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TESTIMONIAL SUPPORT for HOUSE BILL 1717:
To LICENSE NATUROPATHIC PHYSICIANS in the STATE of PENNSYLVANIA

Linda Solomon RN BSN

Presented to the Courts of Pennsylvania in Consideration of Passing HB1717

A Case for Freedom of Choice and Safety in Healthcare and

Rights to Integrative Medical Care for

Pennsylvania Residents

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TESTIMONIAL SUPPORT for HOUSE BILL 1717: To LICENSE NATUROPATHIC
PHYSICIANS in the STATE of PENNSYLVANIA

INTRODUCTION

The purpose of this document is to illustrate the indispensable value in licensing naturopathic doctors (ND) in Pennsylvania in order to safe-guard practical alternative treatment options for our residents. In our rapidly changing healthcare industry, today's consumers are increasingly choosing complementary and alternative medicine (CAM). Since CAM services are not integrated into the current healthcare system, patients are left to choose practitioners at their own risks. We may consider the potential dangers for patients being treated by multiple practitioners in the absence of collaboration or the possibility of being treated by someone who is unqualified. Finally, by demonstrating the risk of having naturopaths unlicensed and the benefits of licensure, it obligates all who are concerned with healthcare, to reconsider the implications of the current laws. This is a critical time for legislators, to improve the safety, quality, access and costs of healthcare. Passing I-house Bill 1717 will achieve these objectives by providing Pennsylvania resident's access to licensed NDs in collaboration with allopathic physicians.

Relevant Experience of the Author

Linda Cardelli Solomon has been a registered nurse since 1986 with experience in the areas of acute and chronic care of adults and pediatric patients. Some specific areas of work include critical care, trauma, medical-surgical, long-term care and oncology. As a native of Philadelphia, she has heard countless stories over the span of the last 20 years from patients, families, and community members about their experiences with CAM practitioners. Many of these reports were positive while others revealed something akin to the practice of "voodoo". Patients also reported responses by their allopathic physicians to their request for alternative

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modalities, all of which included dismay, discouraging its use, down-playing the potential benefits, warnings of the dangers, and threatening to withdraw from patient cases, Inpatients' words, all of these responses drove them to secretly pursue wing CAM services. alone and unprotected. On a personal level, Linda has used CAM for 15 years with the same experiences: finding good practitioners and others who were frauds making false claims and providing unsafe services. Other personal experiences which promoted an interest in CAM follow:

In 1972, Linda's 22-month-old son succumbed to Viral Encephalitis and subsequent Rye Syndrome within 24 hours following the administration of baby aspirin during a viral infection. A study of this mechanism revealed that aspirin interferes with the body's innate inflammatory response which destroys viruses. A few years later she observed her grandfathers demise and death resulting from an interaction between medications which were prescribed to treat cardio-pulmonary disease. While working in long-term care facilities, Linda witnessed over-prescribing to elderly patients who were often receiving 12 pills at one time and up to two to three times per day.

Currently, Linda works in Philadelphia as an oncology nurse where naturopathic doctors are integrated to treat patients in collaboration with the medical team. For over three years now, Linda has witnessed the profound benefits to patients receiving naturopathic treatments to prevent and treat the harmful side effects of chemotherapy and radiation treatments. These observations are supported by the over-whelmingly satisfactory reports by patients with their comparisons to previous chemotherapy experiences. Many report having asked their previous physicians to consider alternative modalities, but these treatment options were not available

Evidence Supporting HB1717

The healthcare industry is currently driven more by the pharmaceutical and medical supply companies, money, prestige, and politics than the purpose of its service to comfort and heal the sick. The following observations support a conservative use of pharmaceutical substances:

- the comparatively favorable health of individuals in other cultures who use conventional medicine to a lesser degree;
- the high incidence of untoward effects by pharmaceutical products and/or their interactions resulting in permanent damages and disabilities and
- the high cost to remedy medical complications and in some cases long-term futile care is most often related to pharmaceutical treatments

As a result of the driving forces in our healthcare system, our society has deviated from a humane approach to the care of the sick and infirmed.

House Bill 1717 is a proposal to support licensing, regulation and integration of naturopathic doctors into mainstream medicine for the benefit, rights and safety of Pennsylvania residents. The following evidence supports the passing of HB1717 to license naturopathic doctors:

- fulfills the duty to protect healthcare consumers from unsafe practitioners for patients who choose CAM services, and, who, under the current laws are forced to go outside the traditional healthcare system alone;
- meets the market demand for services belonging to healthcare providers so that all services are available under one umbrella driven by collaboration and safe practice;

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- restores trust in the traditional healthcare system and that allopathic providers will incorporate CAMs safer, less-invasive treatment options;
- distinguishes those members who are qualified to administer naturopathic care and therefore exposes unqualified practitioners. and frauds who prey on desperately ill individuals;
- sets guidelines and boundaries for unlicensed practitioners;
- gives consumers a benchmark by which to choose safe, qualified practitioners;
- gives Pennsylvanians access to naturopathic services they desire to promote their own and their families' health;
- recognizes that collaboration between medical/osteopathic and naturopathic physicians is safer than the current fragmented services in which patients of allopathic doctors secretly receive alternative modalities from unknown sources;
- acknowledges that naturopathic care is highly useful in chronic health conditions, pain management, symptom management for cancer patients and in the treatment of depression and anxiety and;
- recognizes that naturopathic treatments have significantly less untoward effects than pharmaceuticals and we, therefore, safer and more cost effective by avoiding complications which incur higher medical-management and futile care costs;

It is the position of this author that healthcare practices belong first to private individuals, families, and communities and has finally been entrusted to the care of medical professionals who are led by physicians, all of whom have accepted a "calling" to serve as healthcare advocates. Therefore, it is the duty of these healthcare professionals as patient advocates to hear the voices of the public they serve, and not delay in responding responsibly, ethically and **with**

integrity. This is their integral function as over-seers' of healthcare. According to Webster's Dictionary, second edition, unabridged, "integral" denotes something that is essential to completeness and wholeness, that which lacks nothing. Can we truly say that allopathic medicine is fulfilling this duty if masses of people are flocking to alternative practitioners and are willing to pay out-of-pocket for their services?

Although healthcare consumers are demonstrating strong interests in wanting more than what the allopathic community is offering, their interests are being discouraged and suppressed by the medical community. Consequently, patients continue to see their alternative care practitioners concurrently and secretly. We must then question the value of the therapeutic doctor-patient relationship and the research that is based on misinformation under these circumstances. We may reconsider the relative validity of medical case study reports in the absence of honest patient reporting.

On the other hand if the medical community were to embrace naturopathic physicians by supporting licensure and collaborating with NDs, jointly, they would safe-guard patients from unqualified practitioners; who call themselves naturopathic doctors but have not attended an accredited college of naturopathic medicine. By licensing NDs and integrating their services into mainstream medicine, the medical board will expose frauds and opportunist who prey on desperate healthcare consumers. This will also prevent the misuse of alternative practices by medical doctors who have insufficient training and experience to use it safely. NDs are a valuable resource to medical services, by facilitating patient access to medical and CAM services in one primary care practice with the participation of their allopathic physician.

The following annotated bibliography is composed of 95 percent peer-reviewed abstracts from various disciplines with supporting and opposing views on the topic of CAM. The abstracts

presented here remain relevant today because they address the laws and the history and evolution of medicine to its current position of power and authority within the healthcare and political systems. All comments on the credentials of the reference authors are made with regard to the dates of the documents, except where otherwise stated.

Each of these annotations discusses relevant facts and cases supporting the passing of HB1717. They discuss the historical political forces and strategies used by opponents of CAM to discount any medical benefit of CAM treatments and to keep NDs from being integrated into mainstream medicine. Please, seriously consider the current healthcare environment, and choose to protect the rights of Pennsylvania residents to access safe, integrated healthcare services by passing of HB1717 to license naturopathic physicians

ANNOTATED BIBLIOGRAPHY: NATUROPATHIC MEDICINE; A TWENTY-FIRST CENTURY SOLUTION to the UNITED STATES HEALTHCARE DILEMMA

Bates, D. G. (2002). Why not call modern medicine "alternative"? *The Annals of the American Academy of Political and Social Science*, 583(12).

The author is a professor of the history of medicine, with a focus on the development of the profession. In this abstract he discussed the "heroic" allopathic style of the classical traditional science with its roots in Hippocratic and Galenic medicine. His work establishes an understanding of the evolution of medicine, holding that osteopathy, homeopathy, naturopathy, chiropractic and Christian Science emerged in the early nineteenth century. Therefore, this work sets a basis for some of the discussion that will follow in this project. Some of the references cited by this author facilitate a better understanding of the history and evolution of the traditional medical model in existence today.

Boozang, K. M. (1998). Western medicine opens the door to alternative medicine [Abstract]. *Boston University School of Law, American Journal of Law & Medicine*, 24(185)

The author is Professor and Director of the Health Law and Policy Program at Seton Hall University, School of Law. In this abstract the author cautions western medical doctors regarding the legal and ethical issues related to opening their practices to alternative medicine. It is suggested that it has become popular for some physicians to add alternative and complementary modalities to increase their attractions and revenue generation capabilities. It cautions physicians not to give in to the pressure to offer alternative options that have not been proven but to recognize that once a treatment has validated uses, physicians have a duty to offer it to their patients. The author identifies multiple issues facing providers, such as: the implications of physicians opening the door to alternative modalities; their oppositions to alternative services;

the resilience of alternative providers; the increasing market demand; and the increasing recognition and payment for services that are being extended by insurers. Although the main objective of this work is to advise physicians on prudent treatment of all matters concerning their professional practices in regard to alternative practitioners, it encompasses a description of alternative modalities, consumer spending on these treatments and political factors. A key point in the author's conclusion is that physicians are responsible for patient dissatisfaction and distrust, and for seeking alternative providers who tend to spend more time with patients and are generally more compassionate.

Boozang, K. M. (2000). Is the alternative medicine?: Managed care apparently thinks so.

Connecticut Law Review, 32(567), .

Also the author of the previous abstract, as noted is Professor and Director of the Health Law and Policy Program, at Seton Hall University, School of Law and more recently serves as Associate Dean. Now seven years later than the above article, on the topic of alternative medicine, the author addresses the bizarre twist of events in healthcare legislations mandating insurers to cover alternative services which were previously not covered under the standard practice to cover only services which were deemed "medically necessary". In this work the author identifies several misconceptions regarding CAM, and integrative medicine complicated by vague understandings and reactionary responses by legislators, insurers and conventional medical doctors. In summary this abstract identifies the conflict between allopaths and naturopaths as obstructing the focus on safety, efficacy and effectiveness. She indicates that many alternative treatments will prove effective, however "attributes the failure to know which ones are' to the lack of amiability between the two opposing professions. Meanwhile, insurers are prematurely reimbursing for

treatments, some of which may have no therapeutic value other than consumer demand. The author cites valuable references in this and the prior noted work.

Callahan, P. M. (2010). Power allocations and professional hierarchy in the Illinois health care system. *DePaul Journal of Health Care Law, DePaul University, 13(271)*, .

The author gives no biography. In this journal article he uses a case from the year 1917 to illustrate the degree of authority and power allocated to physicians in the hierarchy of medical and allied health science professions. He reveals the unreasonable allocation of power to physicians as a misguided assumption of infallibility which is contrary to an efficient healthcare system and threatens the welfare of healthcare consumers. This work identifies the ongoing struggle for power among healthcare professionals as a force which dictates the patients experience and their access to care. Several references are cited for the scope of practice of allied health and medical professionals with regard to their power agendas.

Cohen, M. H. (1995) A fixed star in Health Care Reform: the emerging paradigm of holistic healing. *Arizona State Law Journal, 27(79)*.

The author is Associate Professor of Law at Widener University, School of Law. He specializes in health law with a focus on alternative service providers and the rights of patient access to these services. During an appointment as adjunct assistant professor at Harvard he was the principle investigator on two grants: "The Legal and Social Barriers to Alternatives Therapies" and the other regarding the use of pediatric alternative therapies by parents. This text is loaded with evidence supporting the biased regulatory scheme in which legislators favorably promote the medical academy and their professional monopoly. In the name of "patient protection" and "healthcare fraud control" tight regulations make it a crime for practitioners in the healing arts to deliver care which could be construed as the unauthorized practice of medicine. The author

presents a hilarious satire called "Quicksilver's Dilemma". It depicts a group of physicians and their different responses to a patient's spontaneous healing after a visit to an alternative "healer". It is a clear view of the reality of medical politics and the monopolization of healthcare. It is suggested that "...policymakers reexamine the reduction of healing to medicine and the equation of non-medical alternatives with fraud." The author cites several references to relevant cases and statutes.

Cohen, M. H. (1996). Holistic health care: Including alternative and complementary medicine in insurance and regulatory schemes. *Arizona Board Regents, Arizona Law Review, 38(83)*

The author is Associate Professor of Law at Widener University, School of Law, specializing in health law as stated in the previous annotation. In this work the author discusses the cases, practitioners' scope of practice, restrictions in language and free speech, limiting access to alternative care, medical power protection, licensing and discipline. He emphasizes that the name "alternative" is a term which denotes "unorthodox" and non-conforming and is only relative to its comparison with Western medicine. Many relevant cases are cited.

Cohen, M. H., & Ruggie, M. C. (2003). Integrating complementary and alternative medical therapies in conventional medical settings: Legal quandaries and potential policy models. *University of Cincinnati Law Review, University of Cincinnati, 72(671)*, .

Cohen is Director of Legal Programs at the Harvard Medical School Osher Institute, and Assistant Professor of Medicine at Harvard Medical School. Ruggie is Professor of Public Policy at the Kennedy School of Government, Harvard University. This work was funded by a grant mentioned in two prior references authored by Cohen on "Legal and Social Barriers to Alternative Therapies", from the National Library of Medicine at the National Institutes of Health. This article examined the legal, regulatory and policy issues related to the growing

acceptance and use of alternative therapies by hospitals and conventional medical services. It also addressed credentialing, malpractice liabilities, risk management, and the concept of "integrated care centers". The concluding position was that "integrative care services" although they claim to unify services, were still an individualized process. References cited include legal and medical on the implications of integrated care services within mainstream centers.

Durne, N., Benda, W., Kim, L., Mittman, P., Barrett, R., Snider, P., & Pizzorno, J. (2005).

Naturopathic medicine! What can patients expect? *The Journal of Family Practice*, 54(12), 1061-1072

The authors include six naturopathic doctors (ND) and one medical doctor from several reputable institutions, including the American Association of Naturopathic Physicians. This article discusses the training, credentialing, safety, clinical approach, scope and principles of practice of naturopathic physicians. It also discusses payment by insurance companies and the efforts of NDs to collaborate with conventional practitioners. Some articles and several websites are referenced to guide the reader toward a better understanding of how "the goals of naturopathic medicine parallel those of family medicine in providing for and maintaining the well-being, both the patient and the health-care system as a whole".

Dysart, S. E., & Foster, A. D. (2011). The "best of" litigation update 2011: Chapter 5: Practicing

law and wellness: Modern strategies for the lawyer dealing with anxiety, addiction and depression [Abstract]. *State Bar of Texas, Litigation Section, The Advocate*, 54(6).

The authors are attorneys addressing the stress, anxiety and subsequent depression related to law school, the Bar Exam and litigation. A list of preventive strategies, supplements for anxiety, natural and alternative interventions including meditation, Ayurvedic and Chinese Medicine and

consultations with naturopathic physicians. This article illustrates the broad acceptance of alternative therapies. A few references cited are related to stress management.

Eggertson, L. (2010). Naturopathic doctors gaining new powers. *Canadian Medical Association*, 182(1), E29-E30.

The author's biography is not stated but appears to be writing from the perspective of a naturopathic physician. This work discusses the prescription writing privileges extended to naturopathic doctors in Canada and British Columbia. It is also noted that in the United States, 11 of the 16 jurisdictions that regulate naturopathic medicine have awarded NDs prescribing authority. No references noted.

Goldstein, M. S. (2002). The emerging socioeconomic and political support for alternative medicine in the United States. *The Annals of the American Academy of Political and Social Science*, 583(44).

The author is a professor of both public health and sociology at the University of California and has conducted research on several subjects regarding alternative medicine. This article discusses the growing utilization of complementary and alternative medicine and its interplay within socioeconomic and political environments. It also examines the role of "big business" and pharmaceutical Companies. Related references include several on naturopathic and holistic care.

Jepson, G. S. (2002). Regulation of natural health products in Canada. *The Food and Drug Journal, The Food and Drug Law Institute*, 57(59), .

The author is a Partner at Deeth William Wall LLP, Toronto, Canada. The company is a law firm specializing in intellectual property and information technology with a focus in drugs, medical devices and supplement-related regulatory matters. This article discusses Canada's regulation on supplements and natural products. As a result of a Committee on Health, the group

proposed a list of recommendations, which when presented, led to the following regulatory plan. In 1999 the Minister of Health held a press conference at a health food store announcing "The Natural Health Products Directorate", a legal framework requiring licensing for supplements among other rules. The writer concludes that the current strategy is unsatisfactory in that it does not apply science-based regulations. The significance of this article is to consider how the United States can explore and learn from the successes and failures of other governments in regulating natural products. The "Directorate" raises concerns about the limitations placed on consumers in their personal self-care efforts. Regulatory administrators claim to protect public safety however, it is interesting to consider that tobacco, which is proven harmful, is not regulated to the same degree as that of natural supplements. The references are related to supplements.

Josefek, K. J. (2000). Alternative medicine's roadmap to mainstream. *Boston University School of Law, American Journal of Law & Medicine, 26(195)*.

The author is a student at the Boston University School of Law at the time of this work. This article discusses the market-driven growth of naturopathic services, political forces and obstacles to its integration into mainstream medicine and some statutes and legislation issues. It is suggested that legislation be established to regulate alternative healthcare, define the acceptable education process and scope of professional practice, and to give patients choices and access to alternative care. It also considers that, with an increased usage of alternative modalities, we would expect to see a decrease in the demand for more expensive medical procedures and a reduction in healthcare cost. Some relevant references are noted.

Lee, E. (2008). Attorney professional responsibility implications of a fraudulent CAM licensing application. *Georgetown Journal of Legal Ethics, 21(881)*, .

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The author is a J.D. at Georgetown University Law Center and an earlier graduate of the Wharton School at the University of Pennsylvania. In this article the writer addresses a growing problem where unqualified practitioners of complementary and alternative medicine fraudulently apply for, and are granted licensure to practice. In this case, a Vermont acupuncturist, who knowingly had not fulfilled the educational requirements, applied and was Licensed, and then added MD after his name. The author advises attorneys to be aware that some clients they represent may be committing crimes. Attorneys have the right to withdraw from cases to protect themselves from assisting clients in their criminal activities. This article is valuable for this project because it is important to distinguish between frauds and reputable, qualified practitioners in order for alternative medicine to be successfully incorporated into mainstream medicine and to protect the public from frauds and from confusion about practitioners. The article cites interesting references on Americans going abroad for surgical procedures and on state licensing and regulation of alternative practitioners.

Lunstroth, J. (2006). Voluntary self-regulation of complementary and alternative medicine practitioners [Abstract]. *Albany Law Review*, 70(209).

The author is associated with the University of Houston and has conducted this research into the subject of homeopathy. This article examines the history of homeopathic and allopathic medicines and the rise of allopathic power in politics. It illustrates the connection between these events with the decline in homeopathic physicians and related medical colleges. It discusses the work of Samuel Hahnemann, M.D. in homeopathy, and the multitude of schools and homeopathic professional organizations that existed prior to the monopolization of medicine. Other areas addressed include: the regulatory environment, public safety, the monopoly of the healthcare system, the Health Freedom Movement, -traditional naturopaths who oppose licensing

and regulation, and those who favor voluntary self-regulation by naturopathic practitioners through a code of conduct. This article provides a great source of references and information on several political activist groups.

Mills, C. (2003). Mainstreaming the alternatives when complementary and alternative medicines become westernized. *Albany Law Journal of Science & Technology*, 13(775).

The author is a J.D. candidate at the Albany Law School. This article explores the concept of "freedom of choice" in healthcare. It discusses the perspective of the Access to Medical Treatment Act (AMTA) which was intended to allow patients to choose alternative practitioners; however, this act never came into existence due to several potential problems that were identified. Some references may apply, most notably on organizations such as the American Association for Health Freedom.

Monnich, B. (2001). Bringing order to cybermedicine: Applying the Corporate Practice of Medicine Doctrine to tame the wild wild web. *Boston College Law Review*, 42(455).

The author discusses the growing area of cybermedicine in which patients consult doctors and receive prescribed treatments. The concerns addressed are safety, authenticity of the practitioner, and the ability to determine a patient's true condition without seeing him/her, and the truthfulness of the patient's report. The recommendation offered is to implement the Corporate Practice of Medicine Doctrine to cybermedicine in order to regulate this practice. The doctrine was established by the AMA in response to corporations luring and profiting from the work performed by physicians. In the current application it would serve to reduce internet commercialism and to eliminate unlicensed cyberdoctors. From the perspective of this project, it will be interesting to see how this will impact alternative healthcare practices. References are related to corporate licensing and regulation.

Ruggio, M., & DeSantis-Then, L. (2009). Longstanding legal obstacles to cutting edge treatment [Abstract]. *American Health Lawyers Association, Journal of Health & Life Sciences Law*, 2(4), 137-164.

Ruggio is an attorney practicing healthcare law at the Polsinelli Shughart PC Law Firm. His area of focus is healthcare including health freedoms and with extensive experience representing complementary and alternative medicine practices. DeSanti-Then is an attorney with the same firm as an associate in the Health Care Litigation Group. This article discusses the continued growth trends of complementary alternative medicine, the growing acceptance as well as opposition, and benefits to integration and programs offered within large "premiere academic medical centers". Also noted are malpractice risks for medical doctors who perform functions which traditionally belong to alternative practitioners. It is speculated that, integrating CAM services has potentially large unseen cost-savings.

Standish, L. J., Calabrese, C., Snider, P., Kail, K., Mills, E., Myers, S., Zwickey, H. (2006). The naturopathic medical research agenda: the future and foundation of naturopathic medical science [Abstract]. *The Journal of Alternative and Complementary Medicine: Executive Summary*, 12(3), 341-345

The authors are naturopathic doctors, as part of a larger body, which have set a research agenda to build the foundation of existing naturopathic medical science. This project was produced by a grant from the National Institutes of Health-National Center for Complementary and Alternative Medicine. The goal of this project is to bring together naturopathic physicians with conventional research scientist to establish the "Naturopathic Medical Research Agenda" to jointly develop a prioritized research tool to be implemented by twelve hundred participants.

Tillman, R. (2002). Paying for alternative medicine: the role of health insurers [Abstract]. *The*

Annals of the American Academy of Political and Social Science, 583(64).

The author is an Associate Professor of Sociology at St. John's University. He is also the coordinator of the graduate program in criminology and justice and the author of the book titled "Broken Promises", about healthcare fraud. This article discusses the growing utilization of complementary alternative treatments and the reluctance of insurance companies to cover the services due to restrictions imposed by the diagnosis codes and definitions of illness as established by the AMA. These core issues serve as obstacles to the integration of alternative medicine into the mainstream. One significant factor is the lack of empirical evidence that alternative medicine is effective; however, the author gives hope to these practitioners, in that chiropractic care became integrated in the absence of scientific evidence. The reasoning is explained. Several relevant references are included.

Tippens, K., & Connelly, E. (2007). Poverty and human development: the social responsibility of the naturopathic physician. *The Journal of Alternative and Complementary Medicine*, 13(8), 783-785.

Tippens is a naturopathic doctor (ND) and Connelly is an M.A. This work is part of the Helgott Research Institute at National College of Natural Medicine in Portland, Oregon, one of the states that licenses NDs. This article explores the opportunity and public health responsibility of NDs to deliver care in underserved areas. Fulfilling this public service also presents opportunities to affect change in individuals and communities and to develop outcome data in the areas of access to care and the cost-effectiveness of naturopathic care. A few references noted are relevant to this project.

Tweed, V., & Russo, S. (2011, March). How to take supplements. *Better Nutrition*, , 41-44.

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The authors, Tweed (no Bio), and Russo (ND), illustrate that this article is, without question, in support of the critical impact that naturopathic doctors have in the education of patients on proper supplementation schedules, compatibilities and interactions with one-another and with pharmaceuticals. Some combinations can negate one-another or can either inactivate or potentiate pharmaceutical substances. These points strengthen the value of integrating NDs to ensure patient safety. No additional references noted.

United States Office of the Attorney General, Texas (2011, August 30). Fort Worth

“naturopathic doctor” charged with multiple health and safety code violations. Retrieved October 20, 2011, from <http://www.oag.state.tx.us/oagnews/release.php?id=3840>

The current news release is out of the Office of the Attorney General in the state of Texas (OAG). On August 30, 2011 Attorney General Gregg Abbott charged Valerie Saxion, a proclaimed “naturopathic doctor” “with unlawfully marketing and promoting dietary supplements” According to this article, Saxion operated under the business name Valerie Saxion Inc. and claimed to have a doctoral degree in naturopathy from Clayton College of Natural Health. This case example is relevant and has several implications for the advancement of Naturopathic Medicine. First, Texas does not license NDs. Second, the Clayton College, which is now closed, was not an accredited college for naturopathy. Third, Saxion operated a mail-order supplement business which was, and continues to be prohibited for NDs in licensing states. Finally, she made false claims that her supplements could “cure” or “mitigate” diseases such as: cancer, Lyme disease, herpes, gonorrhea, gangrene, depression, Parkinson's disease and Alzheimer's disease. The problem with cases like this is the negative publicity for naturopaths because society at large, and even the medical community, hears this news and either do not distinguish qualified from unqualified practitioners or, worse, they use the information to

strategically discredit the naturopathic profession. The OAG and other state enforcement agencies have a duty to make clear distinctions in their press releases that do not incriminate reputable professional groups, such as in this case, the reputations of naturopathic physicians. The title of this press release implies that it was someone who qualified to be called a "naturopathic doctor" rather than stating the fraudulent nature of her claims in the heading of the article.

Van Hemel, P. J. (2001). A way out of the maze: Federal Agency Preemption of state licensing and regulation of complementary and alternative medicine practitioners [Abstract]. *Boston University School of Law, American Journal of Law & Medicine, 27(329)*.

The author is associated with the College of William & Mary in Virginia and has a J.D. with Boston University. According to the author, the individual state licensing procedures are ineffective in establishing licensure by the nature of its structural arrangement; in that the National Center For Complementary and Alternative Medicine (NCCAM) has been placed in the federal government in a department within the National Institutes of Health (NIH), a federal agency within the Public Health Service in Health and Human Services, (HHS). It states that, "NCCAM and NIH have no independent delegated authority to promulgate regulations, but as a Cabinet level agency HHS may promulgate regulations with proper delegation of authority from Congress. HHS may consult with NCCAM for advice in the formation of these regulations . " As the title denotes the author recommends the federal agency preemption of state licensing and regulation of complementary and alternative medicine to remedy the gridlock created by the inherent structure of the agencies. Several relevant articles are cited.

Vinclair, L. A. & Nicol, M. F. (1997). When ignorance isn't bliss: What healthcare practitioners

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and facilities should know about complementary and alternative medicine [Abstract].

American Health Lawyers Association, Journal of Health Law, 30(3), 160-183.

Vinler is Assistant Attorney General and holds a certificate in Health Care Ethics. Nicol, is a J.D. candidate at the Stanford Law School. This article discusses the long-standing conflict and philosophical discontinuity between both the allopathic medicine and CAM groups. An important question posed by the CAM proponents, which is the sentiment of this project developer, is this: " . should the Ignorance of allopathic practitioners be tolerated and allowed to prevent patient access to CAM?" This article addresses practical and legal issues for hospitals and allopathic practitioners, the influence of consumer demand, the concept of patient centered care, issues involving culturally-based CAM requests. credentialing, liability and **risk** factors. It is a relevant work with prominent authors in the reference list.

Author's Personal Message:

As an RN with 20 years of experience with allopathic and naturopathic practitioners, I have come to value both medical and naturopathic services when they are used within the appropriate time and circumstances. Collaboration between these two professional groups is essential for public safety. This can only be accomplished through the licensing and integration of NDs into mainstream medicine. On behalf of public safety, I urge you, to protect the rights of Pennsylvanian residents to choose and access safe naturopathic medical care and to receive healthcare services which are integrated, by passing HB1717.