

**Pennsylvania Academy of Family Physicians
(PAFP)**

Testimony

Pennsylvania House of Representatives
Professional Licensure Committee

House **Bill** 1717
Naturopathic Physician Practice Act

January 19 , 2012

Testimony Presented by:

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**PENNSYLVANIA ACADEMY
OF FAMILY PHYSICIANS**

Good morning Chairs Harhart and Readshaw, and members of the House Professional Licensure Committee. I am Dr. Dennis Gingrich from Hershey, Pennsylvania and current President of the over 4,800 members of the Pennsylvania Academy of Family Physicians, (PAFP). I am a practicing family physician who received my medical school and residency training in Pennsylvania. I have served as a faculty member in a medical school for 27 years and am a member of the school's curriculum oversight committee. I also serve on the Commission on Education for the American Academy of Family Physicians (AAFP)– the commission that oversees medical school and residency program education as it relates to family medicine in the United States.

I am grateful for the opportunity to be here today to speak with you about House Bill 1717, the Naturopathic Physician Practice Act, introduced by Representative Mark Mustio.

We recognize and appreciate the underlying questions that House Bill 1717 attempts to address. First, should the government separate the traditional naturopaths versus those who have graduated from one of the six accredited naturopathic schools in the U.S. and Canada, by licensing the latter group, and prohibiting the former from practicing? And secondly, if the answer is yes, what should the state establish as the scope of practice for naturopathic practitioners?

The PAFP has struggled with these policy questions as well, recognizing that Pennsylvania is one of 35 states that does not license, register, or certify naturopathic practitioners. In analyzing HB 1717, we recognize that there is a difference between viewing naturopathic care as complementary, versus allowing naturopathic practitioners to provide the full gamut of primary care, as family physicians do. The PAFP has concerns that by licensing naturopathic physicians, it will confuse the public and patients by sending the message that naturopathic practitioners are educated and trained to provide the equivalent care and medical services to that of a primary care physician, which we do not believe is factual. Let's consider the education, training and licensure standards of a primary care physician versus those of a naturopathic practitioner.

In order for a person to attend medical school, he or she must first take the Medical College Admission Test (MCAT). Entrance to medical school is highly competitive and selective for the best students as future physicians. For example, my medical school receives more than 6,000 applications for a class of only 145 students each year. As we understand it, there are no entrance exams for the six accredited naturopathic schools.

Both medical schools and naturopathic schools require four years of education for graduation. Both require examinations before completion. However, this is where the similarities end. Naturopathic practitioners are required to take and pass two exams in order to graduate, whereas, family physicians must complete two National Board exams, the second being a two-part exam that includes a clinical skills assessment. Family physicians are also required to take a third National Board examination, which provides for a final assessment of physicians who will independently provide care to patients. To the best of our knowledge, naturopathic practitioners do not take a third examination of this kind.

For Board-certified family physicians, the unlimited ability to practice medicine and to treat patients without oversight does not come until three years after graduation from medical school. During these three years, family physicians are put through the rigors of a residency program, where they receive vital training in real world primary care medicine and treatment situations. Family medicine residency programs provide continuous learning to fledgling physicians so that they can apply their medical school education to actual patient care. The residency curriculum includes such areas of training as inpatient family medicine, longitudinal outpatient family medicine, inpatient and outpatient pediatrics, obstetrics

and gynecology, surgery, psychiatry and behavioral medicine and selected sub-specialty experiences. It appears there is no requirement for residency training for naturopathic practitioners, but an optional 1-year program for those who wish to participate. Furthermore, House Bill 1717 does not appear to address any residency training requirement for naturopathic practitioners.

In order to continue to be board certified in family medicine, family physicians are required to constantly update their skills via continuing medical education. Act 13 of 2002 requires 100 hours of continuing medical education as a precondition to licensure renewals every 2 years. Family medicine Board certification also requires the completion of disease and practice-based self-assessment modules and performance in practice assessments, on average one per year, with a more comprehensive examination every ten years. We are not aware of any continuing education requirements for naturopathic practitioners via its accreditation. HB 1717 requires only 40 hours of continuing education in a 2-year period versus the 100 hours required of family physicians.

Much of our remaining concern with the legislation stems from the legislation's definitions of naturopathic therapies and medicine, which do not appear to be evidenced-based or scientifically proven. Over the last few decades, evidence-based medicine has been an integral part of mainstream medical practice and education. It appears that there is a relative lack of randomized controlled trials and other forms of rigorous scientific inquiry into naturopathic treatments, which has not gone unnoticed by the medical and scientific communities.

Equally troubling, is the expansive scope of practice section in Chapter 4, which would apply the "liberally construed" definitions to the practice of naturopathic practitioners.

The PAFP asked our practicing physician members about their concerns with the legislation. Specific to ordering and performing laboratory examinations, one PAFP member asked, "Without a requirement of residency training, what is the training process for understanding the principles in ordering labs and diagnostic imaging?"

Regarding prescribing prescription drugs, one PAFP member expressed concern over the ability to, "Prescribe antimicrobials and bio-identical hormones. These medications, along with many of the other "natural" products, will frequently have interactions with other medications patients are taking or medical conditions that patients have. Will naturopaths understand the ramifications that some of their treatments will have and could unintentionally but easily cause significant harm to patients? Of particular concern is this potential for harm in prescribing prescription drugs, which is greater than that of many modalities of practice because of the potential for drug side effects, drug interactions and drug/herbal medicine interactions. As warned by the National Institutes of Health, "*Natural*" does not always mean *safe*."

In summary, HB 1717 would license naturopathic practitioners and provide them with the same scope of practice as a primary care physician, when in fact their education and training are not equivalent. Family physicians are required to complete a three year residency training program, whereas naturopathic practitioners are not. The National Board examinations for physicians are more extensive as well. The lack of scientific proof for many of the treatment modalities of naturopathic practitioners is troubling, both for licensed physicians and for the patients who may believe that naturopathic practitioners are a substitute for primary care physicians.

Thank you again for the opportunity to provide the PAFP's views on House Bill 1717. The PAFP will continue to work toward understanding the field of complementary and alternative practices. At this time, I'd be happy to answer any questions you may have.