Disciplinary Actions taken by States from 2010 to Jul 2020

	PHYSICIAN ACTS RELATED TO THE ADMINISTRATION OF A NATUROPATHIC MEDICINE PRACTICE										
State	Practicing without a license	Providing false information to obtain or maintain a license (e.g. failure to disclose information on renewal)	Using false or misleading advertising, or misrepresenting credentials	Engaging in discriminatory behavior regarding which patients are seen or how they are treated	Failing to obtain appropriate patient consent to examine or treat	Failing to follow appropriate charting procedures and/or to maintain record-keeping standards	Engaging in fraudulent insurance/billing procedures and/or financially exploiting patients	Breaching patient confidentiality	Reciprocal action	Failing to report disciplinary action in another jurisdiction	Failing meet C requirem s
Alaska											
Arizona	1		1			3			1	1	5
California											
Colorado	1										
Connecticut											
Dist. of Columbia											
Hawaii			1								
Kansas											1
Maine											
Maryland	2										
Minnesota											
Montana											
New Hampshire											
North Dakota											
Oregon		3				3					
Puerto Rico											
Rhode Island											
Utah											
Vermont											
Virgin Islands											
Washington	1	1	3			1	4		3	1	
TOTAL	5	4	5	0	0	7	4	0	4	2	6

PHYSICIAN ACTS THAT (DIRECTLY) HARM PATIENTS PHYSICALLY OR EMOTIONALLY									PHYSICIAN ACTS THAT POTENTIALLY (INDIRECTLY) HARM THE PATIENT			
Providing substandard patient care (e.g., misdiagnosing, failing to use standard care protocols)	Performing an inappropriate procedure that is not in the jurisdiction's scope of practice	Failing to report abuse	Neglecting or abandoning the patient	Inappropriately prescribing drugs (opioids and other legend drugs)	Providing substandard care in the prescription of Cannabis	Engaging in sexual contact with a patient	Violating appropriate doctor-patient boundaries	Exhibiting physical impairment (e.g., alcohol or substance abuse, mental/emotional impairment)	Exhibiting rude or disruptive behavior in the clinic (verbally abusing and/or sexually harassing patients or staff)	Receiving a criminal conviction	Failing to comply with Regulatory Authority Order	**UNKNOWN (records could not be obtained for analysis)**
												1
6	2			17	14	1	1	9		2		2
1												
	1											1
												3
												1
		1	2	11	2	1	3	2		1	6	
1												
												1
6			1	32	10	4	2	2	1		1	1
14	3	1	3	60	26	6	6	13	1	3	7	10

NORTH DAKOTA PSYCHIATRIC SOCIETY

A District Branch of the American Psychiatric Association

March 23rd, 2021
To: House Human Services Committee
Re: In Opposition to SB 2274

Chairman Weisz, Vice Chair Rohr, Members of the Committee,

My name is Gabriela Balf, MD, MPH, I am a Clinical Associate Professor at UND School of Medicine and the immediate past president of NDPS.

I am here to speak in opposition to the expansion of the naturopath prescribing privileges, due to grave patient safety concerns.

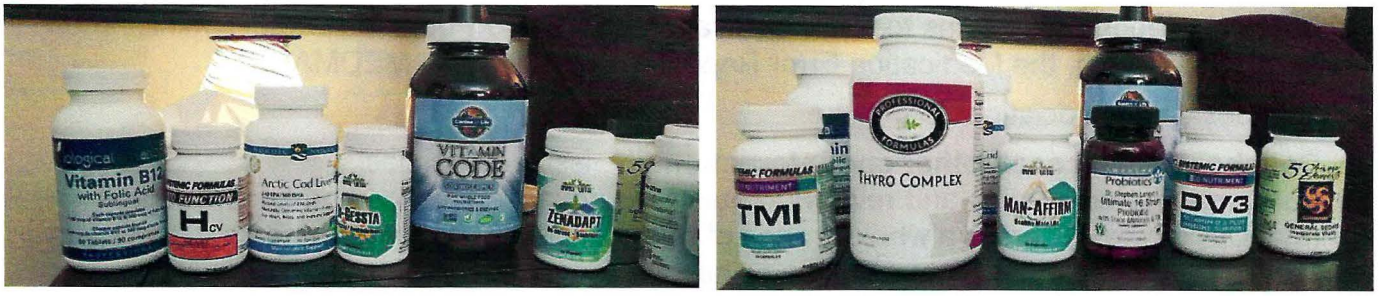

Fig 1. The case of BH, who presented to the ED 4 times in a month with chest pains. He stated he was taking no OTC medications.

Only allopathic trained clinicians should be allowed to prescribe the whole gamut of the available medications, because their **training** is not only extensive in terms of direct patient care, but also **covers the extent of problems that may arise from the prescription of these medications**. Allopathic physicians go through **hospital training** not only during medical school, the equivalent of the naturopathic schools, but also during the mandatory 3 or 4-year residency that follows. PAs and NPs are also extensively exposed to hospital experience under the guidance of physicians. During these times they can appreciate the severity of the adverse drug reactions that have constituted, for the last 40 years, the fourth cause of death in US and Canada (Deng et al 2009); not only allergic reactions but also drug-drug interactions leading to fatal cardiac arrhythmias, severe bleeding, drug-induced liver injury (DILI), kidney failure, etc.

One of the most vulnerable segments of the population is the **elderly**. In a 2005-2006 study, a population-based survey of community-dwelling persons 57 to 85 years of age showed that 37.1% of men and 36% of women between 75 and 85 years of age took 5 or more prescription medications[1,2]. Or we know that, in people taking 5 or more medications, they will have at least one significant adverse drug reaction(ADR)[3]. There is much information on high-risk drug therapy as defined by Beers Criteria, Screening Tool of Older Person's Prescriptions (STOPP) guidelines, Drug Burden Index, and others.

That same year, hospital data for England and US showed that **5.64% hospital admissions were due to ADRs[4].** The 5 most commonly implicated drug classes, collectively accounting for 27.7% of the estimated adverse drug events, were insulins, opioid-containing analgesics, anticoagulants, amoxicillin-containing agents, and antihistamines/cold remedies. A study of 5213 participants in England found the **rate of falls** was 21% higher in people taking 4 or more medications compared with those taking fewer[...] Using a ≥10-drugs threshold, there was a increase in rate of falls by 50% [5].

Last year, an exploding body of literature has underlined the **complications brought on by the COVID-19 infection** on heart, brain, kidney, liver that have affected organ function and the effect of regular medications and, when patients treated with antivirals, the related drug-drug interactions.

Allopathic medicine has dealt with its increasing complexity by inserting **multiple and repeated safety checkpoints**:

- Mandatory USMLE exam parts 1, 2, and 3
- Mandatory recertification board examinations for physicians (every 10 years),
- Mandatory requirements regarding amount of Continuing Medical Education hours (50 hours /2 years in ND for physicians)
- Mandatory electronic health records implementation,
- Electronic Prescribing of Controlled Substances regulations,
- Prescription Drug Monitoring Program reporting,
- Antibiotic prescribing stewardship
- Voluntary reporting systems to track medication errors: US Food and Drug Administration (FDA) MedWatch, the Medication Error Reporting Program, and MEDMARX.

Our professional associations:

- **Collaborate with each other and internationally**, issue guidelines,
- Perform targeted studies and reviews regularly to advance science and keep it organized (e.g. UpToDate). There is a whole branch of science, translational medicine, that deals with translating the incredible volume of medicine knowledge, that doubles every two years, into real-life practicing in the trenches – so that our patients can be safe.

Upon the best of my knowledge, naturopathic medicine has remained largely **non-regulated**. There are no standards of care, nor guidelines: https://naturopathic.org/. There is **one** required exam, NPLEX part 1 and part 2. There are no requirements to adhere by allopathic medicine guidelines issued by professional organizations, CDC, etc.

Had these currents of medicine remained separate, we would not have this discussion. While they both have benefits, and we all can see multiple ways we can collaborate for better access to care, healthier lifestyle, safe use of alternative medicine, herbal products, etc, they do converge when our patient is accessing both, or a pandemic occurs that requires a cohesive, unified approach because there is no other viable public health solution: mass vaccinations, standardized ED and hospital treatment, etc.

Until we can all function and **collaborate by abiding by the same rules,** I remain very concerned about the unregulated use of such powerful medications by providers who have not been thoroughly trained in their use and the potential lethal consequences of their use.

Thank you for listening,
Gabriela Balf-Soran, MD, MPH
Assoc Clin Prof UND School of Medicine

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