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BILL 1717

Transcript for the purpose of my testimony:

My opinion is, that we have to have **Less Regulation and more Education**, Explanation: The public needs to be more educated towards the selection of their health care providers.

Licensing Naturaphathy Physicians would only create a secondary "Doctor" profession – and be more confusing to the public.

If one interviews the public what scope the practice of a Chiropractor has, most people will answer that they would really not know, or that they are a natural health care Doctor. Which we know they are not. And creating yet another Health Care license – Naturaphathy – would only be even more confusing and add to the creation of another 'elitist group'.

Further more – many natural health care providers are popular because their fees are for the most part very much less than a medical doctor. If there is a state license there will be an dramatic increase in those fees and and many people will not be able to afford a natural health practitioner or any kind of health care. And since there are NO Naturapathic Colleges or Naturapathic Medical Schools in the State of Pennsylvania the scope of this bill is not conducive to the practitioner working in this state, since they have to leave the state to comply with the requirements set forth.

However there are several national organization including a Canadian one that have stringent requirements for certification and if the State feels that they must exercised some kind of control it can be managed in the form of certification or registration on a voluntary basis for the practitioners. And a fee can be excrsed for the registration, the state would be able to know what practitioners are out there and keep excising their responsibility to the public.

Most of the national certifications organizations demand that each applicant must have a minimum Physiology and Anatomy course completed and a certain amount of hours appropriated to their modality at an school that is approved by the certification agency. In addition; There are many excellent surveys on occupational regulation across the professions. Using the optometrist profession as a sample, I will review the conclusions of this study. Many health service researchers have studied the market because it provides a natural experiment with respect to regulation. State-by-state self-regulation of optometrists and opticians has led to a wide variation in the types of regulations governing ophthalmic practices. Emprirical research suggests consensus on the need to deregulate the market for health care professionals' services. Many studies have documented the negative consequences of health professional regulation for consumers and the positive consequences for the regulated group members. Specifically, although researchers have not been able to observe the consequences of a totally unregulated environment, their observation of incremental variations in regulatory practices generally supports the view that tighter controls do not improve the quality of service provided. In fact, restrrctive practices rnvariably contribute to higher fees and practitioner

incomes that benefit the protected professional groups at the public's expense" Thus, they call for the deregulation of health manpower.

Li censure. All states and the District of Columbia require the licensure of optometrists. In 1986 the restrictiveness of optometrist licensure was measured according to the number of subjects covered in the state licensing examination. It was found that increasing the restrictiveness of optometrists' licensing examinations had a positive and statistically significant impact on the price of the eye examination and eyeglasses *but had a statistically insignificant impact on the quality of the eye examination--measured by the thoroughness of the examination.*

With respect to opticians' licensure, it was found that in states where opticians need a license to practice, consumers have a higher probability of selecting an optician to dispense contact lenses. But such licensure appears to have a statistically insignificant effect on the quality of contact lens fittings opticians provide. Thus, consumers may erroneously use licensure as a signal for quality of care. The same would be for Naturapathic Practitioners.

And it has been shown, with many licensed professions, that licensing is definitely NOT an assurance of conscientious and superior care.

The occupational licensing laws and related scope-of-practice and business practice regulations promulgated by licensing and regulatory agencies appear to have very significant implications for the costs of health care services and the degree to which competition in health care markets can be used to control costs.

Despite the clear empirical evidence that those regulations increase the quality-adjusted prices of health care services and decrease the ability and willingness of certain health care professionals to compete in the market, the federal and state governments appear to be doing very little to deregulate the market for non physician professionals' services. This is somewhat surprising given that the empirical literature suggests the appropriate public policy is to deregulate.

In conclusions: I think that licensing of any kind of natural health care practice at this time would not serve the public and should be shelved until further studies. However if the state wants to issue a registration process or certification through any of the competent certification agencies as mentioned above – then it should do so for each modality:

Iridology, Herbalogy, Nutrition and Homeopathy, etc. Homeopathy by the way should never be lumped into the practice of Naturaphathy, since it is very different from any of the modalities mentioned.

Respectfully

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I understand that the bill is proposing to license Naturopath Practitioners and it is including the practice of homeopathy into the bill. I am opposed to that for the following reasons'

A: The education for a Homeopath is a minimum of 4 years by itself and falls in the realm of energy medicine and not in the realm of herbal treatments or nutrition as it is for a ND. If there is a licensing Homeopathy Practitioners should be licensed in their own right and not be included in the practice of an ND unless the ND has gone through the professional diploma education of a Homeopath. Including homeopathy into this bill would be the same as if you include Acupuncture or Chiropractic into the same bill.

B: The homeopath society NASH & CHC has been working on developing a separate policy nationally for its members that spells out education and certification process in order to practice in the US ever since Washington has enacted

<http://www.gpo.gov/idsys/pkg/PLAW-111publ148/pdf/PLAW-111publ148.pdf>

The homeopath community is also working on regulating homeopath schools and the education process for a Homeopath is requiring college level Physiology & Anatomy plus Pathology & Disease in the curriculum and clinical practice. With that Homeopathy will join chiropractic and acupuncture as part of the governmental health plan and become a mainstream natural health care alternative

Furthermore I do not think that the public is served best by a natural health practitioner license. Since there are no eligible schools in this state and a license can give a false hope of security to the public

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