

Madame Chair, Ladies and gentlemen of the committee, thank you for your work down at the capitol this Session and happy Linus Pauling Day. My name is Dr. James Gilchrist, I am in my 6th year of operating a small Naturopathic Clinic in Parker CO. I also am a part-time Faculty member at Metro State, and I teach the pharmacology class at the Colorado School of Traditional Chinese medicine. Some weeks ago, Governor Polis came to the Metro Campus to announce and initiative to expand medical training capacity at Metro and build a new Medical school at UNC Greeley. The aim of these projects is to help bridge the gap between the growing need we have in Colorado for healthcare, and the dearth of trained people to provide that care. I have a few small points I would like to make in my testimony today. You'll see in your handouts a comparison chart of some of the basic characteristics of the education of several different types of medical providers, sampled from the Seattle Area. This chart was made by the Washington Association of Naturopathic Physicians for their recent Sunset bill. These requirements are similar to equivalent programs in Colorado. Also note that any graduate of any of these Seattle programs would be able to practice in Colorado, provided they passed their board exam.

Comparison of core program length, total credits, pharmacology-specific credits, and residency requirement.

<i>Program</i>	<i>Program length</i>	<i>Total credits</i>	<i>Pharm-specific credits</i>	<i>Residency required</i>
<i>ND</i>	4 years	300	13.5	No
<i>MD</i>	4 years	288	Unk	Yes
<i>DPM</i>	4 years	173.5	8	Yes
<i>OD</i>	4 years	128	5	No
<i>DDS</i>	4 years	Unk	Unk (1 course)	No
<i>DNP-FNP</i>	3 years	93	5	No
<i>PA</i>	2 years	162	6	No

Rep Boesenecker has already noted that NDs have more pharmacology-specific classroom hours than PAs and Nurse Practitioners, but another lesson contained in this chart and that is that neither of these two professions, nor Optometrists, nor Dentists are required to perform a residency, yet all of these professions have the right to Prescribe medication in Colorado. I personally would have liked to do a residency but was eager to get back to Colorado as soon as possible. But one positive aspect of going straight back into practice was the fact that I get regular follow up with my patients, which I may have missed out on in a hospital residency. That feedback has been very important for me in developing my confidence as a practitioner.

On to my second point, I'm sure ladies and gentlemen that at the top of your minds in considering this change to Naturopathic Formulary is the safety of Coloradans. I have some data to share with you that will show you that Naturopathic Doctors have a demonstrated safety record in the states where the ND formulary has already been expanded. You'll also see in your hands a chart that was formulated by the Federation of Naturopathic Medicine Regulatory Authorities. The full record of the Federation's testimony to the Chairwoman has been officially filed, along with several very important testimonies of some CO patients that were unable to join us today. The chart details the disciplinary actions that have been taken against NDs from 2010 to 2021 in various states in the union. In this chart you can see the number of NDs in each state, the number of years they have had prescribing rights, and the number of disciplinary actions brought against them during the same period. You'll note the very low number of

disciplinary actions brought against NDs prescribing all substances including opioids, and the absence of any actions brought against ND where opioids have been excluded from their formularies. This is the excellent safety record our Bill Sponsor is referencing in our neighboring states. Thank you for your time and I urge a yes vote for HB24-1171 with amendments 001 and 004.

Disciplinary Actions Related to Naturopathic Doctor Prescribing

Disciplinary Actions Related to Prescribing from 2010 through 2021*				
Jurisdiction	Average Disciplinary Actions Per Year	Disciplinary Actions	Number of Years since 2010 with Broad Prescribing Rights	Estimated Number of Licensees
Jurisdictions with Broad Prescribing Rights EXCLUDING Opioids				
Hawaii	0.0	0	11	150
Idaho	0.0	0	1.5	27
New Hampshire	0.0	0	11	60
New Mexico	0.0	0	2.5	15
Utah	0.0	0	11	60
Jurisdictions with Broad Prescribing Rights INCLUDING Opioids				
California	0.0	0	11	1270
Montana	0.0	0	11	105
Vermont	0.0	0	11	350
Oregon	1.1	12	11	1200
Arizona	1.6	18	11	1450
Washington	2.9	32	11	1400
TOTAL		62		6087
* Or since year of licensure if established after 2010.				
PNMRA interprets broad prescribing rights to mean access to all major categories of prescription drugs required for primary care.				

All categories of disciplinary actions can be seen in Addendum B.