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Statement in Support of SB 103/HB 259
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I am William Rollow, MD MPH, President of the Maryland Society of Integrative Medicine and Practice Director for Integrative Health Practices, LLC. Located in Ellicott City, IHP provides integrative and functional medicine care. Patients come to us often having seen multiple physicians, looking for someone who will work with them using health-promoting and health-restoring modalities. We listen carefully to patients and use conventional and complementary diagnostics and therapeutics to identify and address underlying systems issues that result in disease and symptoms.

I am a scientifically-based clinician with substantial health policy experience. A graduate of Stanford Medical School, I am board certified in Family Medicine, and also by the American Board of Integrative Holistic Medicine. I have been on faculty at multiple medical institutions over my career, most recently as Director of Clinical Services at the University of Maryland School of Medicine. Additionally, I have held senior level positions in health policy, including seven years as Deputy and Director of the Quality Improvement Group at CMS, where I led the Medicare Quality Improvement Organization program.

I am testifying in support of SB 103. This legislation seeks to improve the choices available to patients by providing an equitable approach to peer review of physicians practicing integrative medicine. In this testimony I will address three things: the need for integrative medicine, the need for equitable review, and how the legislation seeks to address these needs.

As others will also testify, today's environment is placing increasing stress on patients' biological and psychological health. Toxins, tickborne infections, opioid medications, and social and family issues are contributing to illnesses that challenge our ability to treat them. Many patients are turning to integrative medicine physicians in search of treatments that bring together conventional and complementary modalities. In my practice, I hear this from patients repeatedly, and often from other physicians who refer such patients to us. Many of these patients have Lyme disease, or sequelae of it that are complicated by other factors. Many have neuropsychiatric conditions, including Alzheimers and autism. Many have chronic pain and medicine dependence, inflammatory bowel disease, cancer that is end-stage or in remission, or autoimmune conditions. Helping these patients is challenging, and we don't always succeed in whole or in part. But we approach each as an individual and look for factors that might be contributing to their illness and interventions that might support them in healing.

In so doing, while we look for research that demonstrates impact, we often don't find it, and instead rely on our own experience, the experience of other clinicians, case studies, and biological science in presenting options to patients. In so doing, we are always mindful, as is any physician, of the need to do no harm and act in our patients' best interests. Unfortunately, too often we are also mindful of the potential that we may be subject to disciplinary action of the State as a result of providing care that is non-standard and not understood by physicians who are not knowledgeable about what we are doing. As a result, we hold back from interventions that may be beneficial to our patients. In some cases, the result is that our patients seek care from non-physician practitioners, physicians in other states, or physicians in other countries.

There are many examples of such interventions: antibiotics in patients with equivocal serologic testing for Lyme disease, oxidative and hyperthermic therapies that may have antimicrobial and immune system effects, and multimodal treatment for patients with dementia and neuropsychiatric illness. Our view is that although non-standard, patients should have the option of such treatments in the context of appropriate medical evaluation and treatment and with informed consent.

SB 103 seeks to widen the availability of such treatments by increasing the involvement of physicians with experience in such treatments in a peer review process that results from action by the Maryland Board of Physicians. The MSIM has been in dialogue with legislators, MedChi, and the Board itself regarding this legislation. We are gratified by the tremendous support that the legislation has garnered, and have also heard concerns that have been raised by some, for example, about the challenge of defining integrative medical care. We have ideas about how to address these concerns such that the legislation can achieve even broader consensus.

I appreciate the opportunity to provide testimony at today's hearing, and look forward to the passage of this important initiative.