Chairman Weisz and members of the House Human Services Committee, I am Melissa Hauer, General Counsel of the North Dakota Hospital Association. I am here to testify regarding 2021 House Bill 1472 and ask that you give this bill a Do Not Pass recommendation.

The bill would allow an unlicensed individual to provide “complementary or alternative care” so long as the individual does not perform any of the prohibited acts listed, provides written notice to clients and posts notice stating that the practitioner is not licensed, certified, or registered, as a health care professional or practitioner. The notice would describe the nature of the complementary or alternative care to be provided, and the practitioner's degrees, training, experience, credentials, or other qualifications, if any, regarding the care. Before the first treatment, the practitioner must obtain written acknowledgment from the client that the required information has been provided. If these requirements are met, the unlicensed individual can perform complementary or alternative care.

The bill does not define “complementary or alternative care”. Practitioners could provide any type of complementary or alternative care except they may not:

1. Perform surgery, set fractures, or perform any other procedure on any individual which punctures or harmfully invades the skin. This does not include the piercing of the noncartilaginous perimeter or lobe of the ear;
2. Prescribe or administer x-ray radiation;
3. Prescribe or administer drugs, devices, or controlled substances for which a prescription by a licensed health care provider is required;
4. Provide a medical disease diagnosis;
5. Recommend to a client that the client discontinue current medical treatment that is prescribed by a licensed health care professional;
6. Perform a chiropractic adjustment of the articulations of joints or the spine; or
7. Hold out, state, indicate, or advertise, to any person that the individual is a health care professional or practitioner licensed, certified, or registered, by this state unless the individual holds such credential.

The bill is so broadly written that it would allow an unlicensed individual to perform any treatment or care other than the listed prohibited acts, so long as the required notice is given. For example, an unlicensed individual could provide psychotherapy, nursing care, dentistry, physical therapy, occupational therapy, podiatry, psychology, radiologic imaging such as ordering and reading MRI’s, and a host of other health care services that require a professional license and specialized education and training under current law.

The concern over untrained, unlicensed providers giving care is increased when you consider that “alternative care” is generally viewed as care that is used instead of standard medical treatment. An example is the use of a diet regimen to treat cancer instead of cancer drugs that are prescribed by an oncologist. There may be no scientific evidence to support the complementary or alternative care like the rigorous clinical trials and regulatory review process required before a medication is approved for a particular condition.

While some complementary and alternative therapies have undergone evaluation and have been found to be generally safe, such as acupuncture, there are others that do not work, may be harmful, or could interact negatively with medicines. Natural does not mean safe. Complementary and alternative therapies include botanicals and nutritional products, such as herbal and dietary supplements and vitamins, that do not have to be approved by the Food and Drug Administration (FDA) before being sold to the public. There are risks for all types of medicine, including prescriptions, but alternative medicine can be very dangerous if it’s used in place of evidence-based treatments. A patient would not get a proven treatment for his or her condition. More needs to be learned about the effects of alternative and complementary products and treatments and about their safety and potential interactions with medicines.
In conventional medicine, safety is partly assured by government responsibility for monitoring the development and safety of pharmaceuticals and new technical procedures, and professional organizations and other government agencies, such as licensing boards, that oversee medical training and safe and ethical medical practice. Health professional societies, training organizations, and hospitals are responsible for the safety of patients and the competence and ethics of professionals working within their confines. Certifying boards also serve an oversight function to regulate various health practices while protecting public welfare. If this bill passed, there would be no required education or training of complementary or alternative care practitioners, no licensing requirement, no criminal history check, no complaint or disciplinary process, no regulatory oversight of the “medicine” or treatments recommended, no regulation over marketing, and no regulatory body with the authority to shut down an unsafe practitioner. In short, there would be no protections in place to ensure the safety of people treated with alternative or complementary care.

Potential harm to patients comes not only from financial loss due to payment for ineffective treatments, but also due to unproven, possibly harmful treatments as well as delay in diagnosis and evidence-based treatment. The overly broad reach of the bill and lack of even basic safety requirements is extremely concerning to hospitals. We ask that you give this bill a Do Not Pass recommendation.

I would be happy to try to answer any questions you may have. Thank you.

Respectfully Submitted,

Melissa Hauer, General Counsel
North Dakota Hospital Association