



Senate Human Services Committee

SB 2274

February 1, 2021

Chairman Lee and Committee Members, I am Parag Kumar. I am a Pediatric Hospitalist in Bismarck and Chairman of the ND Medical Association Commission on Socio-Economics.

NDMA opposes SB 2274. Our members are very concerned about the provisions in this bill.

While naturopaths will point to minor pharmaceutical training included in curricula for schools of naturopathy, it is important to note that there is no naturopathic standard of care, and that many naturopathic therapies have not enjoyed the rigorous scientific study of those pharmacotherapies taught in osteopathic and allopathic schools of medicine. Granting naturopaths the right to prescribe is therefore a dangerous proposition. Moreover, naturopathy has long been considered by many state legislatures and the public as the natural practice of healthcare. To grant the right to prescribe any form of drug to the naturopath is not only dangerous, but also confusing to the public.

When faced with the claims of naturopaths that the rigors of their education and licensing exams parallel those of physicians, legislators should recognize that graduates of campus-based, four-year naturopathic programs who have passed a standardized examination may demonstrate consistency from one naturopathic practitioner to the next. But that says nothing about the validity of their practice, which can be determined only by reference to the laws of science or nature, and by rigorous testing of biologically plausible claims.

Physicians, Nurse Practitioners and Physician assistants are specifically trained to recognize when a symptom may mask an underlying condition.

NDMA is concerned that the treatment of a clearly visible symptom may mask an underlying condition – thereby putting the patient at heightened risk if the naturopath falsely believes that the patient is “cured” because there is a temporary decrease in symptoms. This is an example of a situation where a physician’s education and training has the comprehensiveness necessary for treating the broad range of potential conditions and disease.

I’ve attached a list of class V medications with potential side effects to my testimony. Now these are only Class V – the bill before you allows naturopaths to prescribe and dispense schedule II through V. As you can see from the list, which are just a few of the common Class V drugs, and the side effects are serious. And then there are drugs that are on II – IV. These drugs can have serious and even deadly side effects.

Examples of Schedule II narcotics include: hydromorphone (Dilaudid®), methadone (Dolophine®), meperidine (Demerol®), oxycodone (OxyContin®, Percocet®), and fentanyl (Sublimaze®, Duragesic®). Other Schedule II narcotics include: morphine, opium, codeine, and hydrocodone.

Examples of Schedule III drugs are: Products containing less than 90 milligrams of codeine per dosage unit (Tylenol with codeine), ketamine, anabolic steroids, testosterone.

Some examples of Schedule IV drugs are: Xanax, Soma, Darvon, Darvocet, Valium, Ativan, Talwin, Ambien, Tramadol.

Rather than expand the scope of practice in this area for naturopaths, we should encourage naturopaths to have collaborative referral relationships with health care providers with extensive training in pharmacology combined with physiology and pathology and their clinical application such as physicians, nurse practitioners, and physician assistants. It could be a great advantage for individuals receiving care in the naturopathic setting to have their providers working collaboratively and at the top of their scope of practice. We feel there is value in naturopaths evolving their education and practice in ways that are complementary to allopathic medicine to enhance the opportunities for wellness and the prevention of disease.

Thank you for the opportunity to testify today. I would be happy to answer any questions.

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1. The first part of the document discusses the importance of maintaining accurate records.

2. The second part of the document discusses the importance of maintaining accurate records.



There's nothing easy about prescribing

Even Schedule V drugs can have profound impacts on the health, and life, of patients. Here are a few Schedule V prescriptions and problems that can arise if they are not dosed or monitored correctly. **VOTE NO ON SB 2274** to leave prescribing to the experts.

Steroids: Many side effects, including diabetes, infections, adrenal suppression, cataracts, bone loss, and electrolyte abnormalities weight gain

Testosterone and other androgens: Heart problems, aggressive behavior, prostate cancer, and significant abuse potential with athletes

Estrogens: Heart problems, blood clots, and uterine cancer (this includes oral contraceptives)

Viagra and other erectile dysfunction drugs: Heart attacks, loss of blood pressure, respiratory problems, and significant abuse potential

Insulin: Sugar problems

Thyroid hormones: Heart and metabolic problems and significant abuse potential for people trying to lose weight

Blood pressure medications: All have significant and serious side effects; some can cause renal failure or heart failure

Antibiotics: Significant potential for misuse and overuse, some of which could further aid the spread of resistant organisms

Tamulosin and finasteride for prostate problems: Over-prescribing can lead to missing an early cancer diagnosis

Anticonvulsants: Require careful monitoring and experience in dosing

Asthma medications: Not easy to manage, particularly in children and adults with more advanced lung disease

Methotrexate for arthritis: Good drug, bad side-effects in some

Coumadin/blood thinners: Proper dosing is critical. Too little, the patient clots; too much, the patient bleeds. Many interactions with other drugs.

