

HOUSE PROFESSIONAL LICENSURE COMMITTEE
PUBLIC HEARING

Thursday, November 5, 2009
Glenside, Pennsylvania

COMMITTEE MEMBERS PRESENT:

REPRESENTATIVE MICHAEL MCGEEHAN, Chairman
REPRESENTATIVE WILLIAM F. ADOLPH, JR.,
Minority Chairman
REPRESENTATIVE TONY J. PAYTON
REPRESENTATIVE RONALD G. WATERS
REPRESENTATIVE CHERELLE L. PARKER
REPRESENTATIVE JAMES WANSACZ

OTHERS PRESENT:

MARLENE TREMMEL, Executive Director
SHARON COLE-ENGDAHL, Research Analyst

HELD AT: Won Institute of Graduate Studies
Glenside, Pennsylvania

REPORTED BY: SUSAN L. SINGLAR, Court
Reporter-Notary Public

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TESTIFIERS:

MITCHELL KRAUSE, FAAMA, DAAMA, M.A.c.
D.O.

BEN GRIFFITH, Licensed NCCAOM Board
Certified Acupuncturist

SARAH LEFTKOWICH, Current Student at Won
Institute

MARLENE BURK, current Student from Won
Institute

1 REPRESENTATIVE ADOLPH: Good
2 afternoon. I'd like to call to order a public
3 hearing for the House Professional Licensure
4 Committee on the Acupuncture Registration Act.

5 My name is Bill Adolph. I'm the
6 Republican Chair of the Committee. We just got a
7 phone call and were notified that Representative
8 McGeehan received an emergency phone call and he
9 made a U-turn and headed home. So hopefully things
10 will be okay.

11 The first thing we would like to
12 do, starting to my left, is have the
13 Representatives -- this is the Chairman of the
14 Committee, Representative Mike McGeehan. From
15 Philadelphia County. We just started to introduce
16 ourselves, Mr. Chairman, starting with
17 Representative Payton.

18 REPRESENTATIVE PAYTON:
19 Representative Tony Payton, 179th District, which
20 is in Philadelphia, North Philadelphia and the
21 lower end of Northeast Philadelphia.

22 MS. COLE-ENGDAHL: I'm Sharon
23 Cole-Engdahl. I'm the Legislative Analyst for the
24 House Republican Caucus and Mr. Adolph is the

1 chairman for that Committee.

2 REPRESENTATIVE ADOLPH: I reside
3 in Delaware County, not too far from here.

4 REPRESENTATIVE MCGEEHAN: I'm
5 Mike McGeehan. I represent a portion of
6 Philadelphia County.

7 MS. TREMMEL: Marlene Tremmel,
8 Executive Director.

9 REPRESENTATIVE HELM: Sue Helm,
10 Dauphin County.

11 REPRESENTATIVE MCGEEHAN: Thank
12 you, Chairman Adolph, for pinch hitting for me. I
13 probably came the shortest distance but I got
14 turned around somehow, as a city boy in the
15 suburbs. I apologize for being late and I thank
16 you, Mr. Chairman, for beginning this meeting.

17 There are a couple comments on
18 House Bill 1764, and I'd like to recognize the
19 prime sponsor of that measure, Representative
20 Payton.

21 REPRESENTATIVE PAYTON: Thank
22 you, Mr. Chairman. I'm a little bit under the
23 weather, so don't mind my voice. House Bill 1764
24 deals with sort of advice and consent, and

1 basically says that an acupuncturist -- we're
2 deleting the section under the current requirements
3 and allows acupuncturists to continue treating
4 somebody if they advise them it's not a substitute
5 for other medical care by a specialist, and they
6 acknowledge and explain to them that they
7 acknowledge that it's therapeutic and not a
8 substitute for conventional medical care and
9 treatment. And it may mean that acupuncturists
10 keep a signed copy of that on file so that the
11 patient is aware and can continue coming to the
12 acupuncturist, if they feel that's what is
13 necessary for them.

14 REPRESENTATIVE MCGEEHAN: Thank
15 you very much, Representative Payton.
16 Representative Payton is a progressive, certainly,
17 in the House, and much of the acupuncture treatment
18 is looked on by many as a progressive type of
19 medicine, although probably the most ancient form,
20 and I thank you for sensitizing me and the members
21 of this Committee about the importance of
22 acupuncture and its treatment of illnesses.

23 And I want to thank the Won
24 Institute for hosting this Committee hearing today.

1 I want to introduce Ben Griffith, who is -- if you
2 care to give some opening remarks and then we'll
3 get into the testimony.

4 MR. GRIFFITH: I talked to
5 Marlene about Mitch -- I'll turn it over to
6 Colleen.

7 MS. O'CONNELL: Welcome,
8 everyone. Thank you. I'm Colleen O'Connell from
9 the Won Institute. We have some of Board of the
10 Trustees here, our academic dean, the acupuncture
11 chair. We're very happy that you came here. We're
12 also extremely proud that we are the first and only
13 acupuncture school in Pennsylvania, and we have
14 been accepting acupuncture students since 2005 and
15 have had two graduating classes now.

16 We shamelessly put some facts
17 right in front of you so that you can see we have
18 contributed to 15 acupuncturists now practicing in
19 the State of Pennsylvania, in the Commonwealth.
20 And so, we are training people who are staying in
21 the Commonwealth and practicing and contributing to
22 the health of all of the residents. So we very
23 much appreciate you having the hearing here. We
24 are sorry about the difficulty on your trip down,

1 but thank you very much. We'd be glad to give you
2 a tour afterwards and a sample of an acupuncture
3 treatment, if you haven't seen one yet. So, again,
4 thank you so much for coming. We appreciate it.

5 REPRESENTATIVE MCGEEHAN: Thank
6 you very much, Ms. O'Connell.

7 We'll begin by having our first
8 testifier today. It's Mitchell Krauss, FAAMA.

9 Is that a title?

10 DR. KRAUSS: That's my
11 certification within acupuncture.

12 REPRESENTATIVE MCGEEHAN: There
13 wasn't a comma there, and I will place one there.
14 He is a licensed physician.

15 Mr. Krauss, would you take a seat
16 and begin when you're comfortable?

17 DR. KRAUSS: Dr. Krauss.

18 REPRESENTATIVE MCGEEHAN: Pardon
19 me, Doctor. And that wasn't indicated, either.

20 DR. KRAUSS: I see you're a
21 representative from my old district, Delaware
22 County. My office was in Upper Darby for 32 years,
23 so welcome fellow Delaware Countian.

24 REPRESENTATIVE ADOLPH: I

1 represented sections of Upper Darby for about 12
2 years.

3 DR. KRAUSS: I miss Mario. I
4 haven't seen him around, but a good old friend of
5 mine.

6 REPRESENTATIVE MCGEEHAN: I will
7 tell him you were asking for him.

8 DR. KRAUSS: I'm here to answer
9 any questions. If you'd like, I can testify first.

10 REPRESENTATIVE MCGEEHAN: Yes,
11 please.

12 DR. KRAUSS: I have been
13 fortunate in that I have been a physician in
14 Pennsylvania for the last -- well, actually,
15 actively practicing within my practice in Upper
16 Darby for 31 years and actively practicing within
17 Pennsylvania for 32 years; trained in Philadelphia,
18 both in medical school, as well as in residency,
19 and I'm very proud of our State and our City.

20 In addition, I have practiced
21 acupuncture for the last ten years actively being
22 instructed to the art of acupuncture by many
23 different physicians throughout the United States.
24 And then I came to Won initially to audit certain

1 courses, and by the time I was finished auditing, I
2 was teaching, and I have had the pleasure of
3 teaching a lot of the students here biomedicine or
4 the medical aspects of the medicine that they
5 should know or be aware of so that they don't make
6 the errors and so they do know properly how to
7 treat the patient accordingly in terms of Chinese
8 medicine and in terms of western medicine, how to
9 recognize problems, et cetera.

10 So if anybody understands what is
11 involved in terms of the acupunctures I do, because
12 also, I went to the Master's program here and
13 completed that, too. So I have basically seen all
14 aspects. The FAAMA and DAAMA are the certification
15 Boards that the AMA has recognized for physicians
16 in terms of acupuncture, and I'm Board certified in
17 both areas. I am past president of the
18 Pennsylvania Chapter of American Academy of Medical
19 Acupuncture and have sat on the Board of -- the
20 national Board, once again, for physicians that do
21 acupuncture in the United States. So once again,
22 I'm pretty familiar with both ends, both physicians
23 and nonphysician acupuncture as to what goes on.

24 When I'm talking here today, I'm

1 not talking on behalf of physicians. I'm not
2 taking on behalf of the associations that I'm
3 associated with. I can't possibly do that because
4 I'm not representative of them. I'm representative
5 of me, a single physician, practiced many years,
6 understands both the Chinese medicine aspect of
7 treating and the western aspect of treating. And
8 like I said before, I have a unique situation in
9 that I understand both and know what has to be done
10 or not has to be done in terms not only legislation
11 to help the practitioners, but also, certainly in
12 the responsibility to make sure that the public
13 gets the best medical care possible.

14 Rather than -- I'm going through
15 this letter and all that, but rather than getting
16 involved with the letter, I'm going to just
17 summarize it and basically say this is what it
18 basically says. This is what I think and feel. As
19 long as -- and as I heard it read before, as long
20 as the law is written as it's going to be written,
21 where the acupuncture -- nonphysician acupuncture
22 practitioner lets the patient know, one, that
23 they're not western physicians, number two, that
24 they do understand that they are treating them from

1 the acupuncture perspective or the Chinese medicine
2 perspective, and that three, they should seek
3 medical help if things don't go right or they don't
4 get any better, et cetera, as long as they're in
5 total awareness to the patient and to the
6 practitioner that this is the case, and it sounds
7 like that's the way it is, then I don't think
8 there's anybody that has any problem with that,
9 whatsoever.

10 The reality is is that the
11 acupuncturists are willing to take on the liability
12 of not only taking care of the patient but the
13 liability that things aren't right, whatever, that
14 they get referred to the proper -- or the referred
15 to a practitioner to make sure that they get
16 western care, if western care can be given, then
17 from my perspective, once again, seeing both ends,
18 it's -- it's -- it's right. It's the correct thing
19 to do.

20 REPRESENTATIVE MCGEEHAN: Thank
21 you, Dr. Krauss. We have been joined by
22 Representative Wansacz. Welcome Representative.
23 We're hearing from our first testifier, Dr. Krauss,
24 and his testimony is included in that package.

1 I will open it up, if you will,
2 Doctor, to answer any questions the Committee may
3 have.

4 Representative Payton?

5 REPRESENTATIVE PAYTON: Thank you
6 for your testimony, and it's joyful to me to hear
7 you say that nobody should have -- should take any
8 issue with this, as long as the patient understands
9 sort of what the intent and they're being treated
10 from the acupuncturist standpoint. If you could,
11 for those that are not that familiar with
12 acupuncture, go into sort of what areas are looked
13 at in terms of practicing from the acupuncturist
14 standpoint?

15 DR. KRAUSS: Everybody knows
16 about pain. Everybody knows: Oh, acupuncture,
17 sure. I have got a bad back. I will go to an
18 acupuncturist, why not, instead of getting
19 surgery. So everybody knows about that and that's
20 how they look at acupuncture. And, in fact, that's
21 how I got involved with acupuncture, because my
22 mom, 12 years ago, and 11 years ago, while she has
23 still alive, had a terrible back, was treated by an
24 acupuncturist. She got better. I said: Wow,

1 that's fantastic stuff. I have got to know more
2 about it.

3 Then over the last ten years --
4 well, I retired two years ago because my wife got
5 sick and she finally passed away. So I had not
6 been actively in medicine the last two years
7 because of that. But while I was practicing, it
8 was a pleasure because in acupuncture, I could
9 practice and do things that I -- for patients that
10 I couldn't do otherwise. Pain is one of the
11 smaller things. Sure, pain is big and it's
12 important, and yes, you can get a patient out of
13 pain, and that's a marvelous thing, without having
14 to deal with huge amounts of drugs, et cetera.

15 But you can do so many more
16 things from the simple GI complaint of, let's say,
17 the patient that has colitis, also the colitis
18 regional, Crohn's disease, severe underlying colon
19 disease, which takes huge amounts of drugs, and a
20 lot of times require surgery anyway. You can take
21 that same patient and cut back on the amount of
22 drugs that they have to take if you work with
23 acupuncturists.

24 There are other cases, for

1 example, chronic cystitis. This is where a person
2 who has an inflammation of the urinary bladder, and
3 these are terrible situations because there is
4 nothing that we can do in western medicine, short
5 of just hitting with a whole lot of drugs for a
6 long period of time, and short of that, take out
7 the bladder totally. But we can do anything for a
8 patient, and yet, I know for sure that there are
9 practitioners right here that have invented herbal
10 treatments and Chinese acupuncture so as to get
11 control of the interstitial cystitis.

12 I can go on and on and on. There
13 are a lot of things we can do in acupuncture to
14 help the western physician. And I think it's
15 important that as long as the acupuncturist
16 understand that it has to be a partnership, and as
17 long as the physician understands that it has to be
18 a partnership, that if everybody helps everybody,
19 in the end, the patient wins, and really, that's
20 what it's all about, having the patient win.

21 I will be glad to entertain any
22 other things in terms of -- physiologically, I can
23 go on for hours and explain the physiology and the
24 chemistry, et cetera, of why acupuncture works. I

1 don't think you want to know. That's for my
2 students to learn, and I teach them in terms of the
3 underlying physiology of how it works. It doesn't
4 matter. It works. And in combination with
5 acupuncture and western medicine, we can do the
6 patient good. And like I said before, in the end,
7 that's what counts.

8 REPRESENTATIVE PAYTON: On a more
9 personal note, I recently had a basketball injury
10 and was diagnosed with a prepatella bursitis.

11 Is that something that would be
12 -- is that a diagnosis that I would be -- I should
13 seek acupuncture?

14 DR. KRAUSS: Here are the
15 choices. Assuming, underneath it all, there's not
16 a tear that precipitated it, a tear of the
17 cartilage, as long as there's not a knee cartilage
18 tear underneath all that, assuming it's more of a
19 traumatic-induced bursitis, you have two choices.
20 Choice one is go to a doctor and get injected by
21 steroids and take the shot of whether the steroids
22 give you problems or not in terms of the long-term,
23 or two, go to the acupuncturist. The acupuncturist
24 does not inject steroids, and yeah, you could

1 probably get a lot better with that. And just
2 between you and me, I had a bursitis like that. I
3 got treatment and I felt better. And I took the
4 option of which way I was going to go, and I felt
5 like getting acupuncture and not a shot of
6 steroid. So it's a treatment.

7 REPRESENTATIVE PAYTON: So they
8 cut my knee open. It's healing now. I just was
9 curious about that.

10 DR. KRAUSS: The hematoma is the
11 underlying pathology, yeah, it's possible that
12 acupuncture, in long, long period of time, the
13 acupuncture could help absorb it. But if it was so
14 inflamed, then really, the best choice was to go in
15 there and aspirate. That was the best way to do
16 it.

17 REPRESENTATIVE PAYTON: Thanks.

18 DR. KRAUSS: Assuming it's not an
19 underlying surgical problem. Acupuncture is not
20 going to treat a surgical problem. If you have
21 acute appendicitis that's about ready to rupture,
22 you don't play games.

23 REPRESENTATIVE MCGEEHAN:
24 Representative Helm?

1 REPRESENTATIVE HELM: I wondered
2 if physicians usually refer patients to
3 acupuncturists or does the patient generally have
4 to ask for the referral?

5 DR. KRAUSS: Most physicians
6 don't have an idea as to what an acupuncturists can
7 do. I'm honest. There are many physicians that
8 do, and I have tried to teach my own students here
9 as to what they should do to go out and teach
10 physicians what they do. I think that's an
11 important issue. If physicians understood where
12 the acupuncturists can help them and be in partner
13 with them, rather than compete with them, I think
14 both will be better off.

15 I will give you an example of
16 where this works so well. We have all heard from
17 the TV show Sex In The City, et cetera, where
18 acupuncture is very successfully used for fertility
19 problems. There was big chapter on that within
20 that TV series. I only happened to be watching it
21 because my daughter was. I would never watch it on
22 my own. The bottom line is there was a physician
23 down in D.C., and for the life of me, I forget his
24 name, but he has one of the biggest IVF clinics

1 probably in the country, and he's considered one of
2 the fathers of IVF. And he tells us -- this was at
3 an AAMA, that was physicians on the acupuncture
4 convention, national convention, and he tells us a
5 story on how there was a nonphysician acupuncturist
6 that used to visit him all the time and would tell
7 him: Give me a shot. Give me your worst case
8 scenarios of fertility where you're going to do
9 IVF, give me a shot of doing acupuncture ahead of
10 time. What do you have to lose.

11 She kept coming kept coming, kept
12 coming. Finally, he says: All right. I got to
13 get her off my shoulders. I'm going to give you
14 the ten worst case scenarios, meaning these are
15 cases that have failed, meaning these are cases
16 where the women are older, meaning there's a lot of
17 problems associated with that particular woman who
18 is getting pregnant or trying to get pregnant,
19 figuring she's going to fail and she'll be off my
20 shoulder. Well, not only did she not fail, but
21 this guy has more acupuncturists working for him
22 now in his clinic down in D.C. than almost anybody
23 I know, because he will not do IVF on any patient
24 unless they undergo acupuncture first. Because the

1 bottom line is two things happen. Number one, more
2 of these women got pregnant, and more important,
3 too, is they not only got pregnant, but they stayed
4 pregnant for longer periods of time, meaning that
5 instead of having to deliver the baby at the end of
6 seven months and have to go to C-section or surgery
7 to deliver the baby, they're able to go full term.
8 The baby did not have to go in an incubator. It
9 was a win-win situation, both for the baby and for
10 the mom, and this is why he's gone that route.

11 So the bottom line is do
12 physicians know about it? Some do, and they do
13 know, they use the acupuncturists. And those that
14 do not know, it's going to be the students here
15 coming out that are going to have to educate them,
16 and guys like me and other acupuncturists. And
17 we're plenty of physicians within Philadelphia who
18 do acupuncture, but there's plenty of room for
19 everybody to combine the two arts.

20 REPRESENTATIVE HELM: You say a
21 student should educate them, and I'm wondering how
22 they're going to do that.

23 Are they planning seminars, or
24 what are your plans for that?

1 DR. KRAUSS: I, personally? I'm
2 an advocate at all times with my friends in
3 medicine, so that's not a problem with me. What
4 happens, as I explain to students once they're
5 practicing, I think they will get patients that
6 will come in, and they will get patients that have
7 a problem. And it's up to them to call the
8 primaries and say: This is the situation. This is
9 the medical diagnosis, as you made it. This is
10 what you're doing, and I'm going to try to do it so
11 that it goes better, less medicine, whatever.

12 Really, the things that the --
13 physicians don't want to hit -- most physicians
14 don't want to hit patients with loads of drugs.
15 They want to see them get better. They really do.
16 And if the practitioner's approach to the
17 physicians, not all of them, but most of them, they
18 will be heard and they will be educated.

19 Is there a formal way of doing
20 that? Yeah. There is a formal way of doing that.
21 One of the things that we have to do, and we're
22 trying to do within the chapter, ourself, in
23 Philadelphia and Pennsylvania, is unite with a
24 nonphysician acupuncturist together and have

1 educational together so we can better spread the
2 word, spread the gossip. That's probably the best
3 way we can do that. And that's something that will
4 go on between me and Ben and a few other people.

5 REPRESENTATIVE MCGEEHAN: We've
6 been joined by Representative Parker from
7 Philadelphia. And Representative, for your
8 edification, this is Dr. Krauss and we're on his
9 testimony now entertaining questions.

10 Chairman Adolph?

11 REPRESENTATIVE MCGEEHAN: Thank
12 you, Mr. Chairman.

13 Dr. Krauss, thank you for your
14 testimony.

15 Anytime this Committee takes on
16 an issue to give various professions increased
17 practice abilities, could you give us a little bit
18 of the background of how you become an
19 acupuncturist in the Commonwealth of Pennsylvania?

20 DR. KRAUSS: It's changed over
21 the years. I mean, there are practitioners here
22 that did not have the level of training as they are
23 now having within the national level. And now it's
24 required, in most cases, to have minimum Bachelor's

1 Degree before you can even come into a program like
2 Won, where you get a Master's in acupuncture. So
3 already you've had four years of college. The
4 three years of training in acupuncture is what you
5 go through here in order to become a practitioner
6 of acupuncture. Even that's changing where
7 eventually this will be a four-year program,
8 because they will be introducing herbal medicine
9 and such, which is another aspect of Chinese
10 medicine that could be very helpful to patients.

11 It's a pretty intense program.
12 As to every school, there are problems, and they
13 get worked out. But the kids come out -- to me
14 their kids, they're all young enough to be my kid.
15 The kids come out well trained, recognizing what
16 they can or can't do, and that -- like in western
17 medicine, when I got out of medical school, take my
18 word for it, I didn't know everything, and far from
19 it and still don't. But I do know that I knew
20 enough to know that if I didn't have the answer, I
21 knew how to find it.

22 And the bottom line in
23 acupuncture is no matter who comes out, they're
24 well trained enough that if they can't handle it,

1 they know where they can go to get the answer to
2 handle it in terms or acupuncture. And I hope I
3 have done a good enough job to teach them to
4 recognize what they can't do in acupuncture and
5 where they have to go to a western-style medicine
6 and treat the patient.

7 REPRESENTATIVE MCGEEHAN: Most
8 acupuncturists in Pennsylvania, do they work in
9 clinics, or hospitals, or do they have their own
10 private practice?

11 DR. KRAUSS: All the above. I
12 don't know of any specific hospital that has
13 acupuncturists, but I will go to the history and
14 how it works. The first person that really made
15 major inroads, and I'm not talking about the
16 individual acupuncturists like in California, but
17 inroads in terms of recognizing its usefulness in
18 western medicine was a guy by the name of Michael
19 Smith, who introduced acupuncture and treating and
20 using it to treat drug-addicted patients.

21 And this occurred in New York
22 City, and he was a physician. And it spread, and
23 basically, a lot of the rehab centers throughout
24 the country now have on board acupuncturists

1 knowing that the people undergoing acupuncture and
2 undergoing rehab do best in the long run. So it
3 started to be recognized around that time.

4 Of course, the biggest case in
5 terms of recognizing acupuncture in the western
6 world was when Nixon went to China way back when in
7 the '70s, early '70s, when one of his -- I think it
8 was one of his press agents, or maybe it was just
9 someone that came along for the trip that
10 represented the press, had appendicitis. He was
11 treated with surgery; had acupuncture done to give
12 him the anesthesia, and he had the -- and he had
13 the anesthesia of acupuncture. He had the surgery;
14 came out of it fine, and that hit all the papers,
15 and that's when people started recognizing what
16 acupuncture is all about.

17 In terms of the way it's
18 practiced here in Philadelphia, or Pennsylvania, is
19 I don't know of any -- I know of hospitals that
20 have active acupuncturists, but most of them are
21 physicians. I don't know of any that are
22 nonphysician acupuncturists. There probably are, I
23 just don't know them. But the majority of the ones
24 that I know that have gone out and practiced have

1 their own centers, their own clinics, either
2 clinics that have multiple patients at any one
3 time, individual patients at one time, et cetera,
4 just as any other aspect of medicine. It's a
5 variation of the kind of settings that you treat
6 the patient.

7 REPRESENTATIVE MCGEEHAN: Do most
8 health insurance carriers cover --

9 DR. KRAUSS: No.

10 REPRESENTATIVE MCGEEHAN: --
11 cover an acupuncture treatment?

12 DR. KRAUSS: No. Personal
13 injury, comp, things like that sometimes covers
14 it. The AMA -- not the AMA. The Medicare now has
15 a coding, which was worked out between the
16 physicians and nonphysician acupuncturists that
17 officially recognizes a CPT code that is a code
18 that we use to be able to charge. The Medicare has
19 now recognized these codes as this is the treatment
20 for 15 minutes doing this and another 15 minutes
21 doing this, et cetera. It's the routine code that
22 we use for all kinds of billing purposes via
23 Medicare.

24 So there is an official

1 recognition in terms of what acupuncture is and how
2 it should be billed for it. But whether insurance
3 companies have picked up on it, there have been
4 some that attempted to or will on a very minimal
5 basis, but on the whole scale, no. And to the
6 level where it should be reimbursed for the time
7 and the effort it takes, definitely not.

8 REPRESENTATIVE MCGEEHAN: Thank
9 you very much for your testimony.

10 REPRESENTATIVE MCGEEHAN:
11 Representative Wansacz?

12 REPRESENTATIVE WANSACZ: Thank
13 you, Mr. Chair. I have two quick questions.

14 Did you say Medicaid does cover
15 it?

16 DR. KRAUSS: No.

17 REPRESENTATIVE WANSACZ: One
18 question that I do have is I noticed you said you
19 had the same injury as Representative Payton and
20 you said you were able to walk on it.

21 DR. KRAUSS: I didn't have a
22 hematoma. I had a bursitis, but I had a bursitis
23 for a totally different reason, but whatever the
24 case is. But if it was a hematoma, the bottom line

1 is that should have been recognized. Once that's
2 recognized to be a surgical problem, which is what
3 it was, I would have gone ahead and I would have
4 done something more invasive, like aspirate or
5 surgery, remove the hematoma. It wouldn't have
6 gotten better otherwise.

7 Now, the truth of the matter is
8 that if we were in China and we had the luxury of
9 giving acupuncture five days a week and treating
10 aggressively and have the patients, even that could
11 have been treated. But it's not the way it is in
12 America. No one has five days a week to treat, nor
13 the money to treat five days a week, and so, the
14 reality is the quickest route to recovery for that
15 would have been surgery.

16 Now, if you're talking about
17 other cases of bursitis, like a knee cartilage,
18 it's not going to get better with acupuncture. You
19 can take the pain away, but you're not treating the
20 underlying pathology. When it's surgical problem
21 where you have to physically go in there and
22 correct it, then you've got to go and you've got to
23 physically go and correct it.

24 REPRESENTATIVE WANSACZ: I

1 noticed nothing was torn or nothing -- there was no
2 problems, just a little swelling, and yet, he had
3 to walk around for two weeks on crutches. So I
4 considered him a little soft.

5 The next question I have, and the
6 final question is you're a physician who is
7 licensed in acupuncture, as well?

8 DR. KRAUSS: Right.

9 REPRESENTATIVE WANSACZ: Do you
10 have the same amount of training here that a
11 student graduating from the Won Institute had?

12 DR. KRAUSS: Well, obviously, I
13 graduated here.

14 REPRESENTATIVE WANSACZ: Most
15 physicians --

16 DR. KRAUSS: There are some that
17 do, and honestly, there are some that don't. But
18 the reality is, remember, a lot of training that an
19 acupuncture practitioner gets here at Won has to do
20 with the western medicine, understanding western
21 medicine, certainly not to the detail as a
22 physician, but understanding, recognizing western
23 problems, dealing with meditation, dealing with
24 many other aspects of Chinese medicine.

1 In terms of pure acupuncture, in
2 terms of training in hours, yeah, there are a lot
3 that do. And I will tell you, on the other hand,
4 they're lot that don't.

5 REPRESENTATIVE WANSACZ: But
6 they're not required -- it's my understanding that
7 a physician is not required to have the same amount
8 of hours as a nonphysician.

9 Am I correct with that?

10 DR. KRAUSS: I'm going make a lot
11 of enemies here. A physician learning acupuncture
12 in ten hours will take other people 30 to 40 hours.
13 I apologize for my friends back there, but that is
14 the truth. So to say that a practitioner who only
15 has 300 hours can't possibly understand
16 acupuncturist, there are some fools that practice
17 out there that do not understand anything and
18 shouldn't be practicing acupuncture. But there are
19 those out there that have 900, 1,000, 1,500 hours
20 of intense training and continuous training and
21 they should be doing acupuncture.

22 REPRESENTATIVE WANSACZ: I
23 appreciate that clarification. Thank you.

24 REPRESENTATIVE MCGEEHAN: Thank

1 you Representative Wansacz. I have just a question
2 or two myself. And I'm grateful to Representative
3 Payton for bringing this subject before the
4 Committee, because I have been long fascinated by
5 acupuncture. And I have an elemental knowledge of
6 acupuncture. And explain to me, Doctor, the
7 concept of it.

8 Is it based on some type of
9 energy in the body that all cells are connected or
10 all nerves are connected?

11 At its core, what is acupuncture?

12 What does it attempt to do?

13 DR. KRAUSS: In simplicity, the
14 biggest part of acupuncture is turning on and
15 turning off the neurochemicals of the body, to make
16 the body do that which it sometimes doesn't do for
17 itself. Now, this we know to be a fact from
18 studies of 25 and 30 years of retrospective and
19 active studies that are done. Pomerantz and Stutz,
20 which I teach my own students, but many other
21 physicians and practitioners and physiologists that
22 have studied it realize that that's the bigger part
23 of what it does.

24 Now, you're saying is there an

1 aspect of energy? Yeah, there is, and I believe
2 that. Although western medicine might -- some
3 might believe it, some might not believe it.
4 There's also an aspect that it gets involved with
5 quantum physics. I had the pleasure, and a lot of
6 people here have had the pleasure of meeting a
7 doctor who is trained in the United States, he's in
8 Korea, and who has studied and has discovered a lot
9 of the networks that acupuncturists have long
10 claimed exist in terms of acupuncture and how it
11 works. And, once again, it took a quantum
12 physicist to figure that out, and that's who he is
13 and that's who he still is.

14 The reality is this is how it
15 works, not only in neurochemistry, but I can tell
16 you that we have done PET scans. You might have
17 heard of PET scans or functional MRIs, where we can
18 instantly see if there's an increased activity
19 going on in the brain or anywhere in the body, if
20 we wish to see, and in which we can needle a
21 certain point between the toe, the big toe and the
22 toe next to the big toe, call that liver three.
23 And we can needle that point and instantly see, and
24 we're talking microseconds, see that the part of

1 the brain that has to do with vision lights up.
2 And I will tell you that in western medicine there
3 is no connection that we have ever recognized that
4 exists between liver three and vision or the visual
5 cortex of the brain, itself.

6 So what does that have to do with
7 anything? Well, it means that there is other
8 connections. We just haven't discovered them yet.
9 And frankly, I don't know if it's really important.
10 Someone will. There will always be physiologists
11 looking for it. What's important from our
12 perspective is we understand basically in western
13 medicine what happens. We turn on and turn off
14 neurochemistry. We know that there is a
15 correlation between the way the nerve fibers run
16 and where the energy runs, but that's not 100
17 percent, either.

18 So that do we know 100 percent of
19 why it works? No. Who cares? It works. It's
20 taken 2,000 and some more, even more years for man,
21 for the Chinese, for the Asians to have sat down
22 and say: Well, if I do this, this and this, this
23 is going to be the reaction. So they're very
24 astute, very observing. They notice that this type

1 of pattern did this kind of thing for this patient
2 and they got better.

3 Who cares how it works? I can
4 tell you right now there are some people that
5 really don't understand why aspirin works
6 sometimes. We think we do, but then we really
7 don't, not 100 percent, so who cares? In the end
8 it works. We know what the good points are. We
9 know what's dangerous, what to avoid.

10 And as long as there's a marriage
11 between the western physician and the
12 acupuncturist, and as long as there is a practice
13 of responsibility between both, who cares? The
14 patient comes out ahead.

15 REPRESENTATIVE MCGEEHAN: I have
16 seen programs, Doctor, that they have a chart, a
17 chart of the human body, and these points all in
18 different areas, in different parts of the body,
19 that if they are excited in some way, or I don't
20 know the correct medical term for it, but
21 aggravated in some way that charges another part of
22 the body.

23 Is that something that you can
24 share with us and the Committee?

1 DR. KRAUSS: The points were
2 discovered way before they actually realized there
3 were channels. The channels were an afterthought
4 connecting the different points. Once again, the
5 points were just discovered that if I do this,
6 this, this, this, this is what happens. And then
7 later on we discovered that these actually run
8 along meridians and channels, and very complex
9 channels. That is true. Whether we've seen them
10 in western medicine, only now, like this physicist
11 I was telling you about, has discovered some of the
12 pathways, and they call them the Bogan ducts.

13 I will also tell you that in
14 Germany they have actually been able to radiograph
15 the main channels of what we call Tai Chung, or the
16 Tai Jung, the channels of the back, the main
17 channels of the back called bladder channels. And
18 we have been able to x-ray these and see these
19 actively work.

20 So do they really exist? Yes.
21 They really exist. I'm going to say it again.

22 Does it really matter? No. It
23 really doesn't. It matters to the acupuncturist
24 because they need to understand that paradigm in

1 order to be able to treat in that paradigm, and
2 that's important. But in terms of real acupuncture
3 and real medicine, in the end, however you want to
4 believe it, whether you want to believe it's purely
5 neurochemistry, whether you want to believe it's
6 purely energy running through the pathways, in the
7 end, what's really important is you see this
8 pattern diagnosed this way in terms of Chinese
9 medicine, and this is what we have to do to treat
10 the patient.

11 REPRESENTATIVE MCGEEHAN: I think
12 Chairman Adolph would agree with me that as this
13 Bill moves through the Committee, and we're hoping
14 that it does, that the traditional medical
15 community will raise some concerns, and frankly, I
16 share them about removing the language that
17 requires a patient to -- or an acupuncturist to
18 refer a client to a traditional western physician
19 within the 60 days. Removing that, it places the
20 burden on the patient to diagnose themselves, and
21 that, to me, is problematic because they're not
22 trained as physicians and they may not know all the
23 ramifications of their own particular health
24 problems.

1 The concern is that an
2 acupuncturist would then not refer a patient that
3 may have a serious underlying medical condition,
4 that it may delay their getting traditional western
5 style treatment, and it's a concern I think that
6 Representative Payton will hear about from the
7 medical community. And I wonder what your take is
8 on that.

9 DR. KRAUSS: They're right, and
10 you're right. It is a problem. And I don't have
11 an answer. I wish I had an answer. I do know that
12 the people I have seen and trained, most of them
13 know and have a better idea that this is something
14 we don't do or treat because these are red flags,
15 refer them out immediately, don't play games.

16 Are there going to be people that
17 don't? I'm sure there will be, and I don't know an
18 answer around it. But also, I know that the answer
19 is to putting a western diagnosis on it first,
20 people get around that, too. So there's got to be
21 a way in which the practitioner acupuncturist have
22 the freedom to be able to practice. At the same
23 token, there has to be a way to make sure that the
24 public is protected, and I agree with that, too.

1 And I understand where the physicians are going to
2 come. There I don't have an answer.

3 But I do know how it's been done.

4 I think that it's important to have the
5 practitioners be very responsible in forewarning
6 the patient: Look, I'm not a doctor. I don't
7 pretend to be. I don't pretend to be a M.D. or
8 D.O. I am a practitioner. I think I can help you,
9 or I think I can't help you, or you better go see
10 someone before you see me, but I think they also
11 have to be up front and say: However, in a
12 reasonably short period of time, if you start to
13 get worse, I'm telling you up front, you have to
14 see someone. If you put that in the writing, if
15 you're not getting better, you have to see someone.

16 You're right. It's putting the
17 weight on the shoulders of the patient, themselves,
18 but at what point -- whose responsibility is that
19 after a point?

20 REPRESENTATIVE MCGEEHAN: Thank
21 you, Doctor.

22 Representative Parker?

23 Any other questions of the
24 Committee? Doctor, thank you for appearing before

1 us today and answering the questions and providing
2 us with the information. We look forward to
3 continuing to work with you, Doctor.

4 DR. KRAUSS: My pleasure.

5 REPRESENTATIVE MCGEEHAN: Our
6 next testifier who demurred in favor of Ms.
7 O'Connell greeting us is Ben Griffith. He is a
8 licensed Board certified acupuncturist.

9 Good afternoon, Mr. Griffith.
10 Nice to see you again. Make yourself comfortable
11 and begin when you're ready.

12 Why don't you provide your
13 testimony?

14 MR. GRIFFITH: My name is Ben
15 Griffith. I'm a licensed NCCAOM Board certified
16 acupuncturist. I was born and raised and now I
17 have been practice in Media, Pennsylvania. I have
18 been practicing and advocating for the license
19 NCCAOM Board certified acupuncturist practitioner
20 and practitioner of Oriental medicine in
21 Pennsylvania since 1997. I also am now a clinic
22 supervisor here at the Won Institute, and I am here
23 as a representative for the Association for
24 Professional Acupuncture in Pennsylvania.

1 I would like to recognize
2 Chairman Michael McGeehan and Republican Chairman
3 Bill Adolph and their hard-working staff for
4 calling and coordinating this public hearing. I
5 also want to thank President Co-Academic Dean Kim,
6 Acupuncture Chair Mitchell and clinic director, Ed
7 Cunningham, and institutional planning director,
8 Colleen O'Connell, for their efforts at the Won. I
9 also want to acknowledge the APA and all the hard
10 work the acupuncturists who volunteered their time
11 the last 15 to 20 years to actually make this
12 happen.

13 For me it's pretty historic that
14 we're having a public hearing at a Master's level
15 institution of acupuncture. When I started this in
16 1997 it was absolutely not possible in Pennsylvania
17 to have any of this.

18 This hearing is being called for
19 House Bill 1764, which removes the medical
20 diagnosis language and amends the language referred
21 to as advise and consent. And there's a few
22 reasons why we, the Association for Professional
23 Acupuncture feel strongly about this language and
24 they're as follows: Acupuncture and Oriental

1 medicine can be both complimentary in preventive
2 medicine and fills a much-needed gap in the
3 healthcare system. The current language in our
4 Statute inhibits our ability to practice preventive
5 medicine since we will often see patients monthly
6 or quarterly to address issues that actually have
7 not yet occurred.

8 Whether it's helping to maintain
9 a healthy immune system and prevent allergies,
10 optimizing an athlete's physical routine by
11 eliminating small strains and sprains to prevent
12 injuries, or relieving daily anxieties to prevent
13 stress from leading to things like insomnia and
14 hypertension, the current language blocks our
15 participation in the wellness healthcare system.

16 Telling a healthy athlete if they
17 want to continue they need to have a diagnosis very
18 often undermines the preventive nature of
19 acupuncture. The client tends not to want to do
20 this. They feel it's a waste of their time and
21 money.

22 Do we then stop treating them?
23 By Pennsylvania State law, yes. The current
24 language in -- a second one is that the current

1 language in our Statute regarding medical diagnosis
2 and treatment is confusing and not clear,
3 especially because the breadth of our medicine does
4 help the full functioning of the body. For
5 instance, a patient comes in with lower-back pain.
6 It resolves in the first 60 days. During the
7 course of treatment the person mentions that they
8 actually have sinus problems. The practitioner
9 starts to treat the sinuses.

10 Is this a new condition? We
11 think yes. In the current form of our practice,
12 this is unclear. And as practitioners, most of us
13 owning our own small practice, which answers one of
14 the questions you asked, we need clear and
15 unambiguous language to guide us.

16 A third reason if one of the
17 issues is appropriate, referrals to physicians --
18 excuse me.

19 So the question that comes in
20 is -- and I think moving from what we had before to
21 what we're looking for now is instead of having a
22 mandated referral, it's a change to go a
23 discretionary referral. And what you heard from
24 Dr. Krauss, and I have some supporting language, we

1 feel that we're well trained and feel that we
2 should have the discretion that, yes, there's times
3 when someone absolutely has to be referred, but
4 there's also times when people shouldn't have to be
5 referred. And if you have a mandated referral,
6 you're going to make someone, and they may not want
7 to, have to get a diagnosis when, in reality, if
8 we're doing preventive medicine, they may not want
9 to do that. And we may feel professionally it's
10 not needed, but the State is saying: No. You must
11 do this. We disagree with that.

12 And someone may bring up an issue
13 about -- like the question was about the
14 physicians. Well, if you look at one of our
15 supporting documents, there's 38 states in the
16 United States that have no requirement for
17 referral, and the last time I checked, the sky
18 hasn't fallen in those 38 states. In fact, they
19 have the same -- and let's bring in our insurance
20 people.

21 The actuarians, Representative
22 Adolph, who is an accountant will notice, they're
23 pretty bright. And the actuarians have decided
24 that if you're in a state with no gatekeeper and

1 versus a state that has gatekeeper, their premiums
2 are exactly the same. There is no more exposure to
3 liability not having a gatekeeper versus having a
4 gatekeeper. So the insurance industry agrees with
5 us on this issue, that from one state to another it
6 makes no difference in terms of public safety
7 because they have these actuarial tables that you
8 guys are familiar with. It's the same. So we pay
9 the same amount for malpractice insurance in
10 Pennsylvania as someone in California, where
11 there's much more liberties in California. So
12 that's the one issue we want to bring up.

13 Also, that the surrounding
14 states, New Jersey and New York has advising
15 consent, what we're asking for. Delaware,
16 Maryland, and West Virginia don't have anything in
17 their practice act. So what I tell people is we're
18 not asking to be like California. We're actually
19 asking to be like West Virginia, because that's
20 something that comes up in Harrisburg.

21 One of the other things, and I
22 actually don't want to throw anyone under the bus,
23 but we have had this -- I mean, I have been dealing
24 with this issue for 15 years. I have had a lot of

1 discussion, and I know the disagreement on why we
2 shouldn't do this. The question is Harrisburg just
3 licensed massage therapists, who have much less
4 training than us, and this issue was never brought
5 up, and they more or less can hang a shingle and
6 treat symptoms.

7 And our question is: With our
8 amount of training, which is far more than a
9 massage therapist, why are we getting hassled so
10 much and they aren't? And I'm not sure if that's a
11 valid point, but it was just a question that I was
12 thinking about.

13 I guess the point about -- I
14 realize the concern that everybody has is about the
15 quote, unquote, bad apple. And going back to the
16 national -- the whole national current, putting in
17 restrictive state mandates to try to protect the
18 public from bad apples unfortunately tend not to
19 work getting rid of the bad apple, but what it
20 tends to do is restrict the trade for the good
21 apples, everybody else who is -- and the issue of
22 the fact that a lot of people pay out of pocket.

23 We're a very different animal
24 than a lot of other healthcare providers. We deal

1 with a lot of people paying out of pocket. So
2 they're putting out a lot of time and money, and if
3 they're well, they don't have the diagnosis, they
4 would have to put out more time and money to get --
5 because if they're in a preventive situation, they
6 won't have a diagnosis. And a diagnosis of nothing
7 wrong is a diagnosis, of course.

8 So I'm going to stop, and if
9 anyone has any other questions, I can answer them.

10 REPRESENTATIVE MCGEEHAN: Thank
11 you very much, Mr. Griffith.

12 For the members' own information,
13 there is a State run-down of the requirements, and
14 as you see, Pennsylvania has a medical diagnosis,
15 the only state there which speaks to the points
16 that Mr. Griffith was raising.

17 MR. GRIFFITH: This book was
18 actually revised in 2005. This is the source that
19 I got the different state requirements. It's
20 Acupuncture in Oriental State Laws and Regulations.
21 Actually, it changed in the last five years.
22 There's been more change. Delaware, for instance,
23 just got their first law where they have no
24 gatekeeper. This issue is not even an issue in

1 Delaware. They don't have anything in their
2 practice act, not medical diagnosis. It's not even
3 dealt with because the national trend shows there's
4 no problem.

5 REPRESENTATIVE MCGEEHAN: Is
6 there any questions?

7 Representative Payton?

8 REPRESENTATIVE PAYTON: No
9 questions.

10 REPRESENTATIVE MCGEEHAN:
11 Representative Helm?

12 REPRESENTATIVE HELM: We often
13 see patients to address issues that actually have
14 not yet occurred.

15 MR. GRIFFITH: Yes. That's hard
16 to quantify. That's the prevention in nature. You
17 know, the idea is, you know, talking about, and
18 maybe I should have worded that better, but when,
19 for instance, occupational issues happen and people
20 are stressed, for instance, someone who has -- they
21 -- that when we treat and -- I mean, Dr. Krauss
22 was talking about some of the signs of how
23 acupuncture works. But the end result can be
24 just -- for instance, someone who has their

1 shoulders up really high like this, they kind of
2 drop and relax. And with the needling, you
3 actually take a lot of the tension out of the
4 muscles. Well, they may have discomfort, but a
5 diagnosis hasn't occurred yet, you know.

6 And the problem with preventive
7 medicine, you can't prove that it would have
8 happened. But what we know with a lot of -- not
9 all, but with a lot of diagnoses, it is a
10 culmination of what I call, you know, multifactors
11 happening that build up to a diagnosis. And what
12 acupuncture can do is it can actually treat someone
13 and get at -- I mean, they have what they call
14 patterns of disharmony. There's different models
15 of acupuncture. They can actually -- there's
16 Chinese medical diagnoses, let's drop the word
17 medical, of course, Chinese diagnoses that will get
18 at things prior to -- before it become a western
19 pathology.

20 And that we know, going back
21 2,000 years, is that there is a progression. If
22 you don't attend to this certain pattern, it can
23 start -- like Dr. Krauss was talking about liver
24 three, for instance. It's a pretty nice point on

1 the liver meridian, you know, that someone at 25
2 could have this pattern but have no western
3 pathology. And what they say is that this pattern
4 can continue for the next 25 years and actually may
5 become a western pathology or a western diagnosis.

6 So when we say that we can treat
7 something that hasn't occurred, it's because
8 Chinese medicine is a way to look at things that
9 are actually much more subtle, rather than a
10 western pathology, where, in some ways, they say,
11 you know, once it becomes a western pathology, it's
12 pretty far down the road, you know.

13 Now, there's some things that we
14 have no control over. It just happens. That's
15 life, unfortunately. Although there are a lot of
16 conditions that build into a diagnosis that can be
17 address early on. And the acupuncture, along with
18 the life-style changes that we advocate, can help
19 this.

20 REPRESENTATIVE MCGEEHAN: We have
21 been joined by Representative Waters from
22 Philadelphia. He's recovered from Tuesday night.
23 I saw him all over the news. It's nice to see you
24 in real time, Representative Waters. We're

1 hearing, Representative, testimony from Mr.
2 Griffith, and his testimony is included in your
3 package.

4 Chairman Adolph?

5 REPRESENTATIVE MCGEEHAN: Thank
6 you, Mr. Griffith, for your testimony.

7 How many licensed acupuncturists
8 do we have currently in Pennsylvania?

9 MR. GRIFFITH: The licensed
10 acupuncturists, in this State, the last time I saw,
11 we -- and this is interesting, we have about 900,
12 although half them are physicians and the other
13 half are me, the nonphysician, and nonphysician
14 acupuncturists. And we also have -- in our
15 constituency, we actually Chinese physicians who
16 are fully-trained doctors in China. Although, when
17 they come over here, they can get licensed as
18 acupuncturists, although they can't be licensed as
19 licensed physicians. So they're part of our
20 community, as well. So we have probably about 500
21 in the State right now.

22 When I started back in the mid
23 '90s we had, you know, probably 200. So it is a
24 growing field, and there's more people, more and

1 more. And now with a school in the State and now
2 that you know -- quite frankly, the laws have
3 become more progressive in the last 13 or 14 years,
4 so we're going to have more.

5 REPRESENTATIVE MCGEEHAN: I'm
6 interested to know prior to a school like Won
7 Institute, where would one go to get their training
8 to become an acupuncturist?

9 MR. GRIFFITH: Going back, the
10 first schools in this country started around 1979
11 or 1980. Prior to that -- or it was actually
12 people coming from out of the country. In the '80s
13 and mid '90s there was a school up in Connecticut
14 and a school in Columbia, Maryland that a lot of
15 people went to. In the mid to late '90s there was
16 a school started in northern New Jersey, and then,
17 actually, there's now about two or three schools in
18 New York City. There's a school in northern New
19 Jersey and a school -- well, there's still the
20 school in Columbia. It's now just outside of
21 Columbia, Maryland. So prior to that, people had
22 to leave the State.

23 And being since -- back in 1997
24 it was one of our selling points to Governor Ridge

1 who wanted to keep the young in the State, then you
2 better get some young industries in here, because a
3 lot of these young would go to Mexico or Arizona,
4 go to California and leave Pennsylvania because
5 they wanted to study acupuncture because there was
6 no way to study it in the State. So that was a
7 selling point, and actually, Governor Ridge
8 administration, that was one of the big pieces with
9 that administration. They really wanted a school
10 to get started in the State.

11 And, of course, the Won
12 Institute, they were there actually with us back
13 then because they wanted to start a school, but
14 they couldn't. And the reason was in our licensure
15 act they could teach acupuncture but they couldn't
16 supervise students. There was no provision for a
17 student clinic. So that's what held this State
18 back from having an acupuncture school prior to our
19 Bill in 2001 was the Bill that passed to allow a
20 school to start, or 2002. It's a long time ago.

21 REPRESENTATIVE MCGEEHAN: What
22 type of undergrad degree does an acupuncturist have
23 to have?

24 MR. GRIFFITH: Well, in most

1 schools -- actually, all schools now,
2 graduate-level schools you are required to have a
3 Bachelor's Degree, and then you're required to have
4 actually a certain amount of prereqs. And
5 actually, this is similar to medical school,
6 because a friend of mine -- I went to Gettysburg
7 College. And I actually had a friend of mine who
8 is now an oncologist at Yale Hospital, and he was a
9 sociology major at Gettysburg and then took all his
10 prereqs for medical school, and he made it to the
11 big time because he's a Yale Hospital oncologist.

12 So a similar thing to
13 acupuncture. Your major isn't as important as
14 making sure that you have all that -- you need your
15 Bachelor's degree, and then you have to have a
16 certain prereqs, the sciences, anatomy, physiology
17 biology. In the packet I gave there's the ACOM --
18 I have the web site for ACOM, and it's the national
19 accreditation for schools of acupuncture. And,
20 actually, in the package I have a breakdown of the
21 hours for graduate level. But if you go to that
22 web site they will have all the prerequisites
23 required. And I'm not sure off the top of my head,
24 but it's similar to medical school. You have a

1 Bachelor's Degree and all these different prereqs.

2 Now, on the state level, I know
3 the Medical Board says that only two years of
4 college is required, plus a graduate program in
5 acupuncture. Although, when it comes to schools of
6 acupuncture, all of them now require Bachelor's
7 Degree prior to entrance with the prereqs.

8 REPRESENTATIVE MCGEEHAN: Thank
9 you.

10 REPRESENTATIVE MCGEEHAN:
11 Representative Wansacz?

12 Thank you, Mr. Chair.

13 REPRESENTATIVE WANSACZ: If I
14 could just make a comment.

15 If you've ever been to the
16 Scranton Saint Patrick's Day, you know the liver
17 and eyesight is connected.

18 REPRESENTATIVE MCGEEHAN: Mr.
19 Griffith, it's not lost on me that this is a
20 generational issue, I think.

21 Looking out at the crowd, there's
22 maybe a handful of gray heads, like Chairman Adolph
23 and myself out here, and looking at the prime
24 sponsor of this, one of the youngest members of the

1 legislature. So I think it's important to take it
2 up because it is something generational.

3 And I think if there is a typical
4 patient, who is that?

5 Is it somebody younger, rather
6 than somebody who has a healthy cynicism about
7 acupuncture?

8 MR. GRIFFITH: They come in all
9 shapes and sizes nowadays. It's not just the
10 young. I treat -- it doesn't matter what -- like,
11 I have -- quite frankly, I have very conservative
12 people who come in for acupuncture. I have very
13 liberal people. They just want to get better. You
14 know, I have this one fellow that probably
15 Representative Adolph knows. He's a retired
16 Republican judge for 50 years, and he's come in for
17 acupuncture. And I have the blue hair, 21 year
18 old, who is really into the whole thing.

19 So, really, there isn't -- the
20 this is historically, in the past, it would be more
21 younger. But now, because -- like, my wife is
22 here. And her father was old school and we were
23 studying acupuncture and he thought, quite frankly,
24 we were whacky. Although, when he read an article

1 about acupuncture and the economists, suddenly we
2 became on the map.

3 So we're crossing generation --
4 obviously the people who want to study it tend to
5 be younger. I know in my practice for 15 years the
6 question was: How do you educate the doctors.
7 Well, quite frankly, you get them young. And my 15
8 years I have treated a number medical students. My
9 wife just spoke up. We have treated nine month old
10 babies. So, of course, the parents bring them in.

11 So yes. And I know I had this
12 one medical student. He was, I guess, now at
13 Drexel. But what was it, it used to be up on Henry
14 Avenue, the medical school. Well, he came in and
15 when I was telling him about stuff and he started
16 getting treatments, he said: This should be front
17 line of defense. It's like ding, ding, ding.

18 The bottom line is the western
19 drugs and surgical procedures are amazing, trust
20 me. I know that from firsthand experience.
21 Although, sometimes to use the nuclear option may
22 not be the right option; that there are natural
23 ways to get things before they become, you know,
24 what I have heard from medical doctors who practice

1 acupuncture and Oriental medicine, and there's also
2 natural medicines and stuff, that the natural
3 medicine can more or less get at the first 80
4 percent of healthcare, where, in reality, western
5 medicine is like the last 20 percent.

6 And, quite frankly, from my point
7 of view, you want to get to someone before they get
8 to the last 20 percent. You want to get to them in
9 the first 80 percent and tried to educate them and
10 get them -- and that's the whole idea of wellness
11 and prevention.

12 REPRESENTATIVE MCGEEHAN: Which
13 brings me to my next question, if would you, Mr.
14 Griffith.

15 What is the typical condition
16 you're treating?

17 Is it muscular?

18 Is it a sprain?

19 MR. GRIFFITH: What I generally
20 tell people, there's, you know, like Dr. Krauss was
21 talking about, historically, everyone knows pain.
22 That's the first thing they think about with
23 acupuncture, and it's true. For instance, if
24 someone has a cavity, I treat -- I can get rid of

1 the pain, but until the cavity's fixed, the pain is
2 going to come back. For instance, a knee.

3 But the question that you asked
4 was what else do we treat. I find that acupuncture
5 and Oriental medicine is great for the respiratory
6 system, asthma, and that's what -- actually,
7 Children's Hospital in Los Angeles now has
8 pediatric acupuncture in the hospital where they
9 treat a lot of childhood asthma, because if you can
10 be either a compliment to the steroids and a lot of
11 the heavy drugs that the kids are on, or even an
12 alternative, because what acupuncture does, it
13 builds the -- it makes the system healthier so that
14 the system can do it. And that's -- and that's
15 where the partnership should happen, because you
16 want to see how much this system can do. And we
17 all have our limits and only can go so far, and
18 then we bring in the other interventions of the
19 steroids and the more western medicine stuff.
20 After we build the system up, then you can have a
21 better idea of bringing that other stuff.

22 REPRESENTATIVE McGEEHAN: Can it
23 be quantified? Because the Committee members will
24 ask: Prove that to me. Western science can say

1 that they have treated so many cancer patients and
2 here's the survival rate five years, ten years out.
3 Committee members will have a healthy dose --

4 MR. GRIFFITH: I guess the issue
5 at hand here, kind of reeling it back in, is
6 proving acupuncture versus proving our training and
7 referral, you know, the discretionary referral.
8 There is more and more research, the National
9 Institute of Health came out with a statement of
10 support for acupuncture 1997. They had a ten-year
11 anniversary in Maryland. There is a lot of data
12 proving acupuncture.

13 The issue that we're dealing with
14 today, of course, is the mandatory referral versus
15 traditional referral, and putting it on -- so you
16 have the issue of proving acupuncture, and then the
17 issue is proving that we're safe while we
18 practice. And if you go to -- because the thing
19 is -- I have heard this question before, we can
20 prove, by statistical analysis from all the other
21 states, that acupuncturists are safe. The people
22 who are against changing this, they basically --
23 they use antidotal. They use testimonial, saying:
24 Well, what if this happened. They have no

1 statistical data disproving why we should move to
2 advised consent.

3 And that's what I have been
4 fighting against, because we know that a lot of
5 people who are opposed us to are from evident-based
6 medicine. But what I find with those people is
7 they have evidence-based medicine, but when it
8 comes to politics, they have no evidence-based
9 politics. We have evidence that shows that we're
10 safe, and that basically this should happen.
11 Although, then they come at us and they didn't have
12 no proof, and that's the thing that gets me upset
13 is that we're kind of -- things are changing in
14 Pennsylvania. But in 1997 there was the same
15 amount of states that had no gatekeeper, and 13 or
16 14 others. So it's much less than it was, but we
17 still have a restriction, and for no reason.
18 There's no statistical data that shows we should
19 have this.

20 REPRESENTATIVE MCGEEHAN: Point
21 taken. Just for clarification, I haven't heard
22 from a traditional medical field who has voiced any
23 opposition to date.

24 MR. GRIFFITH: Until now we have

1 had a lot. I mean, I have been bumping up against
2 it, obviously, because, quite frankly, deal after
3 deal after deal. This is actually the third bill
4 that, as an association, we have been advocating
5 for. And advised consent is our resting point.
6 For us, we're done. We don't want -- we're done.
7 And I think, for me, it's a fair compromise. I
8 really do.

9 REPRESENTATIVE MCGEEHAN: Are
10 there any other questions of the Committee members?

11 Mr. Griffith, thank you.

12 MR. GRIFFITH: Thank you.

13 REPRESENTATIVE MCGEEHAN: Our
14 last testifiers are two students here at the Won
15 Institute, Sara Leftkovich and Marlene Burk. Sara
16 is a current student at the Won and Marlene is a
17 current graduate.

18 MR. GRIFFITH: Actually, Marlene
19 is a current student, as well.

20 So are Sara and Marlene here?

21 Take a seat.

22 MS. LEFTKOWICH: My name is Sara
23 Leftkovich. I'm currently studying as a third-year
24 student here at the Won Institute. It's a joy to

1 be here. It's an honor to take this moment in our
2 education and sit here in front of you today and
3 start advocating for what we're doing here. We're
4 both personally and professionally really into this
5 kind of medicine. It's really important to us that
6 you understand what is going on here at the school
7 in terms of learning about diagnosis, learning
8 about some of the things that are required to
9 understand when referrals are necessary, what red
10 flags are, when it's important for patient
11 education.

12 I think that a major part of our
13 education at the Won Institute, I think I was told
14 something like over 1,200 hours are dedicated just
15 specifically to this in biomedicine classes. What
16 we're in right now is called disease management and
17 prevention, and it's with Dr. Krauss, who you heard
18 from earlier today. This is our second year with
19 him in that class. And in the first year you
20 continue on from anatomy and physiology classes
21 that are required before you enter here.

22 I know that you were asking about
23 some of the different undergraduate degrees that
24 people receive. I, personally, went to Skidmore

1 College, which is in upstate New York. And I
2 received my Bachelor's Degree in french literature,
3 slightly different, but as acupuncture has made its
4 way over here, one of the first places that it made
5 it to was Europe, and a lot of different literary
6 background that we learn about a lot of the
7 analysis that we learn about is actually through
8 french origin. So for me, that was quite a joy to
9 find out about when we first started studying.

10 I think it's really important to
11 underline here we are not closing down or changing
12 too much the communication between acupuncturists
13 in the field and other people in the healthcare
14 community, including physicians and everyone else
15 that is giving care to patients. We're keeping
16 these lines open, intact, and in use. And it seems
17 like what we're saying earlier is we're being shut
18 down and we're not going to use them. But, really,
19 I think what we're doing here is we're clarifying
20 some of the regulations and some of the necessity
21 of referring out to physicians.

22 I also wanted to say during my
23 three years here I have had several different jobs
24 working for acupuncturists, one of which was at

1 Lankenau Hospital. There's a pain clinic there
2 where all of the patients are Workers' Compensation
3 patients that are being referred from a pain doctor
4 who is not able to have the amount of success that
5 he would like with them, and he refers to a
6 specific acupuncturist. I also work at two
7 community-based acupuncture clinics, one in Queens
8 Village and one over in Roxborough, and help out at
9 a private practice in Erdenheim.

10 So I'm doing that because I had
11 the same question that you did: Where do you get
12 acupuncture, where does this come in, and how can
13 you receive this, and what are the different ways
14 that it might come to you. And just in that --
15 that's a rather wide variety of different places
16 and kinds of people you're going to meet that are
17 getting acupuncture and doing very well. I mean,
18 part of the reason why I took this job was I wanted
19 to see that it wasn't just affected in a book or by
20 numbers, but that I could work for somebody and
21 that see their patients everyday and take their
22 money and schedule them for next week because it is
23 working, because it is making them better. And for
24 me, that was one of the really big things that

1 helped me get over some of the things that you have
2 to learn about Chinese medicine to become an
3 acupuncturist.

4 That was a really big part of my
5 own personal journey was to see that there were a
6 lot of people getting better. And all of these
7 practices are people that extending their hours and
8 they're adding days. And for me to see that in
9 this economy was a real confidence booster in what
10 we're learning because it is different. It is not
11 the stereotypical kind of medicine that we're used
12 to hearing about.

13 Do you want to say something?

14 MS. BURK: I studied music in
15 college and I know how to hold a microphone. I'm
16 also feeling a little bit of a baseball metaphor
17 here since three people have come before me and I'm
18 the fourth up at bat.

19 My name is Marlene Burk. I'm a
20 third-year acupuncture student here at Won. Sara
21 and I in in the same class. In the spirit of
22 politics, I'd like to thank Ben Griffith, Ed
23 Cunningham, and Dr. Mitchell for asking me to
24 speak, and the staff, administration, teachers, and

1 the Board of the school, the Representatives of
2 Pennsylvania and the attendees at the hearing, and
3 the person who is taking notes, the stenographer.

4 As I said, I got my degree in
5 music and business in the University of Miami. I
6 have had several lives between graduating from
7 college and coming here. My current profession
8 part-time is a shiatsu practitioner. I went to a
9 two-year practice at the Massage Arts Center of
10 Philadelphia in Philadelphia and got my
11 introduction to Chinese medicine that way. And
12 after having about four or five years of shiatsu, I
13 decided that I wanted to make a bigger difference
14 in peoples' lives. I was making them feel good for
15 the moment, but what I was looking for was a deeper
16 fix for them, something that would last longer, be
17 deeper, be more impactful.

18 My current clients are self
19 selected and most probably undiagnosed. They come
20 to me because something doesn't feel right and they
21 want help. In a way, acupuncture serves a similar
22 purpose. People come to us, sometimes self
23 selected, sometimes not, sometimes diagnosed,
24 sometimes not, and sometimes after a long series of

1 tests and consultations with no answers. What they
2 know is something doesn't feel right and they need
3 help.

4 At Won we're taught to listen,
5 ask, observe and feel, and when red flags crop up,
6 refer. Our training prepares us to be responsive
7 and responsible caregivers. After our training
8 here we are required to take three national boards.
9 National boards are test that everybody in the
10 United States has to take in order to become a
11 licensed acupuncturist. Most states recognize the
12 national boards as their requirements for licensure
13 in the state, and as does Pennsylvania.

14 The need for acupuncturists in
15 Pennsylvania to, in effect, be guided by the
16 physician limits the flexibility the patient often
17 needs to choose the treatment that benefits them.
18 It disregards the basic tenant of Oriental
19 medicine, that it treats mind, body and spirit.
20 Because of this expansive view, treatments may be
21 fluid with a changing focus or diagnosis, depending
22 on presenting symptoms.

23 I will just speak a couple
24 minutes about our experience in clinic. Well,

1 first of all, our class, we have several western
2 medicine type people in our class. We have some
3 people that don't have a background in any kind of
4 physical medicine. We have some people who are
5 massage therapists in the class, and we range from
6 the 20s to the 60s. That's our age ranges. I
7 think we hit all the decades.

8 There's only nine of us. In
9 clinic I, personally, have seen a 28 year old woman
10 and an 81 year old woman, one white, one Caucasian,
11 one African-American. And I see people with
12 chronic diseases coming in and out of our clinic.
13 I see people with allergies, people with pain,
14 people who just broke up with their wife and
15 they're -- somehow they have a pain that started
16 just about that time, and they're having problems
17 getting through. People come from all different
18 backgrounds.

19 I, as well as Sara, have worked
20 with a couple of different acupuncturists in the
21 area and have really enjoyed seeing the patient and
22 talking to the people that come in. And there are
23 young yoga instructors, there are old bankers,
24 there are anybody in between. I mean, they're

1 just -- pick a demographic and they come. The
2 thing that they need is help with their problem,
3 and that's what they're looking for. And there's a
4 lot of things that acupuncture can do to help.

5 The current law requires
6 vigilance in keeping the referral up-to-date. The
7 change the House Bill 1764 would give does not
8 remove responsibility or vigilance, instead, it
9 shifts the vigilance to keeping the physician
10 informed and enabling a cooperative environment
11 between caregivers that can only benefit the
12 patient. That's my little spiel.

13 REPRESENTATIVE MCGEEHAN: Would
14 you entertain questions?

15 MS. LEFTKOWICH: We'd love to.

16 REPRESENTATIVE MCGEEHAN: Are
17 there questions from the panel?

18 Chairman Adolph?

19 REPRESENTATIVE MCGEEHAN: Thank
20 you for your testimony.

21 When will you start practicing as
22 a third-year student?

23 How long are you away from
24 practicing?

1 MS. LEFTKOWICH: Well, we
2 practice at the student clinic starting in this
3 past summer semester, which is the last semester of
4 your second year. We will graduate next August,
5 and when everything goes through with your Board
6 exams and your licensure, you're able to start
7 practicing.

8 REPRESENTATIVE MCGEEHAN: So this
9 Won Institute is a four-year school?

10 MS. LEFTKOWICH: It's a
11 three-year school, summer included.

12 REPRESENTATIVE MCGEEHAN: I'm
13 afraid to ask you the amount of tuition, but I
14 will.

15 MS. LEFTKOWICH: That's a good
16 question. It's 16,900 per year.

17 REPRESENTATIVE MCGEEHAN: That's
18 less than I thought, quite frankly.

19 MS. LEFTKOWICH: You also have to
20 buy books and needles.

21 REPRESENTATIVE MCGEEHAN: What
22 type of income, Sara, do you expect to be making
23 once you are a licensed acupuncturist?

24 MS. LEFTKOWICH: An income. I'm

1 expecting to make an income.

2 REPRESENTATIVE MCGEEHAN: Is
3 there an average per capita that an acupuncturist
4 makes in Pennsylvania?

5 MS. LEFTKOWICH: I can speak more
6 to -- I can't -- does anybody actually have the
7 specific statistic?

8 MR. GRIFFITH: Obviously,
9 acupuncture, there isn't as many of us. We get
10 thrown in a certain category. It's like a
11 catchall. What I have seen in terms of the IRS or
12 a web site I found that, essentially, if you're the
13 90 percentile -- I mean, acupuncturists, they do
14 range -- I mean, quite frankly, because there's not
15 as many third-party reimbursement, we do make a lot
16 less than a lot of other healthcare providers. Our
17 upper echelon can get up over \$150,000 a year, but
18 realistically, the median -- every profession has a
19 rock star. I can't say everyone's a rock star in
20 acupuncture, but we probably are somewhere -- the
21 average is somewhere between 75 to 90. And there's
22 also -- I mean, below that because, quite frankly,
23 if you talk to Dr. Krauss, there actually are a lot
24 of people, like, for instance, Dr. Krauss, who is

1 more or less semi-retired and they like to do
2 acupuncture. So they make less money because
3 there's a whole echelon of acupuncturists who are,
4 quote, unquote, semi-retired.

5 REPRESENTATIVE MCGEEHAN: I'm
6 sure that physician, slash, acupuncturists makes a
7 little bit more?

8 MR. GRIFFITH: I would assume.

9 MS. BURK: They also have higher
10 malpractice.

11 MR. GRIFFITH: Well, they still
12 make more money than us.

13 REPRESENTATIVE MCGEEHAN: Thank
14 you for your testimony.

15 MS. LEFTKOWICH: Of course.

16 REPRESENTATIVE MCGEEHAN: Ms.
17 Leftkovich, you practice in three different --

18 MS. LEFTKOWICH: No. I'm the
19 front receptionist. I don't practice outside of
20 the school.

21 REPRESENTATIVE MCGEEHAN: And you
22 don't, either?

23 MS. LEFTKOWICH: No.

24 REPRESENTATIVE MCGEEHAN: Do you

1 foresee a day when you have boutique medical
2 treatment where you go into a traditional setting
3 like a hospital, and do they exist now?

4 MS. LEFTKOWICH: Yeah. One of
5 the places that I work at is the medical offices
6 of a hospital and we wear scrubs there, and most of
7 the patients are either people that work at the
8 hospital or work with compensation patients that
9 have been referred specifically to it. So there
10 are a variety of different ways that you can set up
11 practice, which is very nice.

12 The several private practices
13 that I have seen are in office complex, medical
14 office complexes and things like that, or community
15 based. The one in Roxborough is out of a
16 chiropractic house. So people set up shop in a
17 variety of ways, yeah.

18 REPRESENTATIVE MCGEEHAN: So it's
19 evolving?

20 MS. LEFTKOWICH: It's evolving.
21 It's changing.

22 MS. BURK: I will just add that
23 my personal physician is interested in getting a
24 group of healers together so that there would be

1 physician, there would be dietician, there would be
2 acupuncture, there would be all sorts of options
3 available in one place. And I think that's the
4 direction that we're heading.

5 REPRESENTATIVE WATERS: Just
6 curious.

7 Will you be able to be a teacher
8 one day based on your education?

9 MS. LEFTKOWICH: Yes?

10 Yes. Yes.

11 MS. BURK: There are some people
12 here who have graduated who are teaching. They had
13 other backgrounds beforehand and other teaching
14 experience. I kind of think that I want to
15 practice a while before I try to teach.

16 REPRESENTATIVE WATERS: What
17 would be the need in order to be -- just
18 experience?

19 MS. LEFTKOWICH: I don't know if
20 it would be just experience, but having specific
21 education, having the experience. Almost all of
22 the teachers that teach here now, besides the one
23 that we were just talking about, have been in the
24 field for a long period of time and have successful

1 practice. In Chinese medicine, practice make us
2 wise, not necessarily perfect.

3 REPRESENTATIVE MCGEEHAN: Are
4 there any other questions from the Committee?

5 REPRESENTATIVE WATERS: Thank
6 you.

7 REPRESENTATIVE MCGEEHAN: Thank
8 you, Representative Waters.

9 And we want to thank you, Ms.
10 Leftkovich and Ms. Burke, for being here. You
11 certainly -- your testimony today speaks to the
12 quality of this school, and we thank you very much
13 for taking the time out of your busy day to be here
14 and educate the Committee members. Thank you.

15 MS. LEFTKOWICH: Thank you.

16 MS. BURK: Thank you.

17 REPRESENTATIVE MCGEEHAN: I want
18 to thank those members, Chairman Adolph for
19 beginning this meeting, the members for attending.
20 We want to thank the generosity of the Won
21 Institute for agreeing to host this official
22 meeting. I want to thank also Dr. Krauss for
23 agreeing to testify and Ben Griffith for all his
24 work, not just today, but in scouring the halls of

1 Harrisburg, making sure that the cause of
2 acupuncture is front and center.

3 I want to end by thanking
4 Representative Payton for introducing this Bill,
5 and I would encourage those that are here and those
6 who have testified to continue to work with
7 Chairman Adolph, myself, and the Committee members,
8 but in particular, Representative Payton as this
9 Bill moves through the Committee. We want to thank
10 you again for your attendance, thank the
11 stenographer. And there is a tour of the institute
12 for members who are interested in doing so.

13 Having said that, I will adjourn
14 this hearing of the House Professional Licensure
15 Committee.

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20 (Whereupon, the hearing concluded
21 at 3:36 p.m.)

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C E R T I F I C A T E

STATE OF PENNSYLVANIA
COUNTY OF BUCKS

I, SUSAN L. SINGLAR, a Court
Reporter and Notary Public in and for the State of
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Professional Licensure Committee, taken on
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SUSAN L. SINGLAR

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