not good for them, what might be harmful to them. To that degree, it might affect what people sell in different stores, but again, an informed consumer is a healthier consumer.

CHAIR HARHART: Thank you. Representative Readshaw.

REPRESENTATIVE READSHAW: Thank you, Madam Chair. Dr. Girard, in your presentation on page five, there’s a graph presented entitled, “Diseases/ Conditions for Which CAM is Most Frequently Used Among Adults,” and in the first column of – it’s indicated that back pain is apparently number one. What care is typical treatment for back pain in alternative medicine? And I know – obviously, I’m aware that you might say you would have to, you know, perform an examination in consideration of any individual case, but is there a particular case study which you could briefly explain to us which might be a, a treatment?

DR. GIRARD: Madam Chair, members of the committee, certainly, I do agree with you that typically we want to understand what’s going on with a patient and individualize that care to make sure that how we’re approaching that patient care is safe, taking into consideration any

concomitant conditions the patient may have, along with any medications the patient may be on to ensure there are no negative interactions. I will say that there – in the toolbox, so to speak, of natural therapies, there are a number of things that may be considered that help to decrease inflammation or even to decrease pain. Sometimes that comes down to some dietary changes where we're decreasing foods that may ramp up inflammation or prostaglandin production, and we want to calm that down. In other cases, or in addition to that, it may include exercise or certain types of soft tissue manipulation to whatever part of the body that is paining the patient, whether it be low back or, or whatnot. I will point to a study that was done through the Canadian College of Naturopathic Medicine with Canada Post, and this is a study that compared naturopathic care that was individualized to, to the patient and regular care, and what they found was that the naturopathic care was effective for this low back pain of the postal workers and that there were also cost-effectiveness that they were able to find, and that's, I think, an important component of things, that we can see that there's effectiveness to the care, but there's also cost savings when it comes to our health care dollars.

REPRESENTATIVE READSHAW: Thank you very much for your response, and thank you, Madam Chair.

CHAIR HARHART: Thank you. Representative Brooks.

REPRESENTATIVE BROOKS: It's my understanding that one of the reasons that you're seeking this licensing is to help you work in partnership with traditional doctors. Is that correct?

DR. WEINHOLD: Correct, yes.

REPRESENTATIVE BROOKS: Within hospitals in Pennsylvania. In Arizona, can you prescribe medications or prescriptions?

DR. MITTMAN: Madam Chair, members of the committee, yes.

REPRESENTATIVE BROOKS: Okay. All right, and then the other thing. What year did licensing occur in Arizona?

DR. MITTMAN: Madam Chair, members of the committee, 1935.

REPRESENTATIVE BROOKS: And since that time, were there – was there an inflated amount of med[ical] malpractice suits or anything, patients that are unhappy with that type of licensing or the doctors, and has, has that been experienced in Arizona?

DR. MITTMAN: Sure, Madam Chair, members of the committee, the – you know, when I, when I say that naturopathic medicine's been licensed in 1935, the current scope of practice – Representative Brooks asked about prescribing privileges. That was certainly not part of it in 1935, and in fact, it wasn't part of it in 1995. That change came about as part of an evolution of the scope of practice of naturopathic medicine, as have the number of practitioners. In the – in 1990, there were approximately fifty naturopathic doctors practicing in the state of Arizona. There are now over one thousand licensed to practice and approximately six hundred practicing in the state of Arizona, so from a popularity standpoint, the practice of naturopathic medicine has become more popular, but I would also cite that the, the oversight by a, a professional attentive board of examiners and, and having a school in the state has also increased the standards of practice. One, one other important element here is that part of the responsibility of a college or a university is not just to train, if it's a professional program, to train practitioners but also to generate new knowledge, and Representative Mustio asked about research on the safety, and you were asking about safety or malpractice. All of the schools engage in research that's equally collaborative. SCNM, our school, has worked in collaboration with University of Arizona, Arizona State University, both in clinical trials and also in bench top research, looking at herbs to

treat various viruses like herpes virus and some of the pox viruses that are emerging in Africa. Dr. Girard's cited a study with Canada Post. Those are the postal workers, so if people have back pain, postal workers are certainly – although I don't know how many postal workers walk around carrying the mail, but they certainly are a group that has a lot of back pain. They've also done studies on anxiety among the postal service in Canada, and they're just completing a study on heart disease prevention in that same group. There are collaborations with the University of Washington, with our school in Seattle, Oregon Health Sciences University in Portland, and I would expect in, in the Commonwealth that with so much intellectual capital here that there would be a very robust collaboration on the research front, as well.

REPRESENTATIVE BROOKS: But proportionately, you have not seen a marked difference as far as dissatisfied patients that are registering complaints with the state?

DR. MITTMAN: Madam Chair, members of the committee, I would say not out of proportion to the number of practitioners. I don't know if you have....

DR. WEINHOLD: Can I add one, one comment to that? The, the Jury Verdicts NorthWest, it's an insurer that covers 55 percent of licensed N.D.'s in this country, and so they, they looked at a five-year period between 2005 and 2010, and they found no claims against a naturopathic doctor for prescription privileges, and for that matter, they didn't find any cases against a naturopath, period. None, because we're trained.

REPRESENTATIVE BROOKS: And so it's my understanding you're seeking more of an ability to have a partnership.

DR. WEINHOLD: It is. We're trying....

REPRESENTATIVE BROOKS: ...with the traditional medical profession...

DR. WEINHOLD: ...collaborative care.

REPRESENTATIVE BROOKS: ...in the best benefit to the patient. Okay. Thank you.

CHAIR HARHART: Okay. Representative Sonney.

REPRESENTATIVE SONNEY: Thank you, Madam Chair. You know, I understand that, like, the collaboration part, obviously, that if, if physicians in Pennsylvania, you know, are hesitant to, to do that because you are not licensed, so you – without the licensure you don't have the ability to, to have malpractice insurance. Correct?

DR. WEINHOLD: No. Twelve years I've been practicing here, twelve, without malpractice insurance. This is one of the most litigious states in the country.

REPRESENTATIVE SONNEY: How many naturopathic doctors do you think would be, would be available for licensure if this would pass in Pennsylvania?

DR. WEINHOLD: That's, that's a very good question. Maybe – how many graduates come out of our naturopathic schools?

DR. MITTMAN: Madam Chair, members of the committee, there are approximately five hundred N.D.'s who graduate each year.

REPRESENTATIVE SONNEY: Throughout the country or in Pennsylvania?

DR. MITTMAN: Throughout the, the schools in the United States throughout the country. In our school, 30 percent of our, our students who enroll are from Arizona. The rest are from other states. The northeast and mid-Atlantic states is the third-highest concentration, so we have Arizona, California, and the northeast and mid, mid-Atlantic states.

REPRESENTATIVE SONNEY: And in the states where they are licensed, are the majority of, of the doctors, then, in a collaborative setting? In other words, are they in hospital settings, or are they in private practice settings and not where the majority of them are simply,

you know, hanging out a shingle and, and just running their business, which is what you basically can only do in Pennsylvania today, correct?

DR. MITTMAN: Madam Chair, members of the committee, the – when I, when I graduated in 1985, the options for naturopathic doctor were extremely limited, and it was exactly what you just described, hanging out a shingle, practicing either on your own or in a practice with another N.D. in the – you – but there is some data on practices, and as you can see that most are in a group practice today, which is, I think, true for health care practitioners in general, but the number of N.D.'s who are practicing with medical doctors and, and D.O.'s continues to grow.

REPRESENTATIVE SONNEY: Thank you. Thank you, Madam Chair.

CHAIR HARHART: Representative Helm.

REPRESENTATIVE HELM: Thank you, Madam Chair, and thank you, panel. I really appreciate everything you had to say today, and I had a number of questions, but as you went on you pretty much answered my questions, but I just want to go a little bit further into this one question I had, and I'm going to direct this to Heidi because I was thinking about this, and then you talked about training, but what part of your training enables you to differentiate illnesses that warrant an immediate trip to the ER versus illnesses that can be treated in your office? And I just wondered, like, how are you trained to know when to refer out?

DR. WEINHOLD: Well, that's, that's a very good, good question. It really – it's because we've – we have this extensive training. We're, we're trained in laboratory diagnosis. We're trained in emergency medicine. We're trained to know when to recognize an emergency when, when to refer that out. A good, good example – now if somebody coming in just talking about chest pain, refer out. We have somebody that's – the other day – I actually – a friend from

a vitamin store walked in the door and said, “Oh, by the way, look, look at this ---. It’s not getting better,” and I looked at it, and like, “Oh, that’s staph. You have to go right away across the street, call my, my dermatologist friend,” and they put her on antibiotics and also tested her. She had Lyme, but we know when to refer out. I saw another client that – a boy with Graves’ Disease, was treated by a mail-order naturopath for ten years. Ten years. You know, if Graves’ Disease, untreated, without medical intervention, it can kill you, and she was real close to that, and so I called my other friend that’s an endocrinologist, and, and we got her, we got her treated, and she’s, she’s fine. Knock on wood, but I mean, it’s really – this is – this – I see a lot where it really hits people is also people with cancer because they’re so vulnerable, and patients might see a mail-order N.D., and they may say, “Oh, let’s, let’s put you on the hallelujah diet.” You know, that’s – and what, and what harm is that? Because their, their whole argument, “Oh, what we do doesn’t do any, any harm.” Well, you know, in cancer patients it – muscle loss is, is a big – cachexia. You need to take in an exogenous source of protein, and on that hallelujah diet, they’re just wasting away, and this has to make the president of the Pennsylvania Medical Society cringe. You know, there, there are naturopaths, mail-order N.D.’s, that are telling their, their patients, “Oh, you don’t want to get radiation therapy for your breast cancer. You already had it surgically removed. You don’t need radiation. That’s toxic. You need a detox[ification] foot bath,” and what harm is that? Well, there’s, there’s a lot, and if any of you – probably don’t have time to watch Inside Edition, but, you know, in November, they had a big expose on these detox foot baths, and it’s – people come in. It’s salt water, you know, electricity. It makes rust, and the water’s going to turn orange whether your feet are in there or not, and these mail-order naturopaths they swear by them. “Oh, this is, this is what you need. Look, that’s, that orange spot. That’s your, that’s your liver. You know, that’s your gall bladder.” That’s the harm. We

need to be regulated. We need, you know, something to discern from the qualified from these certificates.

REPRESENTATIVE HELM: I believe you mentioned the one patient had Lyme Disease. Did you, did you say that?

DR. WEINHOLD: I did, and I, I caught it.

REPRESENTATIVE HELM: The reason I...

DR. WEINHOLD: You caught me. Let's keep talking.

REPRESENTATIVE HELM: We have another bill that we're trying to get through that people with Lyme Disease would like to see passed because their insurance will cover their Lyme Disease payments, and I just wondered – we talked about malpractice insurance, but now, the general public, if they come to you and maybe they're concerned about their coverage covering – if they can afford to come to you.

DR. WEINHOLD: Right.

REPRESENTATIVE HELM: What happens? Are they covered by their health insurance?

DR. WEINHOLD: No, not without a license.

REPRESENTATIVE HELM: So that's a big thing, then, that people may want to visit you and learn what, you know, how they can – you can help them, but they're concerned about can they pay you?

DR. WEINHOLD: Right.

REPRESENTATIVE HELM: Well, thank you very much. I think it's important that the public is informed who they attend for their medical needs.

DR. MITTMAN: Madam Chair, members of the committee, just one brief point. In addition to what Heidi was referring to on a personal level, the licensing exams are structured in different subject areas that address criticality, and safety is, is the most important criteria of the questions that are asked in the licensing exams, both for the basic sciences and for the clinical sciences, and so anyone who would be eligible for a license is tested on a range of subjects, primarily in, in addition to testing their general knowledge to, to address the, the question that you brought up about how do you know when it's safe, you know, that, you know, someone with a fever could have appendicitis or meningitis or chest pain, etc., so that's – in addition to the schooling and the education, that's also built into licensure examination process.

DR. GIRARD: And Madam Chair, members of the committee, if I also could take a brief moment. I think most of you have the college viewbook. In addition, we have do – have college catalogs, which are available for your perusal. In the academic program on pages 18-20, it speak – our, our program of study speaks to a full year of general medical diagnosis and two full years of general medical practice, and both of those courses throughout the last three years of the students' tenure with us go through all of those things of how to make a diagnosis, how to go through a differential diagnosis, and then how to either manage the case, and in sometimes managing the case requires referral, how to then work in collaboration with a referring physician, so all of that is covered within the medical education, and I think that's an important point for you to consider. Our, our board exams, as Dr. Mittman said, do cover the safety and criticality of things. There are two steps to those board exams. One is basic sciences. The second is our clinical sciences. Thank you.

CHAIR HARHART: Thank you. Dr. Neely, I, I have a question for you. I heard you say earlier before your testimony – in your testimony that you do not want to put anyone out of

business, so I guess my question is taking a non-licensed naturopathic doctor versus a naturopathic doctor. What would they be allowed to do? What would they be – how would they be – what would they be allowed to practice?

DR. NEELY: You mean a non-licensed? I think to some degree that would have to be worked out about what the scope of practice of the licensed naturopathic doctor would be, but from a nonlicensed standpoint, my understanding is most of the, the ones that I know that do a pretty good job talk about nutrition and lifestyle issues and, and such. There are situations where I have seen unproven techniques that people spend a lot of money on that I object to, things like flashing lights, unqualified procedures that have been pretty well worked out, like looking into the patterns of the iris that – to diagnose diseases. You know, there's – there have been studies on that to show that people that have known diseases that they are not detected by those techniques, so I think we somehow have to distinguish people that are using unproven techniques, particularly at a cost to patients from some of the people that are giving more valid advice. In addition to that, I think that there are out there some talented people that have abilities to talk to patients and give them advice that seems to help, and I don't exactly know how you would regulate that, but I would leave that up to an informed public that would see licensed practitioners as, as people that have a certain qualification, and other people that they're – you know, they're, they're going to need to, through self education, be able to distinguish the choices.

CHAIR HARHART: Okay. Thank you very much. I, I do want to thank all of you for your testimony and answering the questions, and I particularly would like to thank Dr. Mittman and Dr. Girard for traveling so far, and I'm hoping you will enjoy the rest of your stay here, and enjoy Harrisburg, and maybe you'll get to see your family, Dr. Mittman. I don't know, but I do

thank you very much for your testimony. Okay, thank you. Okay, our next panel is made up of Dr. Debra E. Dallas, Dallas Wellness Center; Libby Felten, National Natural Health Freedom Coalition; Gisela Di Carlo. Is it – I'm sorry. Gisela Di Carlo, okay. Jan Bourdelle, and Dr. Rita M. Gilday. I thank you all for joining us today. We're looking forward to hearing your testimony, and as I pointed out to the earlier panel, if you could please keep it down to five minutes, I would appreciate it because we – I'm sure my members do have questions, and I'd like to have their questions answers as well, so you may begin. I guess, Dr. Dallas, you may begin. Can you talk into the mic[rophone], please? Speak into the mic[rophone].

DR. DALLAS: I'm sorry. Hold it the whole time? Okay, okay, got it. Okay, I am an iridologist, one that was just put down; a nutritionist; a holistic health and natural practitioner. I have also worked very hard for my doctorate. I am here in opposition to HB 1717 as it stands, not 100 percent. I feel the wording in the bill leaves the door wide open to limit this field to just an elite few.

I have been in business paying taxes in Pennsylvania since 1998. The demand for naturopaths in Pennsylvania well exceeds the number of naturopaths that were privileged enough to attend the small number of accepted universities in the bill. I alone care for over 1,600 families. I've been in business for a while here. My reputation as a caring practitioner that listens attentively, gets to the root of the problem, and never gives up on anybody has brought families from all over the United States, including Hawaii, Canada, Greece, Africa, Mexico, Colombia, and the Caribbean Islands. If my knowledge and talents is so substandard, then why are people traveling so far for my services? This health field is growing in leaps and bounds, bringing with it a tremendous tax revenue opportunity for Pennsylvania at a time when Pennsylvania is 3.123 billion dollars in debt to the Federal government and is projected to be in

the red by June. I do not have to practice in Pennsylvania. I'm only fifteen minutes from New Jersey. I choose to.

Having earned a 4.0 average with each degree I have acquired, I am no less intelligent than my colleagues from the CNME [Council on Naturopathic Medical Education] approved schools. With fifteen years of professional experience and a lifetime of personal experience, as I was raised by an unlicensed naturopath, I live my job. I live at my wellness center five days a week and am at their service all day and all night. People come to me when they have exhausted all medical possibilities. I am able to find their weaknesses in their body through the "unreliable" iridology and shed light on this mystery patient for their doctor. Those doctors in the Lehigh Valley that have an open mind and truly care about their patients utilize my experience instead of passing them on from one specialist to another. Most of the doctors in our area respect my knowledge and refer their patients to me, including their mothers and children and themselves.

The provision in this bill that states that all licensed naturopaths must graduate from only the elite universities is like passing a law that states that all teachers have had to have graduated from Yale, Harvard, or Princeton. How many of your children graduated from those schools? And if they didn't, should they be allowed to acquire a job in Pennsylvania? What a great waste of minds that would be. These few schools would not accommodate the number of people interested in all the natural modalities. It would be a tragedy for those of us that have spent a lifetime living, dreaming, educating, and preparing, and practicing our field to be forced out of business and our lives and investments turned upside down by those that we trust – we voted in and trusted into office and the elite few. We hire our Legislators to pass bills that are in our best interest, not to pick away at our God-given rights.

I understand that one should never complain about a situation without offering a possible solution. If HB 1717 comes to pass, I propose a grandfathering clause to be set in place, one that would protect myself and the many other natural modality practitioners that have worked so hard to achieve their goals. We deserve this opportunity. So feel that – sorry – that if licensing does come to pass, that there should be licenses for different modalities and a, and a varying level of expertise instead of clumping them all together into one large profession of naturopathy. For instance, I am knowledgeable and only practice iridology, nutrition, homeopathy. I am very careful with herbs and supplementation because if you have studied physiology, you understand the effects of these extra nutrients in your extra-cellular spaces competing for receptor sites and causing imbalances in the body. Testing and licensing should not – should only be in the modalities that the professional knows and practices, not all clumped together. Never have I had the desire to perform any medical procedures as endoscopy or prescribe drugs, blood testing, or small in-office procedures. Specialists in the medical field are not expected to know all the other areas of expertise in order to practice their own particular field. If licensing comes to pass, then all of the un-invasive therapies as water, light, food, herbs, touch, and energy should be completely unrestricted, as these are gifts from God, not manufactured or synthesized in a lab. How can anyone claim the right to restrict or control what is naturally ours?

By passing HB 1717, 1,600 families would no longer have the care they seek from Dallas Wellness Center and myself. They are all experiencing anger and fear in which I have given – turned in a stack of papers stating that. This bill is designed to profit the elite few and in no way benefits the general public and our freedom of choice. I am not here to condemn the whole idea of some sort of control. I am – I can see the necessity for that. I am here to inform you that there are so many caring, dedicated, and educated people, and talented people with great minds in

Pennsylvania currently helping a tremendous number of Pennsylvania citizens. We practitioners had no concept of a bill like HB 1717 ever coming to pass as we toiled over our schooling just like the others, staying up late and getting up before the kids so that we could achieve this goal, a natural health care provider. Nothing would sadden me more than experiencing naturopathy fall victim to territorialism and competitiveness. It is a health care field that is known for its caring, loving, un-invasive, and healing qualities and should never fall victim to political warfare. We should be working together as a whole, not trying to force others out of business for the benefit of a few. Thank you for giving me this opportunity to express myself.

CHAIR HARHART: Thank you. Libby Felten.

MS. FELTEN: Good morning. I'm Libby Felten. I – and I oppose HB 1717. I am a Pennsylvania native, a parent, and a consumer of natural health care. I am also a member of the National Health Freedom Action Group, a non-profit – a national non-profits group working with more than thirty states to enact health freedom laws in their state. I'm testifying today on behalf of the Pennsylvania consumers and practitioners of natural health care to ensure that they have health care options and to protect the right of those practitioners to provide those options. Specifically, I oppose, and our group opposes, HB 1717 because it does block consumer access, that was raised earlier, to hundreds of national health care practitioners in Pennsylvania. It also defines the term “naturopath” too broadly, and it makes traditional and natural health care modalities illegal. You know, our main issue is with the wording as well, and it also lacks the safe harbor exemption that other states have adopted.

Consumers have the right to choose whomever they wish to receive natural health care and information and advice. HB 17[17] would restrict this right to a small group of practitioners from a small group of schools. It creates a monopoly on natural health care. In his testimony,

Dr. Neely placed a higher premium on classroom learning over that of the fifth-generation Native American medicine healer. These, these modalities are different but not better or safer. I would also like to remind the committee that the basis of traditional herbalism was taught – it was the basis of the prestigious Hahnemann Hospital that is here in Philadelphia. It had its roots in, in traditional health care, and many of the, the modalities that was discussed by the panel as being substandard were actually taught here at Hahnemann College and are still thriving in this area.

The title “naturopath” is a word that is used in the public domain for decades and thousands of natural health practitioners who have been providing traditional natural practices. Naturopathy has, in modern times, split into two disciplines. There are the traditional naturopaths, and there are the naturopathic physicians. You heard from the schools who were represented today that represent the naturopathic physicians, and I would like to stress that the traditional naturopaths that are being left out of this bill and explicitly being – their work being made illegal. This bill does not acknowledge or accommodate the traditional naturopaths who have no intention of becoming medical doctors. They have no intention of diagnosing. They have no intention of doing small medical procedures, such as giving IVs or other drugs. The examples of these traditional practitioners are homeopaths, herbalists, and aromatherapists.

Proponents of natural licensing – naturopathic licensing bills will often say that they have no wish to put the practitioners out of business, but this bill does criminalize the traditional naturopathy because there is no exemption language for unlicensed practitioners. Dr. Mittman did speak to the fact that such bills have passed in California and Minnesota, and I actually am a former resident of Minnesota and worked on this bill there, and I would like to stress that they passed because they had safe harbor laws, exemptions, as part of those laws. They, they

separated the traditional naturopaths from the naturopathic physicians, and they recognized that there are two different modalities, and the, the laws in California and Minnesota both, although they do have licensure for naturopathic doctors, is very limited in scope as to what a naturopathic doctor is, and it is completely legal for traditional naturopaths, herbalists, homeopaths, iridologists, to practice in the state of Minnesota and California and in seven other states.

Many of the, the doctors that you saw testify today talked about their desire to collaborate with medical doctors, and I'd like to, to point out there's something called the standard of care, and that's what medical doctors must practice. It means what is currently going on, what is the standard that medical doctors are following, and naturopathic medicine is not the standard of care, and it's seen as illegal for medical doctors to refer to these people. That is what's happening currently, and it – doctors, medical doctors are not allowed to, according to their license, refer out to an herbalist or refer out to a naturopathic doctor. This does not change with licensure. It's, it's the standard of care that medical doctors are following. It is not related in any way, shape, or form to naturopathic licensure, and I'd also like to stress that chiropractors, for example, are licensed, and, and M.D.'s are very hesitant to refer out to a chiropractor, too, even though they enjoy licensure.

More than a third of Americans use complementary and alternative medicine. A majority of these practitioners are not licensed. They are not registered or certified by the state. I – this fact has motivated many states to pass these safe harbor laws and exemptions that I mentioned before that specifically exclude non-licensed natural health care providers from licensure and allows them to practice legally. Those states include Minnesota, California, Rhode Island, New Mexico, Oklahoma, Louisiana, Idaho, and Arizona. HB 1717 does not include this well-known safe harbor exemption for practitioners of natural health care.

Like I say, in my personal experience, I worked for seven years as a clinical herbalist in Minnesota. I have an international practice focusing on children with autism. I had people, too, who traveled from across the country to come and see me. I have closed my practice since I moved back to my home state of Pennsylvania because I don't feel that the laws here are safe enough for me to practice. Leaving this – my, my clients are extremely upset over this, and I was the only herbalist trained in autism and trained in the medical problems in autism and serving this community, and now there's no one here available for them. That's an example of why a safe harbor law is needed here in Pennsylvania.

Similar types of bills to HB 1717 have been repeatedly defeated in several states, and, again, it's because these bills do not contain the safe harbor exemptions that protect the other forms of health care providers.

Governments do not generally mandate licensure for occupations unless they show public harm. Dr. Mittman's testimony testified that malpractice for naturopathic doctors is low. Therefore, that also supports that there's little harm going on in the natural field, and in general there is – there's very little harm going in the state of Minnesota. We had over ten years since we had the safe harbor exemption in place. There were only ten complaints filed with our – the governing board of that in ten years, and there are thousands of natural health care practitioners in the state of Minnesota.

HB 1717 is unnecessary and overreaching legislation that harms the natural health community by attempting to put all of the natural health care into a licensing scheme to benefit a small minority of practitioners. Natural health is much more diverse and historic than the study of only naturopathic medicine from naturopathic medical schools. Instead of licensing, Pennsylvania should pass legislation that would forever protect the much sought after natural

healing arts that other states have done. We urge you to oppose to HB 1717 in its current form. Thank you for your time and consideration.

CHAIR HARHART: Thank you. Dr. – or Gisela. Am I pronouncing that correctly?

MS. DI CARLO: Gisela, yes.

CHAIR HARHART: Gisela Di Carlo, and keep in mind, we want to keep it to five minutes. Okay? Thank you.

MS. DI CARLO: Thank you, Madam Chairman and distinguished committee. I really have to thank you for so eloquently describing of what is happening in the naturopaths community. I also oppose this bill for mainly that it includes homeopathy. Hom – the training of homeopathy is over four years. I'm going on into my sixth year now. I'm a homeopathist. I have trained with the British Institute of Homeopathy. I'm planning next year to go to India for a two-month study that – India, by the way, is the foremost country right now in homeopathy, and I really am very confused of why homeopathy would be even included in this bill because, like I said, homeopathy is a very extensive study, and if you wanted to become a naturopath and go to a four-year college, you would get very little of homeopathy, very little knowledge, but you need extensive knowledge to – in able to practice. Most of the schools of homeopathy are not a mail-order catalog school. They do teach online because homeopathy lends itself for that.

Also, you have to remember that Pennsylvania was the forerunner of homeopathy. The Hahnemann College here, there were over thirty schools of homeopathy in Pennsylvania at one time. These doctors did tremendous work. They stopped at one time yellow fever, cholera, all with homeopathy. I'm not saying that there should be another license for another doctor. If you wish to do that, fine, but homeopathy should not be part of that. Also, I do think, even though

I'm not an iridologist, I do not think iridology should be in that because that is also a very extensive study. I've only touched on it when I did my master's degree in natural health.

All of these, all of these studies have anatomy, physiology, they all – we all have to – in order for me to get certified with our Board of Homeopathy, I have to present to them over 250 cases that I did, so I have to have had clinical practice, so it is not so that all of these, these natural health practitioners that are out there having a mail-order catalog. Well, maybe some of them do. However, most of them are for the desire to help and to heal. My grandmother was a healer, so I have, I have it in me. I can't do anything else. If I, if I cannot, if I cannot charge for it because they don't have any money, I give it away because I – that is my calling, and there are so many, many, many just like that. Thank you very much for your listening.

CHAIR HARHART: You're very welcome. Jan Bourdelle.

MS. BOURDELLE: I appreciate the chance to speak with you today. We all got up very early to get here, and our hearts and our jobs are on the line. I appreciate your continued focus because this is run of the mill for you. It's the end of the line for me. I, I went to doctors for years and years. I had headaches that kept me in bed. I had the standard three-day migraine in three-day cycles. I couldn't work. I couldn't do anything. I had a super job. I ended up working on a farm because I couldn't work anymore. I went to a natural health doctor because my medical doctor, after going as far as taking me to seminars with them on headaches, and they couldn't help me. She drove her thumb into the back of my head and said, "It hurts right here." I said, "Yes. That's where the worst of it is. Did you know that all along?" She said, "Yes, there's a lot of study that's being done about it. It's very complicated. It's about the nerves inside the base of the neck." A friend of mine who I told that to suggested I go to a health food store. I went to the health food store. He told me to go get a massage. I got the massage. In one

month, I was fully operating again. He told me to take alkali, folic acid, and feverfew, which is real simple supplements. ---therapy. I can't tell you what it was like. I was married. I had no life. I couldn't work for years. The last two years I spent in that three-day down cycle was a nightmare. Those three lousy little supplements saved my, my life. The massages saved my life, and I ended up becoming a massage therapist.

After that, I started to find lots of people who medicine doesn't help. We all know somebody that medicine isn't helping. They get a sinus infection. They are growing for months after months, four, five, six prescriptions until finally they're better. A lot of times it's because there's so many external factors involved that the sinus's just showing the symptoms. A doctor will treat you for the problem you're having. He'll look at your symptoms. In natural health, they look at the whole body. If they see you're very nervous. If they see you have dark circles under your eyes and you're not sleeping. There's no blood test for that. Our doctors have to move so quickly.

The medical model, allopathic medicine, since the times of medicine being born in the Roman era, they treated you with a chemical, or they treated you with the surgery. Hygenia is the whole opposite half of medicine --- anything about. It's a way that a lot of the rest of the world works. China, Indonesia, Taiwan, Korea. That's where you hear the crazy stuff you don't know is true like shiatsu and all kinds of therapies involving acupuncture, acupressure, but yet, there's a place for all of that. If I got run over by a car, I would run to my doctor, but if I were feeling achey all over and I didn't quite know what, what was wrong, I would like to talk to an allo – I'm sorry – to a naturopathic person just to get some ideas, so what does this sound like to you? They can't touch me. It's illegal for them. They can't touch me. They can't test me. All they can do is talk to me. This bill will illegalize them, and I don't know how those people said

that it wouldn't cost jobs because these people like Deb Dallas, Dr. Gisela, both of whom who have services I use, they won't be able to operate because the bill illegalizes anyone using the terms related to natural healing or naturopathy. What would they call themselves? There's just nothing they can call themselves. I've spent hours and hours reading the bill trying to find out what they might refer to themselves as. There's nothing. The bill blocks them out.

There's going to be medical people who are going to decide what the new doctors do. Can I put this to you? You know your own doctor would scoff if you told them you were going to protect natural medicine. We all have heard the jokes. It's like, "Oh, yeah, sure, run down to the witch doctors." How can those people create naturopathic doctors? They don't believe in it, and they've denied it for years. We've been raised to laugh at it, but all your grandmothers knew to put a bar of soap at the end of the bed, which actually stopped leg cramps. Your dad knew not to sit on his wallet when he was a young man because the chiropractor warned him to stop sciatic pain. You'll never hear about Epsom salts. You don't know about it, but yet those things help people every single day, so please, the scoffing community of medicine, who is excellent at what they do, no one can do what they do. They laugh at the stuff the other people do.

If you ask these people to fire all the medical doctors and --- will be your doctor in two years, you would be terrified. That's how I feel if you take away my access to naturopathic health. Except for a medical version of it, 90 percent of all this delusions would disappear. They don't believe in them. They don't understand them. It's from the entire different part of the, of the world where the ideas come from. Please don't let them do that. Please change this bill that outlaws all kinds of vitamins unless the pharmacy board approves it. The pharmacy board is filled with medical people. Natural health doesn't rely on studies and blood tests. It looks at results, and you can all tell it's real because people keep going back for more natural health.

That's why the industry is big enough that the medical field maybe wants it. It's a move towards helping a business that's already growing and taking over our daily lives. We need it, but someone like me who can't afford medical health whenever I want it. I love the freedom to go to a natural health food store and get help or to go to a naturopathic physician. I don't want someone who has to take out a lot of malpractice insurance because I can't afford them. Please consider how much money it saves the state or the country every time I don't use social security or run for a Medicare or go begging for free help from the drug companies. This is a way to save our country money in the long run.

Thank you for listening, and if you don't remember anything else I said, please don't let them completely all the hundreds of people that are helping me in our state. Let them have this -- doctor or let them create it separately and apart and consider a tiered model for a different amount of responsibility and different amount of education that these people have --- but to make all these incredible, diverse services disappear because one person has a licensed job is a cruel thing to do. Please read my notes. It's much more calm and in detail. Thank you.

CHAIR HARHART: Thank you. Before we go to Dr. Gilday, I would like to welcome Representative Neal Goodman. Thank you for joining us. Okay, Dr. Gilday, you're on.

DR. GILDAY: I'm Rita Gilday, and you have my notes, so I'm not going to bore you with my credentials. I did go to Pennsylvania College, Muhlenberg College in Allentown. I did cancer research at Fox Chase, and I did study immunology at University of Pennsylvania. Madam Chairman, distinguished members of the House of Representatives and committee, I'd like to thank you for giving this opportunity to express myself. I believe it's appropriate time to treat the naturopathic doctors and to recognize the Naturopathic Doctor Association as a legitimate part of the healing community, so I'm for the bill with a lot of revisions.

Today, the naturopathic profession stands on the shoulders of giants, pioneers, who have risked their reputation, their livelihood, and in some cases their safety to pursue their passion to help people to heal. However, the sad truth is that under the current House Bill 1717, none of those pioneers would be recognized or acknowledged for the good work they have done, so the question is why? And obviously, it's because they were not graduates of resident naturopathic schools. Now, I've heard a lot of condescending comments today here about online degrees, and let me tell you, current situation, many of your grandchildren, if not children, will be graduates of online schools because they won't be able to afford to go to Ivy League schools or even schools like I went to. So my question is really, "What is the intention behind the HB 1717? Is it really to acknowledge licensed professionals according to the institution they have graduated from, or is it to license individuals who possess the knowledge and skill as experts required of naturopathic doctor?" For example, NYU [New York University] is already offering medical degrees, that's M.D.'s, online. Are you aware of that? The only thing they have to go to school for is to be on campus is to get their surgery residency, but otherwise, they can study online.

I'm definitely in agreement that it is high time the naturopathic doctors be recognized, but I also in agreement that naturopathic doctors need to, need to express and be tested in their skills in their field. And as it was already pointed out, we can't group together a whole industry because there's so much diversity in the naturopath, naturopathic field, as it is in the allopathic field. For example, the general practitioner would not be expected to have the same expertise in emergency room critical care as the critical care expert in emergency care would be expected of. That's just common sense. Similarly, we would not expect a driver of a motorcycle to pass the same qualification as a driver of eighteen-wheeler. We would laugh at that. Why would somebody who drives a motorcycle require to know everything that eighteen-wheeler driver

would? Well, the same thing you have here. If the HB 1717 passes as it is, it will be exclusionary and punishing to those, including myself, who have been practicing for thirty years, and perhaps, one of the solution was already recommended is we should look at the naturopathic medical schools as naturopathic medical doctors and the rest is naturopathic doctors. You have already heard that there is a very much of a blur that's happening. When naturopathic medical doctors are permitted to prescribe medication, and if the insurance is going to pay only for the medication that is prescribed as in what we commonly call "drugs," and the patient cannot afford to buy natural care, which one do you think he will be buying? So what difference will it make whether he will go to an M.D. or an N.D.? And if there's no other alternative, what do we leave people with?

So please understand, I am so proud of the panel that was here in the first place with few derogatory remarks that they had. They have done a lot for the health industry and for the healing industry, but so have we, and in business I learned that a great deal is when everybody walks away a little unhappy, and I think that's what we need to keep in mind here. I think we need to keep in mind that everybody needs to give, and everybody needs to compromise, but it isn't a compromise where you lose. It's a compromise where the only people that win are people of Pennsylvania because let me share with you few facts.

In 2011, the World, the World Economic Forum looked at the health care issues related to world economy and how it would meet those challenges. They estimated that five non-communicative diseases, including heart disease, chronic respiratory disease, cancer, diabetes, and mental health such as Alzheimer's, will cost the world economy forty-seven trillion dollars over the next, next twenty years. All of these diseases are considered lifestyle diseases, so let's look at the trajectory of a disease. You have a healthy person here, and you have a disease here.

What happens in between, and how much time spent is there? Roughly twenty to thirty years, this lifespan is functional dysfunction. It's a functional disorder. Most of these people don't go to medical doctors. Most of these people's first sign is they have low energy. How many of you in this room have gone to medical doctors because you just don't feel high energy? You probably don't. You either put up with it, or you start to look and ask other people. You don't go from perfect health into a heart attack. There has been a lot of time, and that is where lifestyle is very important, and that's what we do. Lifestyle means asking somebody, as I've heard in a previous panel, "What is your home life like? What do you eat? How do you move? What is your job like?" That's what you listen to. That's what you ask for. There's no x-ray or blood test to find out that you are about to have a divorce. There is no blood test to find out that your grandmother just passed away that you were close to, or that you have not exercised in forty years, or that you're eating Twinkies or Ding Dongs. There is no blood test for that. What choices do you get to give to these people, or are we going to wait until they went from perfect health into disease? The medical allopathic doctors, and I love them. Many of them are my friends, and I defend them on my radio show every week, but they're trained in crisis medicine, and if I were to drop here of a heart attack, please call a cardiologist. Don't call a health food store, but you don't go from here to here without taking many steps, and that's where we come in.

Yes, there should be a requirement. There should be a testing. There – I am totally for that, and I believe there should be a licensing, as well, of naturopathic doctors, but I think we need to make a distinguish – distinction between a naturopathic doctor and a naturopathic medical doctor, and in my practice 85 percent of referrals that I have are from medical doctors, and the rest are from people in the community.

CHAIR HARHART: Dr. Gilday, I'm going to have to ask you to kind of – and I know what you're saying is very, very important, but can we?

DR. GILDAY: Just one minute. Recently, president of Stanford Medical School apologized to the graduates of Stanford Medical School in JAMA Journals that they are prepared only 20 percent for what they will have to work with. That means they are not prepared for 80 percent. I ask you to use common sense. We all want the same thing and that is to protect our citizens of this great Commonwealth of Pennsylvania from those that would do harm, but we also want to protect them from being pushed into an arena that they have no choice. Give us all that choice. Give yourself that choice. Madam Chairman, thank you very much.

CHAIR HARHART: Thank you. We have questions. I don't – Representative Christiana, you have one?

REPRESENTATIVE CHRISTIANA: I'll try to be, I'll try to be brief, Madam Chair.

CHAIR HARHART: Thank you.

REPRESENTATIVE CHRISTIANA: Debbie, my first question is, is for you. First, do you see yourself as a legitimate health care provider and options for your patient, and doesn't it scare you a little bit because you are, and I would agree with you, legitimate that – doesn't this scare the death out of you that Representative Mustio could put an ad in the newspaper, be in the classified section? He could even start a website, and people would go to him for their health care questions and concerns. I mean, that, that scares the heck out of me. I'd buy insurance from him, but I don't know if I want him telling me what supplements to take, and....

DR. DALLAS: That's not what I do, honey.

REPRESENTATIVE CHRISTIANA: I under, I understand that, but Rep – nothing stops Representative Mustio from doing that....

DR. DALLAS: Right.

REPRESENTATIVE CHRISTIANA: ... in Pennsylvania.

DR. DALLAS: Okay.

REPRESENTATIVE CHRISTIANA: And as a legitimate health care provider and options, the decisions you make affects people's direct lives.

DR. DALLAS: Yes.

REPRESENTATIVE CHRISTIANA: Are there other professions that – or other options, health care options, in Pennsylvania that don't – they don't have to be – go to an accredited college or university? They don't have to take examinations. They don't have to get evaluations.

DR. DALLAS: Well, honey, I'm not against that.

REPRESENTATIVE CHRISTIANA: Okay.

DR. DALLAS: I'm not. That's what I said. It's not all of HB 1717 I'm against. It's the grouping into one big naturopathy field. When I was twelve, I read in the World Book Encyclopedia about Ignaz [von] Peczely and iridology. From that point on, I walked around with a magnifying glass and a flashlight driving everybody nuts. I did that my whole life until I was old enough to actually go to school and practice it. I am very gifted at what I do, and doctors send people to me all the time.

REPRESENTATIVE CHRISTIANA: What I'm saying is, there could be a lot that have the same title next to their name and not be nearly as good as you, and the consumer protection, which my, my question was also to Libby. I'm also concerned about the consumer protection here that someone can just walk into an office...

DR. DALLAS: Right.

REPRESENTATIVE CHRISTIANA: ...and someone not be talented as you but they have the – they didn't have to go through any evaluations testing. And, and you had mentioned, Libby, that we typically give licensing when there's health care risks, but I would also say that aside from him cutting my neck a couple times, my barber has to get a license, as well. And I think it's consumer protection that if you say you're a barber, it's not just the health care concern of the barber, but it's a consumer protection. And that's what I'm worried about because people will absolutely spend thousands and hundreds of dollars for their well-being.

DR. DALLAS: Yes.

REPRESENTATIVE CHRISTIANA: But they could be taken advantage of, and that's, that's my concern by you having, as talented as you are, the same letters after your name as Representative Mustio.

DR. DALLAS: Actually, I have a Ph.D. behind my name.

REPRESENTATIVE CHRISTIANA: Okay.

DR. DALLAS: Okay, and I want to say that none of us argue the fact that we shouldn't be licensed. We're arguing the fact the vastness of the naturopathy field.

REPRESENTATIVE CHRISTIANA: Well, I, I do think that Libby in her testimony mentioned that licensing isn't necessarily needed because it doesn't have the health risks that other licensing had. I think that's what you testified to.

MS. FELTEN: Yeah, if I...

DR. DALLAS: Go ahead, honey.

MS. FELTEN: If I could comment. A lot of the issues that you're raising are because there are no safe harbor laws here in Pennsylvania. I'm sorry to use the Minnesota example, but I'm familiar with it. Is that in Minnesota for me to practice legally, I have to give a document to

my clients that they sign that lists my education, and that may say I have no education, but the consumer is being educated, and they are making that choice, and maybe they'd like to see me anyway, even if I say, "I play in dirt all day," or whatever it is, but they know what my training is, and they have chosen to see me anyway. That is consumer freedom. That's consumer access, but that's because there's a safe harbor law that explicitly states that. And if I don't give that to my, to my clients, then I am illegal, and I am breaking the law, and I can be prosecuted, so there is protection for consumers in that, in that form.

REPRESENTATIVE CHRISTIANA: My, my last question about the Minnesota. You said you had worked in that state on the legislation. Were you in favor of, of the Minnesota model, or were you opposed to it?

MS. FELTEN: Do you mean the naturopathic law or the health, the health freedom laws?

REPRESENTATIVE CHRISTIANA: Naturopathic laws.

MS. FELTEN: That we've – as I – I'm having trouble answering as from the lobbyist laws and such that we ultimately supported that in the form that it was. In the, in the form that came – the original bill was not acceptable to us. It's working in Minnesota. We have traditional naturopaths. We have naturopathic doctors. Both are allowed to practice legally, and, and both are allowed to practice the way that they want, so we have not challenged that bill further if that helps.

REPRESENTATIVE CHRISTIANA: Thank you, Madam Chair.

CHAIR HARHART: Representative Maher.

REPRESENTATIVE MAHER: Stepping away from health care with the purpose of analogy. I'm a CPA [Certified Public Accountant]. In Pennsylvania, anyone can call themselves

an accountant, but they can't call themselves a CPA unless they have an accredited degree, and they passed the licensing exam, and they have some experience. I would suggest that, that that's sort of the model here, that – and it's perhaps more important when you're dealing with vulnerable people in health care that the public believes certain terms mean something. In – this committee has supported on a bipartisan basis that only nurses should be able to call themselves “nurses.” Up till now, anyone could call themselves a nurse, and we decided that doesn't make a lot of sense. We've licensed massage therapists, but [that] doesn't mean somebody else can't give a massage, and it seems to me it's, it's pretty simple. And, and maybe, Ms. Felten, you could comment on this. If, if you're saying you're amenable to the proposition that a, a naturopathic doctor would be someone who is – has an accredited degree, passes an accredited – comprehensive examination and has some experience, but others who say they're doing naturopathy can still go about it. That would be acceptable to you?

MS. FELTEN: True, and Representative, I'd also like to say I am a Certified Public Accountant, as well, so I understand that, that point of view.

REPRESENTATIVE MAHER: I knew you made some sense.

MS. FELTEN: But to your analogy, I'd like to say that you don't – if, if you just have a question on your taxes, you don't want your taxes completed, you can go to an accountant and ask that question and get the answer, but they are different.

REPRESENTATIVE MAHER: Quite right.

MS. FELTEN: I don't need a Certified Public Accountant to help me figure out how I need to value something like this.

REPRESENTATIVE MAHER: But the consumer's protected by the person.

MS. FELTEN: If you wanted a Certified Public Accountant.

REPRESENTATIVE MAHER: --- CPA can't hang out a shingle that says they are.

MS. FELTEN: Correct, and if worded properly....

REPRESENTATIVE MAHER: Whereas here in Pennsylvania right now, someone who is not medically trained as a doctor can hang out a shingle and say they're a doctor of naturopathy.

MS. FELTEN: Correct, and with proper wording, then that can happen but not under how the, the bill is currently worded.

REPRESENTATIVE MAHER: But if you were satisfied that someone would be able to say, "I, I practice naturopathy," and that's distinct from someone saying, "I'm a doctor of naturopathy." That would be something that your organization could support.

MS. FELTEN: Yes.

REPRESENTATIVE MAHER: Thank you. Can you, can you send along the Minnesota laws just for edification, or maybe we can do that?

MS. FELTEN: Sure, it's called Section 146(a), but I'll be happy to forward that to you.

REPRESENTATIVE MAHER: Thank you.

CHAIR HARHART: Representative Helm.

REPRESENTATIVE HELM: Thank you. I know we're short on time, but just so I'm clear on everything. I tried to Google some of this, but your websites are informative and very small on my Drone anyway. Practice iridology. Could you just tell me what that is?

DR. DALLAS: Iridology is the science of the eye. Your eye – every part of your eye is associated with a part of your body. Your – all your nerves go to your brain. All your, your hormones, proteins, nerves send signals to your biological clock, which sits right on top of your optic nerve, which sends all that information to the body – to the eye. I'm sorry. And I have a

specialized camera that takes a picture of the eye. It transfers it over. It's this big. Transfers it over to the computer screen, and then I have a program that scans it, which gives me percentages. I can tell just looking down that lens what's going on with you. I've been doing this for so long. I can't tell you – I just couldn't even begin to tell you how accurate it is. I diagnosed my own mercury poisoning, and I have a spot on my lung which I saw before anybody else would have seen that. I, I find a tumor in a lymph node before there's even a swelling. I found a tumor on the bladder the size of a pinhead. I find cancer in the colon. I find all kinds of things, and even in school when I was in school for iridology, we were taught, "You can't find cancer." Well, I disagree. I see it all the time. I know what I'm looking for. If it's not perfectly right in the eye, then there's something going on in your body. It even states that in the Bible. What other function does your iris have except to be a window to your body?

REPRESENTATIVE HELM: So then when you find this, like, do you give treatment, like – or you refer people? What do you do when you find these?

DR. DALLAS: Both. I give them options. Okay? I give – I have a list of recommendations, and they may do with that what they please. Okay? I, I just told a woman the other day that I saw holes in her intestines and thickness in her abdominal. She went, and she got a PET [positron emission tomography] scan, and she has cancer in her abdominal cavity. I see this stuff. Doctors send their mothers to me all the time to protect them because they – or I have doctors that send these – their patients before they give them medicine to make sure they don't have Celiac's disease because I can find that by looking in your eye, whereas trying to diagnose Celiac's disease any other way is almost impossible. It's just by luck – because it's in your jejunum in the nine feet of intestines right in the middle of your thirty feet of intestines. You can't scope that. You can scope the duodenum. You can scope the ileum and the rectum.

You can't scope the jejunum, and that's where your --- patches are. Those are the antibodies that cause all the damage, so I can see that if they have Celiac's disease. All I have to do is look through that lens, and I can see everything.

REPRESENTATIVE HELM: Then you also said you care for 1,600 families, and I know each of us have 60,000 constituents, but 1,600 seem like a lot. Is that normal? I mean, is that a lot, or is that what people usually...?

DR. DALLAS: I have a very good reputation. My husband will not go out to eat with me anywhere near the Lehigh Valley because he can't talk to me. He won't go Christmas shopping with me. He -- you know, my friends can testify right here. They can't go anywhere with me and they get to talk to me, and people from all other countries have been to see me, also.

REPRESENTATIVE HELM: We can relate to that. I love to go to the grocery store because it's my town hall meeting.

DR. DALLAS: Yeah, there you go.

REPRESENTATIVE HELM: And I have a question for Gisela. I also went on to your website, but what is your specialty?

MS. DI CARLO: Well, it's really Lyme Disease because my husband has Lyme Disease. I have Lyme Disease. Several of my friends have Lyme Disease, and since I am a homeopathist, I've studied homeopathy. I started out really studying being an esthetician when I was very young. Then I went on with that because I thought there were too many skin problems, and I've been, been very much so involved in trying to help people, trying to help if the doctor cannot. As you know with skin problems, many, many people have skin problems, and doctors are really a little nonplussed about it. As estheticians, as a very knowledgeable esthetician, they can often help. So can I, and I went from that on to have -- get a master's degree in natural health, which

was an online study. However, natural health, most of it is just really that you have to learn herbal remedies. You learn what anatomy, physiology. You learn what to do and what not to do, what you can do and what you cannot do. A good school will teach you that, even the online schools will teach you that, and then I went on to get a degree in homeopathy because that was what I was mostly interested in, and through that, I then found that when my husband came down with Lyme Disease. He was – for a year, he went to every doctor in the neighborhood everywhere, even to New Jersey, and they couldn't help him. He couldn't raise his arms. He couldn't move anymore. I, through homeopathy, found the right remedies for him. He's in glorious health, as I have. Homeopathy is helping there, but it does not – the same remedy does not help everybody, so everybody who goes to a homeopathist should go to a homeopathist and be expected to have at least an hour and a half to two hour consultation because the homeopathist has to know everything about you.

REPRESENTATIVE HELM: I just wondered. A lot of us have animals that we really like, and some of us call them our children. Do you care for animals?

MS. DI CARLO: Yeah, I do animals, too, yes, especially with Lyme Disease. I have a little, little puppy that would have surely died if I wouldn't have known what to do for him in the middle of the night. Next morning, I took him to my vet, who's also my friend who I refer a lot of people to when there are other cases, and when they – the intervention has to be ---, and she confirmed, yeah, it's Lyme Disease, and I said, "Well, you know, now he's walking. He's happy again, and so we don't have to – but let's do an antibiotic round anyway," because Lyme Disease does respond to antibiotics. I am not against doctors. I do not, I do not practice in the, in the dark and never, never, ever say, "Well, you can't go to a doctor." I don't use doctors, but then again, that's my choice. I just really feel that a responsible naturopathic practitioner, if they are

iridologists, if they are homeopaths, if they are an acupuncturist or a chiropractor, they should know their limitations, and that is what we have in this bill not shown. This bill does not show that there are limitations. What you have written here was good intent. I, I am assured of that. However, you give them license to do anything and everything, and everybody else is out in the cold, and my clients who come to me – I run a pet food pantry in Norfolk, Pennsylvania, also. Guess who my clients are? The ones who have nothing, they come and get free pet food. Well, you know, their pets get sick, too. They cannot afford two, three hundred dollars at the vet, and often, they have ailments themselves. Well, if I can, I help. If I cannot and if I know that they need medical assistance, I send them to a doctor and say, “Go and see that Medicare kicks in on this one.”

REPRESENTATIVE HELM: Thank you very much.

CHAIR HARHART: Thank you.

MS. BOURDELLE: Is there such a thing as adding a comment, please? May, may I please?

CHAIR HARHART: Well....

MS. BOURDELLE: It's quick.

CHAIR HARHART: Okay, very briefly.

MS. BOURDELLE: Naturopathic medicine includes more kinds than a four-year program could ever teach. Honest and truly, not one of these people that does this does the same. There are thousands of ways to help people, and there's no way one four-year program and – that program is the same across those five schools. Pretty much. It could never cover it all. That's why we need to keep these people.

?: We can specialize.

CHAIR HARHART: Okay, I just have one question. I really want a brief answer, but we listened to Representative Maher, you know, with the titles of naturopathic. He's talking about CPA's and, and public accountants. Would you be accepting to – of House Bill 1717 if it were amended to allow us to use a related title such as “traditional naturopathic”?

DR. DALLAS: Well, yes.

CHAIR HARHART: Naturopath.

DR. DALLAS: Yes.

CHAIR HARHART: You would be....

DR. DALLAS: If it was a completely different from the medical naturopath. We have no desire to do anything in the medical field at all, you know, and I, too, treat for free many times.

CHAIR HARHART: Okay, great. Thank you. Thank you so much for your testimony and, and your passion. I thank you very much.

MS. BOURDELLE: Names that everybody already knows and making it ---.

CHAIR HARHART: Panelists are – I just turned the page – are Dr. Marilyn J. Heine, President of the Pennsylvania Medical Society, and Dr. Dennis L. Gingrich, President of the Pennsylvania Academy of Physicians. Welcome, and again, if you can, keep it to five minutes. Summarize and keep it down to five minutes. I would appreciate that very much. Thank you.

DR. HEINE: Thank you so much. Since you all have our written testimony, we'll just do a summary version of the testimony here, so good morning, Madam Chairman Harhart and Chairman Readshaw and members of the House Professional Licensure Committee. I am Marilyn Heine, M.D., President of the Pennsylvania Medical Society, PA Med. Thank you for the opportunity to share with you our position on House Bill 1717.

By way of introduction, I practice emergency medicine and hematology/ oncology, having completed four years of university education, four years of medical school, a sub internship, three years of internship and residency, and a four-year clinical and research fellowship. While PA Med does not accept the tenets of naturopathic medicine, we recognize there are individuals who seek this practice. Webster's Dictionary defines "naturopathy" as a "system of treatment of disease that avoids drugs and surgery and emphasizes the use of natural agents (such as air, water, and herbs) and physical means (such as tissue manipulation and electrotherapy)."

As a medical doctor, a physician, I believe in the science of medicine and in the value of evidence-based treatment derived from peer-review research. This is the physician's ethic. Consider a patient whom we will call Sheila, a thirty-two year old woman with stage four inflammatory breast cancer; Angie, a sixty-three year old with leukemia; or Richard, a twenty-eight year old with a life-threateningly low number of blood cells necessary to prevent hemorrhage. I base my treatment recommendations for my patients on results of clinical trials, years of painstaking scientific research done by experts, and guidance by the Food and Drug Administration. Because of the fundamental belief and approach in treating human disease, the Pennsylvania Medical Society cannot support House Bill 1717.

While proponents of this legislation assert the bill's purpose is to differentiate themselves from lesser-trained naturopathic practitioners, the bill goes well beyond that stated goal. Here are some specific objections to the proposed language. Chapter Four would give alarming latitude to naturopaths regarding their scope of practice. In Section 401, lines 7 through 10, the scope of practice of naturopathy is loosely defined as "consistent with naturopathic education and training." This suggests that their scope of practice could change any time their education

and training changes. This open-ended language fails to delineate what a naturopath can and cannot do in treating a potential patient.

You will likely hear today that a naturopath's didactic education is similar to that of a medical physician with the addition of hydrotherapy, Chinese medicine, homeopathy, botanical material, and hydromassage. However, their course of study pales in comparison to the rigors of scientific medical education. Importantly, naturopathic training includes very little direct patient care. Interestingly, their coursework also includes minor surgery labs and pharmacology, which seem inconsistent with the tenets of natural healing and speaks directly to their desire to practice well beyond the confines of their philosophy. Arnold S. Relman, M.D., as professor emeritus, Harvard Medical School, and editor-in-chief emeritus of *New England Journal of Medicine* reviewed the second edition of the naturopath's standard textbook as part of a legislative inquiry into naturopathic medicine. Dr. Relman said,

Primary care practitioners whose education does not include the use of prescription drugs simply cannot be expected to provide effective and safe care for many serious conditions they are likely to encounter. While it is true that unnecessary or inappropriate use of drugs is harmful, and that even proper usage of drugs can sometimes cause serious reactions, there can be no doubt that on balance prescription drugs have been enormously beneficial, and that drugs will be even more important in the future. The anti-pharmaceutical bias of naturopathic education... therefore poses real risks for patients who rely on naturopaths for the management of their illnesses. Without prompt and appropriate drug therapy many patients with serious diseases will die.

Section 401 allows naturopaths to order imaging studies, provide barrier contraception, and utilize "routes of administration" that include ocular, rectal, vaginal, and subcutaneous.

Does “barrier contraception” refer to condoms, or are they proposing to surgically implant an IUD in a woman’s uterus? I would hope not. Why would a practitioner who does not embrace conventional medicine want to order an MRI [magnetic resonance imaging], CAT [computerized tomography] scan, or an x-ray? What are they proposing to administer to an individuals’ rectum, eye, or other orifice?

While the bill prohibits the prescribing, dispensing, or administering of any controlled substance, it qualifies that prohibition by stating, “except as authorized by this act.” Section 402 grants naturopaths the authority to prescribe prescription drugs, including anti-microbials and bio-identical hormones. This adds to the intrigue. Are naturopaths asking the Legislature for licensure, or are they asking to be granted permission to practice medicine? Sections 401 and 402 contain considerable language to suggest the latter.

Section 506 would give naturopaths statutory authority to use the term “physician” in their title. For obvious reasons, not the least of which being the many years it takes to educate and scientifically train a medical physician, we vehemently oppose the unearned use of the title “physician” by any health care provider other than a medical physician as defined in existing statute. To grant naturopaths the authority to use the word “physician” in their title will mislead and confuse patients and potentially lead to serious harm.

PA Med recognizes it takes a team of appropriately, scientifically-trained professionals to successfully treat an ill patient. We leave – we believe patients are best served by teams that are physician-led. Consider aiding a critically-injured patient at a trauma center or a pregnant woman whose baby is in fetal distress. We can’t allow the lines of professional expertise and qualifications to become blurred. This is not unique in medicine or health care. Many professions, such as attorneys, engineers, and architects embrace this thinking.

In conclusion, House Bill 1717 is filled with problematic provisions. Please carefully consider what this measure seeks to accomplish and vote against its passage. Thank you again for the opportunity to be before you today regarding House Bill 1717. To the best of my ability, I am happy to answer any questions.

CHAIR HARHART: Dr. Gingrich?

DR. GINGRICH: Thank you. Good morning, Chairs Harhart and Readshaw and members of the House Professional Licensure Committee. I'm Dennis Gingrich. I'm an M.D. I was born and raised in Pennsylvania and received my medical and residency training in Pennsylvania. I'm a practicing family physician and have served for the last twenty-seven years on faculty at a medical school in – and I am presenting here today as President of the more than 4,800 member Pennsylvania Academy of Family Physicians. I might add that I've also served on my national academy's commission on education, as well, which oversees medical school and residency program education as it relates to family medicine nationally, and I'm grateful for the opportunity to be here today.

I might tell the committee that I was planning on just reading my testimony, but given the hour and given the fact that I'm thinking back to lectures that I'd given to medical students and have noticed drifting eyes in the back rows, I think I will change my plan and summarize instead.

CHAIR HARHART: Summarize? Thank you very much.

DR. GINGRICH: It looks as though you agree with that strategy, Madam Chairperson. At any rate, the Pennsylvania Academy of Family Physicians has several concerns, even though we recognize and appreciate the underlying questions that House Bill 1717 is designed to answer. Those concerns, however, prevent us from supporting this bill, and they really deal with questions based on what is the potential risk or potential negative consequences of the scope of

practice that the licensure relates to? And secondarily, what potential confusion might it engender in the public who may raise their expectations once licensure would be achieved in terms of what they would expect from a naturopathic practitioner? And would that blur the boundaries or confuse the public as to a choice between care from a traditional physician or naturopathic physician?

In, in that end, there are three areas that I wanted to explore briefly. One is to point out that the educational background and continuing education of a practitioner is not the same between a naturopath and a traditionally-practicing physician, specifically, in my case, a family physician, and there are four things that I think that I would like to point out to the committee that are different. One is that for all, all medical schools, applicants to medical school need to take an MCAT, a medical college admission test, and it helps us a great deal, and I say “us” because I also serve in my school’s admissions committee, to sort out the qualities of applicants who are going to be expected to absorb a huge amount of information and then ultimately look at all the complexities of practice. In my school, for example, there are more than 6,000 applications for 145 positions, and we need to sort out what kind of future colleagues we want. We find that the MCAT is very helpful in sorting out students who won’t be able to absorb and apply that information, and I don’t think that there’s any counterpart for naturopaths.

The second thing is that the board exams are different. Naturopaths, it’s my understanding, take two exams of traditional medical students and in early residency would essentially take four exams. Board step one, two parts of step two, and a step three, so that’s also different. Probably one of the major differences is residency training. To be a board-certified practicing family physician, all of us need to complete three years of residency training after the four years of medical school, and that includes a lot of material, including inpatient family

medicine; outpatient longitudinal family medicine; inpatient and outpatient pediatrics, obstetrics, and gynecology; surgery; psychiatry and behavioral medicine; and selected subspecialty experiences, and it appears there's no requirement for that type of residency training for naturopathic physicians.

And then finally, in terms of continuing medical education for continued board certification and family medicine, some form of education needs to be performed almost every year, either disease or practice-based assessment modules or performance and practice assessments, along with a major examination every 10 years and 150 credits of continuing education every 3 years. Even with House Bill 1717, it only requires forty hours of continuing education every two years, so there's a substantial difference there, as well, so my point here is that the education, both of students and of continuing education, is different in many respects between naturopaths and traditionally-practicing physicians.

The second point I'd like to make Dr. Heine already alluded to, and that's where is the evidence for validity of practice within naturopathic medicine? And this is not to denigrate the quality or the dedication of naturopaths, but increasingly, over the last decade or two, evidence-based medicine has been moving to the fore in traditional medical practice and is now considered so important that in my medical school we have a dedicated course just in what is evidence-based medicine, how to look at it, how to apply it in practice, and this includes rigorous scientific inquiry, randomized controlled studies, and meta-analyses, which appear not to be in place in either the education or practice of naturopathic medicine, and that raises questions as to the validity of the results of that practice, and then finally, also, a concern that Dr. Heine alluded to, which is is the scope of practice greater than the training would warrant? I have particular concerns about a Chapter 4 section in which, in which liberally-construed definitions of practice

are alluded to, which I think is a very loose definition of what the practice scope would be, and also, I have concerns about prescribing anti-microbials and, and bio-identical hormones, which Dr. Heine also alluded to.

So as I summarize, I just wanted to point out a couple of things. I also wanted to make sure that the committee is aware that complementary and alternative medicine is not the sole – is not provided only within naturopathic medicine. It's increasingly coming into practice in mainstream medicine, as well, and since I can speak best for family medicine. For example, our residency program at the University of Arizona includes a fellowship in complementary and alternative medicine, and within my department, one of my colleagues incorporates acupuncture and another herbal medicine within the practice of traditional family medicine in nearby Hershey and its environs.

I also want to make sure that it's understood that I have no disrespect for naturopathic physicians. I admire their dedication, and in fact, I applied a similar holistic approach to medicine as our naturopathic colleagues do, but again, in summary, the Pennsylvania Academy of Family Physicians opposes House Bill 1717, primarily because of the concern about negative consequences of the licensure, [but also because] our education and training and continuing education are not the same. There's a relative lack of scientific proof for the results of practice, and I have concerns about the scope of practice based on the level of training.

So thank you very much for the opportunity to provide the Pennsylvania Academy of Family Physicians's views. The Pennsylvania Academy will continue to work toward understanding better the field of complementary and alternative medicine but does respectfully oppose House Bill 1717. Thank you.

CHAIR HARHART: Any questions? Representative Maher.

REPRESENTATIVE MAHER: Thank you, Madam Chairman. Dr. Gingrich, thank you for traveling all the way from Hershey to be with us today. You mentioned you're a board-certified family physician, and to receive that nomenclature, you needed to attend a residency for some years after you completed your medical degree. Is that right?

DR. GINGRICH: That's correct, for, for....

REPRESENTATIVE MAHER: And during that time, you were still an M.D. You could still call yourself an M.D. You just couldn't say you were board-certified family.

DR. GINGRICH: Let me provide a little more detail to that. And family medicine is sort of a microcosm of the larger medicine, the differences being primarily the type of training and specialty and the length of the residency program would be the primary differences. But looking specifically at family medicine, with me as an example, I completed four years of medical school after college and then a three-year residency program. I received my M.D. degree, Representative, after I completed my medical school but was not allowed to practice in an unrestricted, unsupervised way until I completed the three years of additional training within the residency program.

REPRESENTATIVE MAHER: All right and such is the case in many areas of medicine.

DR. GINGRICH: That's correct.

REPRESENTATIVE MAHER: Where individuals complete medical school. They're M.D.'s, and depending upon their specialty, they may take this sort of the residency or that sort of fellowship and on and on.

DR. GINGRICH: That's correct.

REPRESENTATIVE MAHER: But you're still an M.D.

DR. GINGRICH: Yes, yes, I am.

REPRESENTATIVE MAHER: And you can still legally call yourself an M.D.

DR. GINGRICH: That's correct.

REPRESENTATIVE MAHER: No one else can unless they....

DR. GINGRICH: No, no one who's not trained in an allopathic school can, can claim an M.D. degree. That's right, and I might just add, if I could, Representative, that my father is a CPA, and I admire your....

REPRESENTATIVE MAHER: I'm delighted. There are a lot of them today.

DR. GINGRICH: And I admire your incisive questions.

REPRESENTATIVE MAHER: Now, now you mentioned about the – your, your concern about the MCAT and lack of a comparable exam to your knowledge, and I would just offer a comment that I'm less concerned about the test somebody takes to begin their education than the tests they take to – after they've completed their education, and, and it – while it was interesting to hear that there's two exams for the one and four exams for the other, you know, I might mention to you there's five parts to the CPA exam. Well, I don't know that that makes it a better test than if there were four parts or three parts or two parts, but I think it really deals with the content, and I'm – so I'm just interjecting those couple thoughts. On continuing education, I, I think I would agree with you, and I'm glad you raised that point. There probably should be a continuing education component. As to the scope of practice, this is always the rub when we're in the, the medical area, and I say, Dr. Heine, I think your, your testimony today we could almost take the testimony that dealt with the direct access for physical therapy and just change “physical therapists” in there for “naturopaths,” and it would be pretty similar testimony, so I would say I'm very open-minded about the scope of practice, but I've got – the key question for both of you is – you recognize that there are all sorts of people availing themselves of this sort of care, and

without subscribing or conceding to the efficacy of the care, do you believe that the safety of the public is enhanced by – as we’ve done with acupuncturists, massage therapists, physical therapists, optometrists, providing that the public knows that there’s some standard of training involved for someone to call themselves a doctor of naturopathy as opposed to Mark Mustio calling himself a doctor of naturopathy. Is, is that an enhancement, or is that detrimental?

DR. HEINE: Yeah, one of the concerns about the exam. If you look at actually how it’s administered and the rigors with which it’s scored, there have been a lot of critiques in, in looking at that to show that there isn’t a definite validity to how the exam is actually marked so that people have been given credit for incorrect answers, at least by the critique that’s been done, so....

REPRESENTATIVE MAHER: You’re talking about the CPA exam? I know that happens there.

DR. HEINE: No, no, by the naturopathic exam, so if there is an exam that actually is valid and can be proven to be uniformly administered and uniformly scored without any variance from that, that would be reassuring. The current way that it’s done leaves it open to question.

REPRESENTATIVE MAHER: The big question is we have limited the use of the term “nurse” for the public’s interests from this committee. I don’t think the Senate’s embraced that yet. We’ve limited the term “massage therapist.” We’ve limited the term “acupuncturist.” We’ve limited the term “physical therapist.” We’ve limited the term “optometrist.” Don’t you think that the public safety’s also enhanced if we limit the term “doctor of naturopathy” to those who have some standard of training and some standard of examination?

DR. HEINE: Our main concern is really with regard to the use of the word “physician,” which is currently spelled out in statute to refer to those who are the recipients of M.D. and D.O.

degrees, so that is really the issue, and if you talk to a colleague from Arizona, for example, where they have naturopathic physicians, the patients, many times, are very confused. And what the level of expectation that they should reasonably have and the philosophy of practice of naturopathy is such that one is gravely concerned, as Dr. Relman has commented, not only in what we shared with you today but in other commentary along with his review that there are patients, for example, who look to be taken off of medication. But let's say they have life that – life-threateningly high blood pressure. They want to be taken off of that? Well, that risks them having a stroke, and so there is nothing to, to adequately deal with that level of acuity of the patient. Likewise, someone who has heart disease, they might – the naturopaths, their philosophy is not to embrace medical and interventional therapies such as has been proven time and again, so it's very important for someone to have a clear understanding, as a patient, for their own safety of what can be reasonably anticipated through their care.

REPRESENTATIVE MAHER: And the term “physician” is, is pretty narrowly applied here in Pennsylvania right now.

DR. HEINE: It's delineated in statute.

REPRESENTATIVE MAHER: And, for instance, dentists don't generally call themselves “physicians.” I don't know if they can.

DR. HEINE: They're not allowed.

REPRESENTATIVE MAHER: They can't, okay. But they can call themselves doctor. They have – so “doctor” is a term with a broader use because it cuts across disciplines, but it still implies something to the public, and my view is that the public deserves that if someone's calling themselves “doctor” that that actually means something, particularly if you're in the health profession. Like, for instance, if someone who might have a doctorate and be a physical

therapist, they can call themselves “doctor” and say they’re a physical therapist, but they can’t call themselves a “physician,” and if someone who’s a doctor of optometry can say “I’m an ‘optometrist’ and I’m a ‘doctor’,” but they can’t say they’re a “physician,” and would same basic model make sense to you here?

DR. GINGRICH: Well, I, I think – as I look at the larger context, I think we, from my standpoint, we need to look at how is the public best served, and as I look at the training for family physicians and how we try to provide the best care we can to patients within Pennsylvania, I mean, we look to who our colleagues are. We look to the training that we received. We look at our continuing education. We try to keep up to date, and we try to increasingly participate with patients in a partnership way so that they understand where we stand, they understand what our training is, and they understand how we work together. Also importantly, and I’m going back to evidence-based medicine again, we draw on our training, and we draw on the, the studies that have been demonstrating the best outcomes that we could be applying to our practice and put that into practice for our patients. And I guess if I could summarize my multiple concerns about what the bill might do is I would like to echo what Dr. Heine said. I think it can create some confusion as to what naturopaths can offer, what we can offer, that possibly would lead to erroneous choices from the public, and I, I don’t see the same rigorous establishment, at least from my standpoint, of evidence-based medicine into the application of decisions that are made and treatments that are prescribed for naturopaths.

REPRESENTATIVE MAHER: And do you think the status quo provides more protection on that point?

DR. GINGRICH: For me, I look at it as a matter of risks and benefits. I – and as I mentioned, I can understand the reasoning that led to the construction of the bill and respect that,

and to my way of thinking and that of my academy, the risks are higher than the benefits when everything is laid together.

REPRESENTATIVE MAHER: So Mark Mustio cannot, who, by the way, in case you don't – aren't getting this, most of us in the room are – and Mark, is it fair to say you have no medical training of, of any sort? When Mark Mustio can, in Pennsylvania legally say he's a doctor of naturopathy, you think that's a safer condition than if he can't?

DR. GINGRICH: I think the public – well, certainly, I would – I respect Representative Mustio in whatever his decisions are that, that he might do, but I, I think we need to look at the context of what, what are – what the patients of Pennsylvania would understand and how they would make the decisions that would be best for them based on what they understand, and I think that this could raise as many questions as it would answer for the public, even with an effort at public education.

CHAIR HARHART: Representative Mustio.

REPRESENTATIVE MUSTIO: Thank you, and thank you for your testimony, and for the public there's no need to worry. I'm not going to practice it. I'd like to follow up, if I could, on your, your comment kind of disturbed me earlier. You said something, if I heard it right, that somebody was given credit for answering a question correctly when they had done so incorrectly. One, I want to know how you know that, and two, what type of – who was administering that test?

DR. HEINE: The e – the entity that was administering it within the state where it was being given was charged with doing that, and we can provide that information for you.

REPRESENTATIVE MUSTIO: Because it's my understanding, if it's an accredited university, that accreditation and that test is administered by a group that's under the auspices of

the Department of Education, so perhaps that was done by one of these non-accredited schools that we were referencing earlier? Would that be the case? Could there be a chance that that's the case? I'd hate to have – since this is televised, I'd hate to have a misrepresentation out there that perhaps it was that you were saying that this was an accredited university or an accredited program where the Department of Education of the United States that was administering an exam and giving someone a yes answer when they had answered it incorrectly.

DR. HEINE: I believe it was the board within that particular state, and I don't know what....

REPRESENTATIVE MUSTIO: Okay.

DR. HEINE: At different points along the time, the naturopathic profession has been under the Department of Education and other times not been certified. It might have been at a time where there – it – they might have not been under that, but we can, again, get that information for you.

REPRESENTATIVE MUSTIO: I would appreciate that, and – because that certainly, in my opinion, would point to the need for further regulation. What is – I've heard the term “integration.” What is – for example, UPMC [University of Pittsburgh Medical Center] has a center for integrative medicine. What is that?

DR. GINGRICH: I'm not sure I should be speaking for UPMC, but....

REPRESENTATIVE MUSTIO: Speak – let's forget the UPMC part. The term's been used here earlier, “integrative medicine.”

DR. GINGRICH: But, but my understanding of integrative medicine is that it, it comprises a variety of potential treatments and modalities for patients, some of which are more traditional and some of which are less traditional.

REPRESENTATIVE MUSTIO: And I heard you earlier say that there was a lack of scientific proof. Then, I think I also heard you say that as part of your coursework, now, you're starting to teach these subject matters that we're having this hearing on today and that you also have some of your colleagues that are practicing this, so could you kind of expand on that for me a little bit?

DR. GINGRICH: Certainly. What has evolved in traditional medicine is more and more reliance on objective studies, particularly randomized control studies and multiple randomized control studies that are lumped together in what are called meta-analyses because if you – even if you set up a controlled study that seems reasonable in every way that are met – there are many factors, as you know, that can influence it and perhaps obtain erroneous data from one study. It could be a small sample population. There could be other variables that are unpredictable, so it's become recognized that if we can design very objective studies and lump more than one study together and look at all of them, we have the best chance of coming up with the correct answer on how to diagnose and treat any one of a variety of treatments, and it's being applied across the board in medicine right now as a way to make sure that what we have traditionally done in care is actually based not just on tradition but actually on objective data that it actually helps patients, and I'm not sure that I see the same thing present in naturopathy. If it's there, I, I've missed it, but certainly, it's become so mainstream. The point that I wanted to make is that it's become so mainstream is that not only are these increasingly occurring in the literature and being applied in practice but that it's actually being integrated into our educational system in ways that I think are not in naturopathy.

REPRESENTATIVE MUSTIO: Would it be fair to say that a lot of that integration is because the public's demanding it?

DR. GINGRICH: I would say it's a combination. If I could confess something, I think traditional medicine might be a little slow on the draw to respond to some of the public desires. I think we're getting – this is just my opinion that I'm expressing now. I think we're getting a little bit better at that than perhaps we had been in the past, but I think it came, probably at least as much from inside medicine as from outside medicine. As we begin to ask the question, should we be making decisions based on what we have always done, which may or may not be correct, especially as new modalities continue to be – to come to the fore and are discovered, or should we really look objectively at the decisions we're making to try to make sure as well as we can the decisions we make for our patients are the ones most likely to benefit them?

REPRESENTATIVE MUSTIO: And, and what training do you have in these naturopathic remedies throughout your medical school education training?

DR. GINGRICH: In my training – now, you have to understand. I know I appear quite young, but I've actually graduated from medical school in [19]76. There was no complementary alternative medicine training at that time or in my residency, so what I've learned over the years has been self-taught or within courses.

REPRESENTATIVE MUSTIO: There were probably a naturopath in the back that said you'd look younger had you taken some of that training and, and practice. In fact, I'll give you my card.

DR. GINGRICH: Did I hear you guarantee me that I would look younger if I follow your advice, Representative?

REPRESENTATIVE MUSTIO: There's a waiver on the bottom, I'm sure. One more question. On the, on the continuing education. In the field that I do as a profession in addition to the legislative is, is in insurance, and we have continuing education there, as well, and the

options we have there are to go onsite to do it. Can you explain to me the options that – you know, doctors are very busy, so I'm assuming that you're not always able to go onsite for your continuing education, but there's other avenues to qualify for credit.

DR. GINGRICH: Yes, there – and Dr. Heine can answer this, too, but there are multiple opportunities now for continuing education. I can speak for the Pennsylvania Academy of Family Physicians and the American Academy of Family Physicians. For example, there are opportunities to go online for training. You can go to a conference in person. You can receive by regular mail materials that you can either listen to or read and then send back, answer questions appropriately that are graded when you send it back for credit, as well. All of those opportunities are available. In fact, I just participated last year in an audio lecture series for my national academy discussing the treatment of hypertension in geriatrics, and it was a conversation with an editor along with questions designed to show that the listener could actually learned material from the lecture. It came on a cd. You pop it in your car. You listen to it when you drive to and from work, and you can still get credit if you can demonstrate that you answered the questions correctly, so a variety of modalities are available for continuing education these days.

DR. HEINE: Right, and not only are they available, but we're required, as you know, to have one hundred hours over a period of time, including patient safety hours, as well as the – not only the opportunities to do the audio and do the online, but we have labs and other things, but we also, for our various board certifications, for example, internal medicine, hematology/oncology, emergency medicine, and the others that are part of the American Board of Medical Examiners or the osteopathic equivalent, have requirements that you have continuing certification, so you need to make sure that you are really professionally prepared in a whole

array, both patient care-oriented, scientific basis, didactic, so you really need to make sure you have not only your credits for the state but also for your relative – your respective board certifications. I just wanted to make one other point, and that is with regard to the opportunity for different types of care to be delivered and the need for scientific basis. One of the things that had come out in a review of different modalities of treatment from the naturopaths was actually, for example, the use of St. John's wort, where it's being used for certain conditions in patients, and yet, for tho – including HIV-related disease, and as you know, we've made tremendous strides through treatment of HIV and really because of heart therapy, which is a multi-medical – different types of medicines in combination were able to really make sure that patients have relative good health, yet if they use St. John's wort and ---, which is one of the medications in that combination medical treatment is no longer as effective, so it's really going to be deleterious to patients. That was recognized by the FDA and was recommended against yet still considered part of the treatment regimen for the naturopaths, and so it's important to use – in, in addition when we use the complementary and alternative medicine to have, as Dr. Gingrich said, to make sure that it is scientifically-based.

REPRESENTATIVE MUSTIO: Now, that example you just gave. Was that being taught at the universities and promoted by those naturopathic doctors that graduated from accredited universities?

DR. HEINE: That's our understanding.

REPRESENTATIVE MUSTIO: That's your understanding. Is that a fact?

DR. HEINE: We could check that for you and get back to you on that.

REPRESENTATIVE MUSTIO: Yeah, again, see, I think that is – kind of – you're kind of making our point here. You're – there's a confusion, and there's a differentiation, and what

my – and I think those that are cosponsoring the legislation are trying to do is to make sure that the public is not confused so that when somebody hasn't a designation behind their name that the public then has confidence that they'll be able to work in collaboration with their physician with some confidence as opposed to the scenario that you just outlined. That would concern me as well, but I also want to make sure that we're not out there stereotyping the entire group, and that's, that's really what I think has brought this problem to the forefront from my perspective.

DR. HEINE: Right.

REPRESENTATIVE MUSTIO: And Dr. Gingrich, I, I would like to, I guess, make the statement from my perspective that the intent of the legislation is not an assault on the family practice physician positions. In fact, one of the former presidents, I believe, of your association is my physician, and I told you earlier before the, the hearing that I'm his longest-living patient and his second patient. I was his second patient, so I, I respect that, and the intent is not to attack or to have a turf war here. The intent is to protect the public and to recognize that there appears to be a demand for some alternatives, and this collaboration, I think, ultimately benefits us all, and that's what we're trying to do, and, and I thank the Chairwoman for the – for having the hearing today, and I think we all learned a lot.

CHAIR HARHART: Thank you. Thank you very much for your testimony. I'm – that does conclude today's hearing. As my recommendation as chair of this committee, I recommend that Representative Mustio sit down with all the parties and see if he could get rid of all the confusion and sit down and see if, if, you know, we can take care of some of the concerns that everybody had addressed here today, so with that....

REPRESENTATIVE MUSTIO: Does that mean we have to do that right now?

CHAIR HARHART: No, that doesn't mean that. That means that you have your work cut out for you in the next whatever, how long.

REPRESENTATIVE MUSTIO: We've got a captive audience right here, Chairwoman.

CHAIR HARHART: And so anyway, this does conclude today's business, and I do thank everybody who came out today and who took the time to give their testimony. Thank you very much.

Meeting is adjourned.

(Whereupon, the meeting adjourned at 12:20 p.m.)

The above is a full and accurate transcript of proceedings produced by the Chief Clerk's Office of the Pennsylvania House of Representatives.

Erin E. Miller, Chief Clerk's Office