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Senate Committee on Health and Human Services January 23, 2020 Senate Bill 492

Chairman Testin and Committee Members:

Thank you for allowing me to speak today on Senate Bill 492 relating to complementary health care practitioners and their ability to operate in the state of Wisconsin. Senator Tiffany and I are bringing this bill forward today for two reasons. The first is to allow for practitioners, such as homeopaths, herbalists, nutritional consultants, and many more to provide their services in Wisconsin legally and without fear of being shut down. Our statutes are currently written so broadly that these practitioners can be criminally charged for 'practice of medicine or other medical occupation' without a license, even though the services they offer are not medical.

This bill lays out clear parameters for what the complementary health care practitioners cannot do to be able to operate, such as:

- 1. Puncturing the skin
- 2. Diagnosing medical disease
- 3. Prescribing or dispensing a prescription drug or controlled substance
- 4. Recommending that a client discontinue treatment described by a medical professional
- 5. Acting as a health care professional without the applicable certificate, permit, or license.

It also creates a written disclosure requirement from a practitioner to the consumer including:

- 1. An acknowledgement that they do not hold a medical certificate, permit, or license.
- 2. A description of the complementary health service(s) offered
- 3. And a list of credentials, or other qualifications the practitioner has with respect to the services they provide.

It also includes an enforcement provision that will allow for the Department of Safety and Professional Services to investigate any practitioner that has violated any of the prohibitions in the bill.

The second reason for this bill is the meaning behind its namesake of the Consumer Protection for Complementary Health Care Act. Every industry has fraudulent people looking to take advantage of the unsuspecting, and complementary health care is no different. The clear parameters in this bill will protect consumers from those that choose to obfuscate, confuse, or mislead the public with the product or service they provide. A strong majority of complementary health care practitioners offer legitimate care with their customers' best interest at heart, and this bill ultimately gives a pathway for them to continue operating while creating retribution for bad actors.

Wisconsinites are like people all over the United States. They see an enormous value in having access to this type of complementary health care. I say "complementary" because these practitioners work best in conjunction with physicians and medical doctors, not at odds with them. You will hear stories today from people who respect and love working with their doctors when it comes to medicine, but have other non-medical health care needs that can often be better met by one of these practitioners.

As a two-time cancer survivor, I personally understand how medicine can work together with this kind of care. I regularly met with my oncologist for my cancer treatments, but was also really interested in how to give my body its best fighting chance with natural remedies. Ultimately I survived that battle, and I believe it was because both my medical and non-medical care worked together to find what was best for me.

At the end of the day, this bill makes it possible for consumers to access the kind of complementary health care that they have shown they really want and need, while creating clear standards that will protect them. It is time for Wisconsin to join 11 other states to pass this legislation.

I would like to thank Senator Tom Tiffany for being a great partner on this bill that positively impacts health care access in Wisconsin. Thank you again for your time and I would be happy to answer any questions.



Testimony on Senate Bill 492 Senate Committee on Health and Human Services January 23, 2020

Thank you, Chairman Testin, and members for holding a public hearing on Senate Bill 492. I would like to thank Representative Mary Felzkowski for her leadership on this bill.

Complementary health care practitioners provide services for many constituents across the state. Often times, our constituents are seeking alternatives as a compliment to treatment they are receiving from physicians. Complimentary care is also utilized by those looking to maintain and achieve wellness and to cope with chronic health issues. Nationally, it is estimated that 40 percent of consumers utilize complimentary care options, spending almost \$35 billion annually on out-of-pocket services related to the purchase of products and services.

This legislation provides necessary parameters for complementary health care practitioners to operate, making it easier to uncover bad actors. Senate Bill 492 prioritizes consumer protection and transparency, requiring that complimentary care practitioners provide written disclosure that:

- Acknowledges that they are not practicing under a health care license, certification or registration granted by the State of Wisconsin;
- Describes the services that will be provided; and
- Lists the degrees, training, experience or other qualifications of the practitioner.

In addition, the bill prohibits practitioners from a number of things including:

- Holding out, stating, or implying that he/she is a health care professional;
- Making a diagnosis of a medical disease;
- Prescribing or dispensing a prescription drug or controlled substance; and
- Recommending to a client that he/she discontinue current medical treatment prescribed by a health care professional.

This bill is modeled after Minnesota and New Mexico law where upfront disclosures are required, prohibited acts are clearly defined, and there is an enforcement mechanism allowing the Department of Safety and Professional Services to investigate violations.

Thank you again, Chairman Testin, and members for hearing this bill, and I'm happy for follow up questions anytime.



Wisconsin Medical Society

TO: Senate Committee on Health and Human Services

FROM: Wayne Eugene Musser, MD

DATE: January 23, 2020

RE: Opposition to Senate Bill 492 - Providing complementary and alternative health care practitioners with exemptions from practice protection laws

Good day, Mr. Chair and members of the Senate Committee on Health and Human Services. My name is Wayne Eugene Musser, Jr, MD. I have practiced as cardiologist for over forty years in Wisconsin and have previously served as a member of the Wisconsin Medical Examining Board (MEB) for ten years, chairing it for three. As a result of my service I received of a national leadership award from the Federation of State Medical Boards. I also chair the Council on Legislation of the Wisconsin Medical Society and am testifying here today on behalf of the Society **in opposition to SB 492**.

The Society recognizes the prevalence of complementary and alternative practices nationally and in Wisconsin and understands the motivations leading patients to seek out such practitioners. It also applauds efforts by the National Institute of Complementary and Alternative Medicine, National Academy of Medicine, and others to evaluate such methodologies. We appreciate the efforts of the bill authors to provide some clarity regarding Complementary and Alternative Health Care (CAHC) practices. However, the lack of oversight and accountability parameters in the bill give us significant concern as it puts CAHCs outside of the regulatory framework that applies to all other health care practitioners.

Our opposition to the bill is based on three aspects:

- 1) Unlike other regulated health providers, CAHC practitioners are defined by the services they are not allowed to provide, rather than the services they do.
- 2) Unlike regulated health providers, the nature of the "...degree, training, experience, or other qualifications..." is undefined.
- 3) No kind of formal oversight is provided under the bill.

Regulated health care professionals, whether they be: physicians, osteopaths, chiropractors, social workers, massage therapists, and the many others who work under scopes defined in statute, are based on their education and training. The Society does not believe that statutory support for undefined healing therapies should be based on what a provider can't do.

The bill is silent regarding what constitutes appropriate education, training, testing, and continuing education for CAHC practitioners. This is in stark contrast with medical practice and other regulated health care providers who must undergo undergraduate and medical school education, multiple years of formal graduate medical education, licensing exams, board specialty

and subspecialty certifying exams, and continuing medical education requirements. In addition, it does not provide parameters or guardrails that ensure that CAHC practitioners have the necessary knowledge and skills to be providing health care services.

The Society recognizes the difficulty of regulating the broad range of complementary and alternative practices. It is imperative that the Legislature give ample consideration to proper oversight and regulation, and in defining what are and are not acceptable practices. Lastly, the legislation is silent on how CAHC practices might be applied to children.

I thank the Committee for giving me the opportunity to come and address you today, and I look forward to your questions.

NASW, WISCONSIN CHAPTER

National Association of Social Workers

NASW WI TESTIMONY IN OPPOSITION TO SENATE BILL 492 BEFORE THE SENATE COMMITTEE ON HEALTH AND HUMAN SERVICES ON JANUARY 23, 2020

Chairperson Testin and members of the Senate Committee on Health and Human Services

I appreciate this opportunity to speak on Senate Bill 492. We oppose this bill in its current form.

Our major concern is that SB 492 exempts complementary and alternative health care practitioners from the practice acts of clinical social work and the other mental health professions listed in the bill (psychology, psychotherapy, marriage and family therapy and professional counseling). Although the bill prohibits complementary and alternative health care practitioners from representing themselves as clinical social workers or the other mental health professions, by exempting them from the practice acts of these mental health professions, it would allow these individuals to practice clinical social work or psychotherapy.

Licensed clinical social workers and other mental health professionals provide services to extremely vulnerable clients. These clients can be suicidal, experience bi-polar mental illness, schizophrenia, have an eating disorder, be a victim or perpetrator of sexual abuse or domestic violence, or have a diagnosis of obsessive compulsive disorder or some other mental illness. Improper or inappropriate treatment can lead to suicide, serious mental or physical harm to the client or another individual or serious family or work conflict. Whether we are considering the needs of a Veteran with PTSD, a depressed and suicidal farmer about to lose his family farm or an extremely troubled adolescent, improper or inappropriate treatment can have deadly consequences.

Complementary and alternative health care practitioners do provide beneficial services but these services whether they be coaching, nutritional counseling, homeopathy, herbology, aroma therapy or other services should never be used as treatment for serious mental illness. Several of the complementary and alternative health care laws I examined specifically state that these practitioners cannot practice psychotherapy. Other provisions the authors might consider adding which are found in the Minnesota bill include; requiring practitioners to make referrals when appropriate to health care providers (including mental health providers), and requiring these providers to make

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child abuse and neglect referrals. None of the laws I examined exempted complementary and alternative health care providers from the practice acts of the health and mental health care professions listed in the Wisconsin bill.

In terms of the impact of this bill on the provision of psychotherapy in Wisconsin, I would strongly recommend that the bill drop the exemptions from the practice acts for clinical social work, marriage and family therapy, professional counseling, psychology and psychotherapy. I would also recommend that the bill specifically state that these complementary and alternative practitioners cannot engage in the diagnosis and treatment of mental and emotional disorders, including the provision of psychotherapy.

I am happy to answer any questions.

Marc Herstand, MSW CISW Executive Director National Association of Social Workers, Wisconsin Chapter 131 West Wilson Street, Suite 903 Madison. WI 53703 (608) 257-6334 Mherstand.naswwi@socialworkers.org

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CHIROPRACTIC SOCIETY of Wisconsin

January 23, 2020

To: Senate Health Committee membersFrom: Chiropractic Society of WisconsinRE: Opposition to SB 492

The chiropractic society of Wisconsin is registering in opposition to SB 492. Unlike all of the health professional statutes specifically designed to identify the scope and training of the healthcare professional, SB 492 is attempting to create a new subset of healthcare practitioners that are not defined by a named profession, specific levels of accredited training or even what specific health services they will provide to the public.

Please note this opposition is not based on any perceived turf protection, but based primarily on three important aspects of public protection related to healthcare services.

- 1. Definition of the scope of practice of the health care professional
- 2. Accredited Educational and training institutions
- 3. Regulatory oversight by a DSPS Appointed Board

Definition of the scope of practice of the health care professional:

The name of the profession or practice is important, but the real issue is the definition of the scope of services provided by the named healthcare professional. The chiropractic scope of practice is defined in statute and provides the necessary boundaries that correlate to the accredited education and training of the chiropractor. It is the same for MDs/ DOs, optometrists, Podiatrist, Nurses, PA and the list of healthcare professions goes on. Each health care professional's scope of practice is specifically defined in the statutes by the educational and training received.

SB 492 not only fails to name a health care practice, but attempts to define the new scope not by what education or training the person has but by simply stating the scope will be a generic "practice method of healing therapy or modality other than one that a complementary and alternative health care practitioner is prohibited from providing." Please note that "healing therapy" is not defined in SB 492 or in the statutes.

It is our opinion that it would be irresponsible for the State of Wisconsin to create an entire health care professional scope of practice solely defined by stating it could be anything other than a current fully regulated healthcare profession.

Thus, our opinion is that SB 492 fails to protect the public by not defining a specific scope of practice. The proposed statute needs to fully define the named profession and the specifically define the scope of practice of the profession based on accredited educational standards.

2. Accredited Educational and training standards

This section is the most concerning for our members. SB 492 does not define or require any standardized education or training of the proposed healthcare practitioner prior to providing the proposed health care services to the public.

The educational and training standards set for an individual who seeks to provide healthcare services to the public are well defined for a reason. We are dealing with public safety at a very personal level-their health.

Each healthcare profession has a specific and well-defined path of education at accredited institutions with examination and testing to ensure the student has obtained the necessary educational and practical skills to perform the healthcare service to the public. The State of Wisconsin has specific educational and training standards that have to be met prior to licensure in Wisconsin. The State also specific professional examining boards that oversee the granting of the license and provide oversight for any disciplinary actions that may be necessary should the healthcare professional not fulfill the duties of the healthcare professional license.

Even if the new healthcare practitioner lists a certificate, there is no requirement in SB 492 that it has to be a legitimate certificate from an accredited source. Under the current language of SB 492 any online or purchased certificate can be obtained and used to deceive the public as a legitimate healthcare training program.

Since SB 492 doesn't require any education or allows any certification or experience there is no standardization or protection to the public that the new healthcare practitioner has the necessary skills to be treating patients.

3. DSPS oversight

The final concern lies with the lack of regulatory oversight by DSPS. All other healthcare professions have a form of oversight through an appointed board. These boards grant the license and more importantly monitor the services provided by the health care professionals to ensure they are at a competent level to protect the public. SB 492 only allows DSPS extremely limited enforcement under section 461.06.

In summary: We are opposed to SB 492 due to the fact it fails to adequately protect the public by allowing anyone with no required accredited education or training the ability to state they are a healthcare practitioner and provide undefined "healing therapy" health care services to patients with no regulatory oversight by DSPS.

We recommend that those wishing to provide these proposed healing therapy health related services to do the following:

- 1. Fully define the scope of practice related to the propose healthcare services
- 2. Fully define the accredited education and training necessary to safety provide the proposed healthcare services
- 3. Create a DSPS board for proper oversight and public protection

Dear Senate Health Committee Members,

I have consulted with a traditional naturopath concerning health and nutrition issues for over 10 years. She has offered excellent information and professional services that have greatly enhanced my quality of life.

Recently my naturopath collaborated with my primary care physician (who is a UW Integrative Health Services provider). She was instrumental in helping me get relief from my chronic illness by making suggestions to my primary care physician regarding holistic solutions that proved to be effective for me. I encourage you to support SB492 in order to support my choice and access to a natural health practitioner.

Betty Smith 6710 Elmwood Avenue, Apt. 320 Middleton, WI 53562 608 733 7454



Human Nature, LLC 401 Bryce Canyon Cir Madison WI, 53705 (608) 301-9961

January 20, 2020

Dear Members of the Health Committee:

I encourage you to support SB492 Complementary and Alternative Healthcare Practices Bill. I work as a complementary health practitioner running a small business in Madison, WI. I came to be a traditional naturopath and nutritionist through my own health challenges as a young research scientist. After using healthy diet and natural supplements to overcome my health issues, I returned to school in order to become a natural health practitioner. I have maintained a small business for the past fourteen years offering people gentle, non-invasive ways to bring the body to balance. I think SB492 would be a great thing for Wisconsin to have.

Sincerely,

at Walla

Katy Wallace Traditional Naturopath