missouri river HEALTH

February 1st, 2021

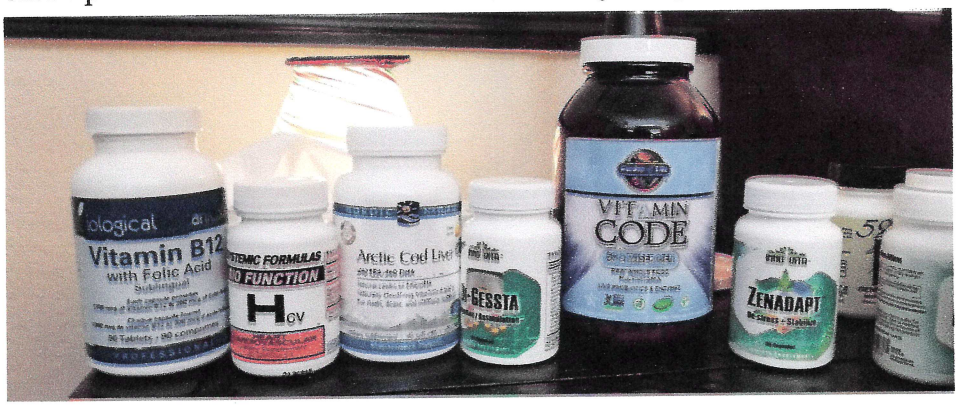
To: Senate Human Services Committee

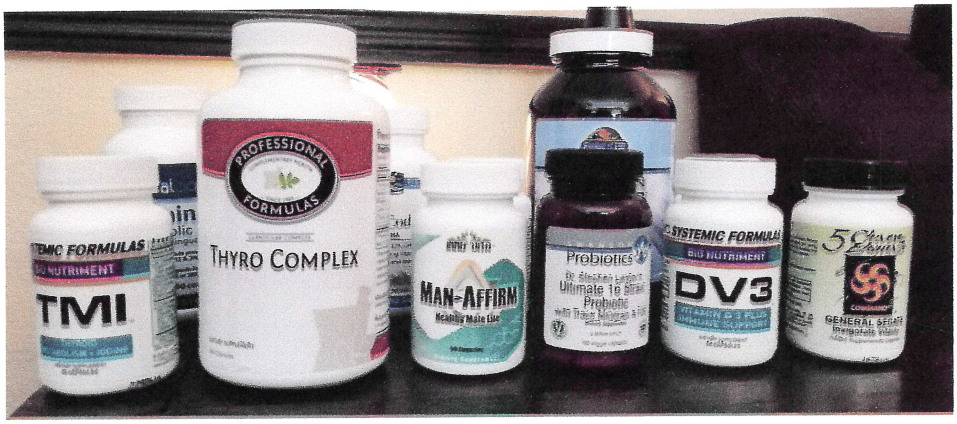
Re: In Opposition to SB 2274 -

Esteemed Madam Chair Senator. Lee, Committee Members,

My name is Gabriela Balf, MD, MPH, I am a psychiatrist with Missouri River Health in Bismarck, ND, and a Clinical Associate Professor at UND School of Medicine.

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





This is the story of BH, who presented to the ED 4 times in a month with chest pains, and who was only taking one over- the-counter medication.

Only allopathic trained physicians 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. 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% admissions in US were due to ADRs[4].**

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 **safety points**: mandatory electronic health records implementation, Electronic Prescribing of Controlled Substances regulations, Prescription Drug Monitoring Program reporting, mandatory recertification board examinations for physicians, mandatory requirements regarding amount of Continuing Medical Education hours, etc. Our professional associations collaborate with each other and internationally and issue guidelines, expert panel guidelines, perform targeted studies and reviews regularly to advance science and keep it organized. 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 guidelins: https://naturopathic.org/

Had these currents of medicine remained separate, we would not have this discussion. While they both have benefits, 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 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 physicians 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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3. Hanlon JT, Pieper CF, Hajjar ER, et al. Incidence and Predictors of All and Preventable Adverse Drug Reactions in Frail Elderly Persons After Hospital Stay. J Gerontol Ser A [Internet] 2006 [cited 2021 Feb 1];61(5):511–5. Available from: https://doi.org/10.1093/gerona/61.5.511
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5. Dhalwani NN, Fahami R, Sathanapally H, Seidu S, Davies MJ, Khunti K. Association between polypharmacy and falls in older adults: a longitudinal study from England. BMJ Open [Internet] 2017;7(10):e016358. Available from: http://bmjopen.bmj.com/content/7/10/e016358.abstract