

Lela Altman
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Re: SB 2274 Naturopathic Scope

Mr. Chairman and Members of the Human Services Committee,

My name is Lela Altman and I am a licensed naturopathic physician in Seattle, Washington. I am writing this letter to discuss Senate Bill 2274 pertaining to Naturopathic scope expansion. I am writing to shed light on the scope of practice of naturopathic physicians in Washington state, and how they support the medical system as a whole.

First, I will tell you a little bit about myself and my training. After graduating from Bastyr University (an accredited university for naturopathic medicine), I completed a 3-year residency in naturopathic primary care at the Bastyr Center for Natural Health. During my first year of residency, I had the opportunity to see patients at the Tulalip tribal reservation through Indian Health Services as well as see hundreds of patients at our main clinic and community outreach clinics, while receiving clinical mentorship. Through my entire second year of residency, I maintained a patient panel at Health Point Community Health Center in Kent, WA. Providing primary care to underserved populations in addition to seeing patients at our main clinic. My third year of residency focused on evidence-based medicine (EBM) and clinical research in addition to patient care. At that time, I also had the opportunity to complete evidence-based medicine training at McMaster University as one of the few ND's amongst many MDs and to teach EBM to our incoming residents. I now currently have a private practice where I serve as a primary care provider and have a focus in digestive diseases. I also work amongst MD's at the Center for Integrative Medicine at Virginia Mason Hospital in downtown Seattle and am full time teaching faculty at Bastyr University. I have a good referral relationship with several MD's in and out of the hospital setting.

Patients can see me as a specialist or as their primary care provider. For those whom I provide primary care to, I am responsible for performing screenings such as pap smears and blood pressure monitoring as well ordering/referring for screening imaging, labs and procedures such as colonoscopies and DEXA scans. As a primary care provider, I also prescribe medications pretty much every day that I am seeing patients. The most common medications I prescribe are anti-hypertensive medications, antibiotics, diabetes medications such as metformin and asthma medications such as inhaled corticosteroids and rescue inhalers. Some of the most common conditions that I treat include digestive disorders such as IBS, thyroid disorders, asthma, hypertension, metabolic disorders and psychiatric concerns such as anxiety, depression and sleep disorders.

As you may know, there is a huge shortage of primary care providers in the United States. Naturopathic physicians, who attend 4-year doctoral level medical training programs after achieving their undergraduate degree, are trained to be primary care providers and can fill this need. I can't imagine and would not consider practicing in a state where I am not able to practice within the full scope of my training such as ordering labs, imaging and medications. I would feel that this would be a waste of my training and would not allow me to provide the kind of care that people desperately need and help to fill the void of primary care physicians. I hope that North Dakota follows the lead of states such as

Washington, Oregon and Arizona who have relied on naturopathic physicians as primary care providers for many years and who have only moved to give these providers a wider scope of practice due to their level of competence.

Thank you for your consideration,

Lela Altman, ND, MSA, EAMP
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