☞ **05hr_ab0733_AC-PH_pt01**

Details:

(FORM UPDATED: 07/12/2010)

WISCONSIN STATE LEGISLATURE ...
PUBLIC HEARING - COMMITTEE RECORDS

2005-06

(session year)

Assembly

(Assembly, Senate or Joint)

Committee on ... Public Health
(AC-PH)

COMMITTEE NOTICES ...

- Committee Reports ... CR
- Executive Sessions ... ES
- Public Hearings ... PH
- Record of Comm. Proceedings ... RCP

INFORMATION COLLECTED BY COMMITTEE FOR AND AGAINST PROPOSAL

- Appointments ... Appt
- Clearinghouse Rules ... CRule
- Hearing Records ... bills and resolutions
  (ab = Assembly Bill) (ar = Assembly Resolution) (ajr = Assembly Joint Resolution)
  (sb = Senate Bill) (sr = Senate Resolution) (sjr = Senate Joint Resolution)
- Miscellaneous ... Misc

Vote Record
Committee on Public Health

Date: 11/30/05
Moved by: Underheim Seconded by: McCormick

AB 733 SB _____ Clearinghouse Rule _____
AJR _____ SJR _____ Appointment _____
AR _____ SR _____ Other _____

A/S Amdt _____
A/S Amdt _____ to A/S Amdt _____
A/S Sub Amdt _____
A/S Amdt _____ to A/S Sub Amdt _____
A/S Amdt _____ to A/S Amdt _____ to A/S Sub Amdt _____

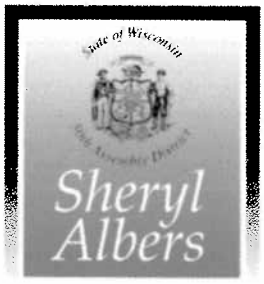
Be recommended for:
☒ Passage ☐ Adoption ☐ Confirmation ☐ Concurrence ☐ Indefinite Postponement
☐ Introduction ☐ Rejection ☐ Tabling ☐ Nonconcurrence

Committee Member	Aye	No	Absent	Not Voting
Representative J.A. Hines, Chair	☒	☐	☐	☐
Representative Gregg Underheim	☒	☐	☐	☐
Representative John Townsend	☒	☐	☐	☐
Representative Stephen Freese	☐	☐	☒	☐
Representative Terri McCormick	☒	☐	☐	☐
Representative Sheldon Wasserman	☐	☒	☐	☐
Representative Tamara Grigsby	☐	☒	☐	☐
Representative Charles Benedict	☐	☒	☐	☐
Totals:	4	3	0	

☐ Motion Carried ☐ Motion Failed

FORWARD
E PLURIBUS UNUM

2005 AB 733



October 4, 2005

Rep. Doc Hines
10 West, State Capitol
Madison, WI 53708

Dear Rep. Hines,

As you can see from the attached letter, I have asked for legislation that I have drafted regarding chelation therapy, LRB 1884, to be assigned to your committee. If the Speaker decides to have this bill sent to your committee, I would like to request a hearing as soon as possible, preferably at your next hearing date.

If you have any questions on this request, please feel free to call my office at 266-8531.

Sincerely,

Sheryl Albers
State Representative
50th Assembly District

State Capitol Office: P.O. Box 8952 • Madison, Wisconsin 53708-8952
(608) 266-8531 • (877) 947-0050 • FAX: (608) 282-3650 • Rep.Albers@legis.state.wi.us
District: Box 339 Country Cove Estates • Golf Course Road • Reedsburg, Wisconsin 53959 • (608) 524-0022

Sheryl Albers

October 4, 2005

Speaker John Gard
211 West, State Capitol
Madison, WI 53708

Dear Speaker Gard,

I have submitted several bills for introduction, and would like to request that you assign each bill to the following committees, if possible:

I would like to request that the bill I introduced on Rip-rap, LRB 2017, is sent to the committee on Property Rights and Land Management.

I would like to request that my bill on the regulation of chelation therapy, LRB 1884, is sent to the Committee on Public Health.

I would like to request my bill on Mirror Lake, LRB 2747, is sent to the Committee on Natural Resources.

I would like to request my legislation on providing a tax credit for companies that produce Insulating Concrete Forms, LRB 1969, is sent to the Committee on Ways & Means.

Thank you for taking the time to consider my requests.

Sincerely,

Sheryl Albers
State Representative
50th Assembly District

Cc: Rep. Jeff Wood
Rep. Doc Hines
Rep. Scott Gunderson

State Capitol Office: P.O. Box 8952 • Madison, Wisconsin 53708-8952
(608) 266-8531 • (877) 947-0050 • FAX: (608) 282-3650 • Rep.Albers@legis.state.wi.us
District: Box 339 Country Cove Estates • Golf Course Road • Reedsburg, Wisconsin 53959 • (608) 524-0022

FORWARD
E PLURIBUS UNUM

Jahnke, Carolyn

From: Sarah Chapman [sarah@watershealthcenter.com]
Sent: Tuesday, October 18, 2005 11:50 AM
To: Rep.Hines
Cc: Albers, Sheryl; Lasee, Frank; Sen.Schultz; Parrott, Douglas; Jahnke, Carolyn; waters@maqs.net
Subject: Assembly Bill 733, Public Hearing 10/19/05

Attachments: SBChapmanComplaint.doc

SBChapmanComplaint.doc (30 KB)...

Dear Rep. Hines,

My name is Sarah Chapman, one of your constituents from rural Oxford. My dad is Dr. Robert Waters who has a private medical practice in Wisconsin Dells. He will be testifying before the Assembly Committee on Public Health on Wednesday, October 19th regarding Chelation Therapy, a treatment he offers to his patients. I am also his office manager and am lucky to work around this treatment, as well as other innovative therapies, every day.

I have worked for him for about five years now and have witnessed first hand how devastating the Medical Board and the Department of Regulation and Licensing can be during an investigation of a medical doctor. I have attached a letter I wrote to the Assembly Committee on Government Operations and Spending Limitations that will explain in detail my personal experience while my father was being investigated for offering Chelation Therapy to his patients. Please read my letter and take it into consideration when voting on Assembly Bill 733. I believe this Bill will give doctors like my dad the freedom to offer the best possible medical care to their patients.
Please vote in favor of Assembly Bill 733. Thank you for your time.

Sincerely,
Sarah B. Chapman
208 County Road P
Oxford WI 53952
608-586-5344

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Checked by AVG Anti-Virus.
Version: 7.0.344 / Virus Database: 267.11.14/130 - Release Date: 10/12/2005

Sarah B. Chapman
208 County Road P
Oxford WI 53952
608-586-5344

September 21, 2005

Assembly Committee on Government Operations and Spending Limitations
State Capitol
Madison WI

Re: Audit of the Department of Regulation and Licensing

Dear Committee Members,

My name is Sarah Chapman and I am the office manager for Waters Integrative Health Center. My employer is Robert S. Waters, M.D. and he is also my father. The purpose of this letter is to encourage you that there should be an audit of the DORL in regards to the enforcement process pertaining to all medical practitioners and also the actions of at least two of the department's prosecutors. I will start by telling you about my personal experience with the type of medicine my father offers and how his experience with the DORL has affected me over the years as his daughter and as an employee.

My childhood with Dr. Waters as a father gave me a foundation of a healthy life. We ate whole foods, lots of vegetables, very little sugar and we were exposed to many outdoor and physical activities, therefore living an active, healthy life. The first time I spent in a doctor's office and hospital was after I got pregnant, and I've never even had a tooth cavity. I really don't even need to tell you how this differs with most American kids today.

Basically what I'm saying is that I was a very healthy child and young adult and this has carried over into my adult life with my own family. I have grown up with a natural medicine background. I remember my grandpa's life being saved by chelation therapy (a therapy my dad now offers) in 1982. I got 13 extra years with him due to a treatment still considered experimental. Our family has always used the most natural, non-invasive ways possible if we did get ill. This has been our way of life.

In 1991, I was going into high school when my dad was first attacked by the DORL. I remember him being very depressed and upset by this investigation. It was started by another doctor writing a letter to the DORL about my dad's using chelation therapy for alternative reasons. I remember thinking to myself, "How could they open an investigation into this wonderful treatment that saved my grandpa?" I was sad to see my dad so upset. At that point, I didn't understand the political aspects of what was happening. To me, it was very personal. Luckily, after two years, the investigation was closed without any reprimands. They admitted they could find NOTHING wrong with what he was offering.

However, in 1997, he again got not one, but two letters from the DORL within two weeks. One complaint was made by another doctor about the use of chelation therapy and the other complaint was from Blue Cross/Blue Shield of Wisconsin regarding three patients (all of whom were very happy with the care they were receiving). Blue Cross, Blue Shield didn't think that my dad was offering the "standard of care" medicine. In fact, he probably wasn't, he was offering them over and above the "standard of care." The real problem was that Blue Cross/Blue Shield did not want to reimburse their insureds' for the services they received from my dad. He again sent the DORL all of the documents they requested, even though the one complaint was identical to the one six years prior. He did not hear from the DORL again until 2002. He first heard through his lawyer that was also working on another chelation doctor's investigation, that the prosecutor, Arthur Thexton, said he was "coming after" Dr. Waters next. He received correspondence from Mr. Thexton a few weeks later.

By this time I had been working for my dad for just over a year. I loved my job. I not only got to work with my dad, a man I had obviously admired for many years, but I got to see daily what a difference he was making in the lives of his patients. The biggest compliment the patients had was that he "listened to them!" Imagine that, a doctor who actually cared about what his patients had to say. I saw people's feet being saved from amputation due to chelation therapy, as well other's angina pain go away. I saw women become happy again after starting natural hormone replacement therapy. I saw people starting to take control of their lives again by eating healthy and caring for their bodies with exercise and supplementation. Of course not every ending was happy, but no doctor has 100% success. For the most part, I was seeing the stories that I heard growing up come to life, and I got to be a part of it.

Then Mr. Thexton came into our lives. I won't go into detail about all of our dealings with him because you have my dad's complaint that should tell you the entire story. However, I will tell you how he affected my life and my health. My life changed when we starting worrying about the investigation again. It in a way consumed me. I wasn't worrying about my job, it was more than that. I worried about our patients, our reputation, the other employees and, most of all, my dad. It is really hard to defend something when you know nothing was ever done wrong. In all his years of practice, he has never had a patient complaint!

In a couple of months time, I was feeling very fatigued. I went from being a very active vibrant young woman to being tired all the time and somewhat depressed. I couldn't understand why I felt this way because I was so confident that we would overcome the investigation. However, stress sneaks up on you and before you know it, it wears you down. My dad started treating me like the patient. He ran some laboratory tests and found that my adrenal glands were failing. This was due to the stress I had been under. I couldn't believe what had happened to me. Thankfully, I had the best doctor in the world at my fingertips and I started treatment immediately. Within a few months, I was feeling much better, but there was still a cloud over my head.

I realized that the DORL is obligated to investigate a physician if they receive a complaint. They have the responsibility of protecting the public. I agree that we need this type of supervision, especially in this day and age when the "standard of care" claims so many lives each year. However, the reason I have a problem with the DORL and believe they must be audited is due to

the way they carry out their investigations. Over the years that I had to deal with Mr. Thexton, I saw very unethical behavior. All of which is documented in my dad's complaint, but I will highlight some of it here. It seemed that Mr. Thexton followed his own set of rules. He never followed due process. He used a so-called expert witness that didn't meet the requirements set by our State or the American Medical Association's guidelines for being an expert witness. He would ask for patient charts by e-mail, which in the least is unprofessional, if not unethical. Through it all, he seemed **personally** against the type of medicine my dad offers. As a government employee, personal feelings should not enter the picture. It also seemed that Mr. Thexton was not supervised. For example, he would write letters and subpoenas that would have a Board members name at the end, but wouldn't be signed. There were so many things that were just not right.

After all the torture we were put through for so many years, we started fighting back. We started writing letters and asking questions. In December 2003, his case was transferred from Mr. Thexton to another prosecutor. We met with her in January 2004 and within one week the cases were closed. The new prosecutor wrote a wonderful summary about my dad. He was again vindicated. This time after 6 ½ years!

This brings up another point of why the DORL needs to be audited. They let a case be open for 6 ½ years. That is unacceptable. Imagine the money that was spent on this case alone, and in the end, NOTHING was found wrong with what my dad offers. The DORL is, in my opinion, out of control. This Department is supposed to be protecting the public, not ruining practitioners' lives. There are many other practitioners, dentists, chiropractors, doctors, etc., still being hounded by Mr. Thexton and also Mr. James Polewski, who has been involved in other disturbing investigations.

I encourage you to read my dad's complaint. This will give you the bigger picture, but I also wanted you to know how the whole ordeal has affected me personally. It is people like me that you are supposed to protect, and I represent a whole medical practice of patients who want the freedom to choose what treatment they feel is right for them. My dad's patients are knowledgeable people who deserve the best doctor they can find. I feel very fortunate that he's always been in my life. If there weren't doctors like him, medicine would never advance.

I encourage you to open an investigation into the actions of the DORL and how they investigate complaints. The process as it stands now is unacceptable and costing taxpayers' money and personally causing good practitioners and their staff undue misery.

Sincerely,

Sarah B. Chapman

FORWARD
E PLURIBUS UNUM

Waldrop, Joyce

From: ENCYCLOMAN@aol.com
Sent: Tuesday, October 18, 2005 10:22 AM
To: Rep.Albers
Subject: Chelation Bill

From:

Steven Purdy
7220 N. Ballard Road
Appleton, WI 54913
920-738-9757

RE: Thanks for trying to get the Chelation Bill passed...

I was diagnosed with circulatory problems in 1996, and advised to get an angiogram and/or angioplasty and MAYBE even a bypass operation.

Having learned about chelation therapy (non-invasive, no risk of death - which is a possibility with all three recommendations), I chose chelation.

My blood pressure, circulation, and general health is very good now, and I no longer fit the category for any heart surgery, nor do I need to be on any medication for the same. Technically, I am saving the public and the insurance companies a ton of money by choosing chelation over surgery and expensive prescriptions.

I applaud you for trying to make Wisconsin legal for Health Choice - otherwise I would have to do what I have done occasionally in the past - leave the state to obtain superior alternative health care.

It would be sad for Wisconsin to continue to remain in the Dark Ages regarding health care!

Thanks again!

FORWARD
E PLURIBUS UNUM

Wisconsin Medical Society

Your Doctor. Your Health.

TO: Members, Assembly Committee on Public Health
Representative J. A. Hines, Chairperson

FROM: Mark Grapentine, JD – Senior Vice President, Government Relations
Jeremy Levin, Government Relations Specialist

DATE: October 19, 2005

RE: Testimony **For Information Only** on Assembly Bill 733

On behalf of more than 10,000 members statewide, we want to thank you for this opportunity to share our testimony for information only on Assembly Bill 733, pertaining to chelation therapy.

The U.S. Food and Drug Administration (FDA) has approved chelation therapy for the treatment of heavy metal toxicity and the removal of lead from the body. More specifically, chelation has been found effective for heavy metal poisoning, hypercalcemia (excessive calcium levels in the bloodstream) or digitalis toxicity (buildup of medicine given for heart failure). Because chelation therapy has been proven effective in treating these mentioned maladies, the bill's main thrust that a physician should not be automatically disciplined solely for practicing chelation therapy is acceptable, as long as the physician is using chelation therapy properly.

A troubling aspect of chelation therapy is the anecdotal accounts of such therapy being attempted in non-FDA approved cases, such as treating cardiovascular disease, rheumatoid arthritis or other maladies. A recent article in Pennsylvania (attached) shows the troubling story of a young boy dying while undergoing chelation to treat autism. The Society believes the Medical Examining Board should retain the power to discipline physicians who practice medicine outside the structure of properly controlled scientific studies, including attempting chelation therapy when data or scientific study does not support such action.

It is policy of both our Society and the American Medical Association that it is the responsibility of chelation therapy proponents to conduct properly controlled scientific studies, to adhere to FDA guidelines for drug investigation, and to disseminate study results in the usually accepted channels. The AMA has also specifically stated its belief that chelation therapy for atherosclerosis is an experimental process without proven efficacy. We read AB 733 as not interfering with these policies, but caution the Legislature to be vigilant for future attempts mandating chelation as proper treatment outside the bounds of current scientific, peer-reviewed study.

Thank you again for this opportunity to provide testimony. If you have any further questions or need additional information, please feel free to contact Mark Grapentine at markg@wismed.org or Jeremy Levin at jeremyl@wismed.org. Both may be reached at 608.442.3800.

330 East Lakeside Street • PO Box 1109 • Madison, WI 53701-1109 • wisconsinmedicalsociety.org • Phone 608.442.3800 • Toll Free 866.442.3800 • Fax 608.442.3802

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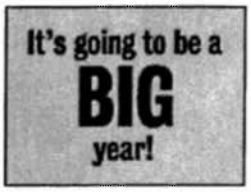

Health

Boy dies during autism treatment

Thursday, August 25, 2005

By Karen Kane and Virginia Linn, Pittsburgh Post-Gazette

A 5-year-old autistic boy died Tuesday in a Butler County doctor's office while undergoing an increasingly popular though controversial medical treatment touted by some as a cure for the lifelong neurological and developmental disorder.

Abubakar Tariq Nadama died while receiving chelation therapy, an intravenous injection of a synthetic amino acid that latches onto heavy metals and is then passed in the urine.

State police at Butler are investigating Nadama's death, which occurred at about 10:50 a.m. Tuesday in the office of Dr. Roy Eugene Kerry in Portersville.

Authorities said Kerry's office reported that the child was receiving an IV treatment for lead poisoning when he went into cardiac arrest.

The boy was being treated with EDTA, or ethylene diamine tetraacetic acid, which has been approved by the Food and Drug Administration for use only after blood tests confirm acute heavy-metal poisoning.

Exposure to heavy metals, especially mercury, has been linked by some researchers as a contributing cause to autism. Removing those metals, they believe, can improve a child's condition. The theory is a matter of dispute among scientists and within the autism community.

A family friend said the boy and his mother, Marwa, who are from England, moved here in the spring, specifically to receive chelation therapy, and were living in Monroeville.

In the autism community, the use of chelation as a way to detoxify environmental contaminants in children has exploded since 2000 as more and more families have reported miraculous improvements and even cures. But skeptics in the community say they fear the procedure is

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at best risky and possibly lethal.

"It was just a matter of time before something like this would happen," said Howard Carpenter, executive director of the Advisory Board on Autism-Related Disorders.

"Parents of children with autism are desperate. Some are willing to try anything," he said.

"I can't sit there and endorse it as a viable treatment. It's not something published in peer review journals and studies," said Dr. Gary Swanson, a child psychiatrist at Allegheny General Hospital who works with autism patients. "It's probably a quack kind of medicine."

If the child's death is tied to chelation therapy, it would be the first associated with the procedure since the 1950s, said Dr. Ralph Miranda of Greensburg. Miranda is the former president of the American College for Advancement in Medicine, a group that sets clinical practice and education standards for chelation and other, similar therapies.

Chelation can be administered through pills, skin creams or other transdermal methods, nasal sprays, sauna baths and intravenously. Miranda said it is unusual to give a young child IV treatments unless he has an extremely high level of heavy metals.

He said although EDTA is a "very safe drug" he usually administers an oral form of chelation drugs to children to remove toxins because pills are safer. It does, however, take longer to remove the toxins with the pills.

"There are people out there suggesting using the IV to get faster results. I'm not," he said.

Marwa Nadama said yesterday she did not want to comment except to say that she is not blaming chelation for her son's death, at least not at this point.

"Let's wait until we have the results of the autopsy," she said.

An autopsy conducted yesterday on the child's body by the Allegheny County coroner's office was inconclusive. Results on the cause and manner of death are pending additional testing which could take up to five months to complete, authorities said.

Kerry, who is a board-certified physician and surgeon, advertises himself as an ear, nose and throat specialist, dealing with allergies and environmental medicine. He operates out of offices in Greenville and Portersville under the name Advanced Integrative Medicine Center Inc. Kerry did not return calls to his offices yesterday.

Doctors affiliated with the National Institutes of Mental Health and American Academy of Pediatrics do not endorse the use of chelation therapy to remove heavy metals for autism. Such drugs used in the

process can cause liver and kidney damage and other problems.

Cindy Waeltermann, director of the Pittsburgh-based national advocacy group AutismLink, issued a statement to members yesterday warning that caution needs to be used as parents seek help for their autistic children.

"Please, before you try any new therapies, we urge you to research the physician, the methods, and the safety. Some of these therapies are quite dangerous. We're not telling you what to do, we're just urging you to use caution. We all do what we think is best for our children, and sometimes we are desperate. While we've heard stories of chelation success, it is definitely a dangerous process," Waelterman wrote.

She said parents on her group's online forum have referred to Kerry as a known practitioner of chelation therapy.

News of the death soared across the autism community yesterday, alarming proponents and foes of the treatment.

"It's just terrible. My heart is just dying for the family," said J.B. Handley of San Francisco, who helped found Generation Rescue, an international advocacy program for the use of biomedical treatments that include chelation therapy to help autistic children.

He claims his son Jamison, now 3, has dramatically improved since undergoing chelation therapy to remove mercury, the metal most associated with autism because of its presence in some childhood vaccines. He and his wife launched their international group in May.

He said that, in 2000, perhaps a dozen autistic children were treated with chelation therapy. This year, it's more than 10,000.

(Karen Kane can be reached at **kkane@post-gazette.com** *or 724-772-9180.)*

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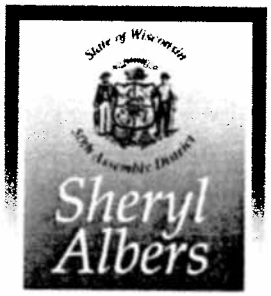

2005 Assembly Bill 733 – Ensuring that the Practice of Chelation Therapy Continues to be available

Testimony of State Representative Sheryl K. Albers

Assembly Committee on Public Health

October 19, 2005

Thank you, Chairman Hines, for the opportunity to speak to the committee today in support of AB 733, a bill which is intended to protect and defend the right of our constituencies to make informed choices about their own health care.

I am not a medical expert, and I will not pretend to be one today. However, having listened to stories of persons who have tried one traditional therapy after another, having had little or no success – or having been told that if they undergo another surgery (i.e. open heart surgery in particular) they might well die during surgery, upon turning to chelation therapy, better health has been the result – without surgery. For many, this has meant a quality of life that allows them to continue to work and function fairly normally – and to do so, at a cost that is significantly less than the cost of open heart surgery. Keep on mind though, that cost of chelation are on-going, and insurance coverage is typically not available.

I cannot testify to actual efficacy of chelation in treating atherosclerosis. You will, however, hear today the first-hand experiences of a doctor and patient who have worked with and who have benefited from chelation therapy. Their testimony speaks for itself.

State Capitol Office: P.O. Box 8952 • Madison, Wisconsin 53708-8952
(608) 266-8531 • (877) 947-0050 • FAX: (608) 282-3650 • Rep.Albers@legis.state.wi.us
District: 339 Golf Course Road • Reedsburg, Wisconsin 53959 • (608) 524-0022

I am here to address this issue in the context of freedom – in this case, the freedom of sick individuals to make informed, intelligent decisions about the health care they receive. I am here to defend their freedom, and the freedom of those doctors who choose to practice chelation. It is time we make available to our citizens a treatment that is more readily available in many other countries (particularly Europe).

The impetus for this bill came after a longtime friend and constituent of mine, Rolf Kurandt, approached me. Rolf has received chelation therapy from Dr. Robert Waters, another of my constituents. Rolf believes the benefits he has experienced would not have resulted from any other medical treatments covered by his health insurance. Rolf (and his wife Lynette) are both covered by HIRSP – for he has had already had open heart surgery, and she..... Together they operate Target Bluff -- a wonderful restaurant in Camp Douglas along the 400 trail, serving German foods, and they operate a bike rental shop in conjunction with the restaurant. They've been in business now for _____ years.

The bill comes to you, because, in this case a regulatory state agency – DORL -- has exceeded the responsibilities and duties authorized by law. Dr. Waters, came to me after being targeted for disciplinary action by DORL and an ongoing investigation exceeding _____ years, came about because Dr. Waters makes chelation therapy available to his patients. Because the DORL investigator disagreed with the treatment itself, the investigatory techniques applied to Dr. Waters, and fears by another doctor because responding to the inquiries are so costly, time consuming and raising questions that are inappropriate, was akin to a "Salem witch hunt". No doctor licensed in this country should be the focus of the type of investigative

operation pursued by bureaucrat with essentially no reins by the board once the investigation was given the go ahead.

Alternative therapies have become an important tool of health care professionals in treating intractable conditions. It is important that patients, should they wish to seek alternative therapies for their treatments, be able to find doctors who are qualified to administer them. I believe strongly in traditional medicine. However, I am not about to swear blind allegiance to it. My personal belief is that there are benefits from both allopathic and holistic approaches to healing. Doctors trained in conventional medicine are more open to this approach than others. Dr. Waters is one of these doctors. Other doctors, who are unfamiliar with alternative approaches, seek to shut down anything that was not included in a medical school's curriculum.

Chelation therapy is not a conventional treatment for cardiac conditions. It is an accepted treatment in this country for removal of lead and other heavy metals that for whatever reason have found their way into one's system. However, chelation it not widely acknowledged or recognized as a treatment for heart conditions; so, its become a target due to skepticism. It is a treatment that is not available in every clinic in operation. Yet, doctors here and in other countries, have noted many positive effects on health, and a study of chelation is now underway by the NIH.

Use of chelation should be considered as comparable to off-label drug therapy – which the public and I strongly support. We know that physicians were advising patients at risk of heart attacks or strokes to take aspirin decades before studies conclusively proved its effectiveness. This bill does not seek that you make a determination of the efficacy of this treatment. I am not asking for your endorsement!

AB 733 if enacted would permit a licensed physician to practice chelation therapy; the Medical Examining Board would be prohibited from using a doctor's practice of chelation as the sole reason for denying a license, investigating, or taking other disciplinary actions against that physician. Under current procedures at DORL, once the MEB authorizes an investigation, there is no opportunity to reverse that decision. Here because the treatment is on-going, the DORL investigator apparently believed the investigation could also be ongoing, for as long as this treatment is made available. The investigation here, might conclude, if the treatment was no longer made available. That makes this a "freedoms and rights" related issue -- freedom and the right to seek out treatments that makes one feel better.

Chelation therapy is not typically a therapy of first resort, because it is not covered by insurance plans. It is a last resort therapy – and a wonderful alternative to open heart surgery if one considers the differential in costs.

When conventional medicine fails to successfully address one's health problems, a chronically ill person who wants to get better, ultimately will turn to non traditional therapies. Conventional medicine cannot solve all ailments. Pills and surgeries cannot cure every ill. Our knowledge has its boundaries and limitations, yet, there must always be interest in pushing those limits if they are to be shattered and new knowledge is to be gleaned.

If an individual is sick and wishes to seek out an alternative therapy, why must barriers be placed in their way? Why must they be forced to accept traditional treatments or worse, receive no treatment. Should they be told that because traditional medicine can not alleviate their problems, that they must "grin and bare it?" That they

must simply suffer with chronic pain for the remainder of their life? People should be trusted to make informed decisions regarding their health. Dr. Waters does an excellent job of informing his patients of what chelation does, and as importantly, what it doesn't do. He informs them of the potential benefits, as well as the potential risks, just as all health care professions are taught to do. His patients are afforded information to make choices – and therefore, have more information and more knowledge than others who limit their choices to traditional/conventional medical practitioners.

Dr. Water's encourages his patients to seek out other treatments which he are outside of his expertise, and he encourages his patients to continue seeing other doctors. He does not "steal" any patient from their already assigned primary physician and he admits that he is not a primary care physician. His interest, like that of any doctor, is the health of his patients.

If you believe in giving citizens health care choices that lead to longer life and better quality of life, then understand that the underlying intention of this bill is to define DORL's and MEB's boundaries. Where government has gone too far, its up to legislature's to draw the lines. Here, lines clearly need to be drawn and if we fail to do so, chelation may well be run out of our state – along with those whose "life" depends upon it.

Thank you. I will now turn to Dr. Waters and Rolf Kurandt.

FORWARD
E PLURIBUS UNUM

STATE OF WISCONSIN

BEFORE THE MEDICAL EXAMINING BOARD

IN THE MATTER OF	:	
DISCIPLINARY PROCEEDINGS AGAINST	:	**FINAL DECISION AND ORDER**
	:	
ELEAZAR M. KADILE, M.D.,	:	LS0112061MED
RESPONDENT.	:	

The parties to this action for the purposes of § 227.53, Wis. Stats., are:

Eleazar M. Kadile, MD

1538 Belleview St.

Green Bay, WI 54311

Wisconsin Medical Examining Board

P.O. Box 8935

Madison, WI 53708-8935

Department of Regulation and Licensing

Division of Enforcement

P.O. Box 8935

Madison, WI 53708-8935

The parties in this matter agree to the terms and conditions of the attached Stipulation as the final

decision of this matter, subject to the approval of the Board. The Board has reviewed this Stipulation and considers it acceptable.

Accordingly, the Board in this matter adopts the attached Stipulation and makes the following:

FINDINGS OF FACT

1. The respondent is Eleazar deMira Kadile (D.O.B. 1/26/39) who is licensed and currently registered as a physician and surgeon in the State of Wisconsin, license #20408, first granted on 10/1/76. Respondent's most recent address on file with the Department of Regulation and Licensing is 1538 Belleview St, Green Bay, WI 54311. He resides at 5613 County Hwy T, Whitelaw, Manitowoc County, WI 54247.

2. During the years 1995 and 1996, respondent published to the public a brochure that contained the representation that he held a board certification but without specifying the complete name of the specialty board that conferred the certification.

3. In the same brochure, respondent advertised as follows: "Our Certified Clinical Nutritionist is available to discuss nutritional needs with you," when respondent had no person on his staff or associated with his practice who was or is certified under §§448.70 to 448.94, Wis. Stats, although the identified person had passed a certification test for a national private association in the field of nutrition in 1991.

4. Respondent published in the August 17, 1996 (Sunday) *Green Bay Press-Gazette*, a general circulation newspaper, an advertisement which stated that a "typical" patient treated with chelation therapy reported that his coronary artery blockage was halved by respondent's chelation therapy, and which quoted a patient as saying "I have no doubt that chelation therapy is an effective way to not only combat, but reverse some of the effects of atherosclerosis." The Board finds that there are not sufficient data to support these representations, and they may therefore be misleading.

5. Respondent engages in various medical therapies and practices which are often termed "complementary and alternative medicine." The Board has no position on the use of this phrase, or the practices that such a description may encompass. Respondent has engaged in the treatment of several patients in a manner that raised one or more of the following concerns: the patient records appeared to be inadequate relative to legibility, history, physical exam, patient complaints and actions taken relative thereto, existing medical conditions, diagnostic testing, recommended treatment, informed consent, communication with other medical providers, diagnosis and management of medical conditions, and the

accuracy of correspondence sent to third party payers regarding EDTA chelation therapy. Respondent asserts that his records were adequate for purposes of rendering medical treatment within the context of his medical practice and patient population.

6. In resolution of this matter, the Board makes no findings concerning the efficacy of EDTA chelatior therapy for vascular disease at this time, but finds that respondent's records of the patients whose charts were examined were deficient in other respects, as noted above, from which the Board infers "negligence" as defined by law.

CONCLUSIONS OF LAW

A. The Wisconsin Medical Examining Board has jurisdiction to act in this matter pursuant to §448.02 (3), Wis. Stats. and is authorized to enter into the attached Stipulation pursuant to §227.44(5), Wis. Stats.

B. The Board concludes that the conduct described above violated one or more of the following: § Med 10.02(2)(o) and (w), Wis. Adm. Code, and §448.02(3)(c) Wis. Stats.

ORDER

NOW, THEREFORE, IT IS HEREBY ORDERED, that the attached Stipulation is accepted.

IT IS FURTHER ORDERED, that Eleazar M. Kadile, MD, is REPRIMANDED for his violations o § Med 10.02(2)(o) and (w), Wis. Adm. Code, in this matter.

IT IS FURTHER ORDERED, that the license to practice medicine and surgery of respondent is LIMITED as provided in §448.02(3)(e), Wis. Stats., and as follows:

1) Respondent shall provide all patients with the attached "Notice to Patients" before commencing any treatment or therapy, and shall retain a copy in the chart.

2) Respondent shall not engage or participate in any research on human subjects without the specific consent of the Board, which consent shall not be unreasonably withheld.

3) Respondent shall not prescribe, dispense, or administer any prescription drug which is not FDA approved, or legally compounded using only ingredients which can be legally obtained for the purpose of medical treatment.

4) Respondent may offer chelation therapy only if the patient signs the form which is attached to this Order as **REQUIRED DISCLOSURE FOR ETHYLENEDIAMINETETRAACETIC ACID (EDTA) CHELATION THERAPY**. Respondent shall not in any way attempt to defeat or minimize the message of the approved disclosure forms with other documents or oral statements. Respondent shall comply with ch. Med 18, Wis. Adm. Code. The form shall be preserved in the patient's chart, and a copy given to the patient at the time of signing. Before chelation therapy is administered, and contingent upon the consent of the patient, the patient's primary care physician or a relevant specialist (e.g. a cardiologist) shall be informed, and all legend components of the therapy shall be disclosed.

5) All testing shall be performed by a CLIA regulated laboratory which is authorized to do the test performed.

6) Respondent shall make no statement concerning a patient's condition, orally or in writing, to any third party payor or a patient (or patient's caregiver) which is not clearly supportable by the patient's health care record. Respondent shall not make any statement to a third party payor or a patient (or patient's caregiver) that a patient has abnormal levels of any substance without enclosing the laboratory report which supports that statement.

7) Respondent shall not use any advertising which is false, misleading, or deceptive, including but not limited to the conduct described in pars. 2-4, of the Findings of Fact, above.

IT IS FURTHER ORDERED, that respondent's license is LIMITED in the following respect: respondent shall forthwith undergo an assessment to evaluate respondent's current abilities to practice medicine at his current practice, with his current patient population, and given the Stipulation and Order and facts of this case. Respondent may propose members of the assessment panel, but the selection of assessors is entirely within the discretion of the Program. The assessment shall include medical recordkeeping and be performed under the direction of the University of Wisconsin Continuing Medical Education Program (UW-CME) or another provider acceptable to the Board, and may include a cognitive screening assessment, peer interview, and/or physical examination. Respondent shall have completed all portions of the assessment process for which he is

responsible (including payment of all required fees), as requested by UW-CME, on a schedule as established by UW-CME, but no later than 90 days after the date of this Order, unless the Board grants an extension at the request of UW-CME.

If the results of this assessment process shows a material deficiency in respondent's abilities, respondent shall participate in and successfully complete an educational program established through the UW-CME based upon on the results of the assessment. Respondent shall complete this program within the time parameters established by the UW-CME, but no later than two years from the date of this Order.

Respondent shall be responsible for all costs incurred for the assessment and educational program under the terms of this Order, and shall timely pay all fees when due.

The UW-CME shall certify to the Board the results of the assessment and educational program upon the completion of the assessment and upon the completion of the educational program. Upon receipt of certification of completion of the terms and conditions set forth above, the Medical Examining Board shall inform respondent that his obligations under this portion of this order have been satisfied, and that his license is no longer limited in this respect.

Upon completion of the UW-CME assessment and, if applicable, the subsequent educational program as described in this section, respondent shall, at his own expense, retain a physician who is board certified in a specialty recognized by the American Board of Medical Specialties, who is acceptable to the Board, such acceptance not to be unreasonably withheld. The retained physician shall, on behalf of the Board, review a sampling of respondent's patient charts generated after the date of this Order as the retained physician shall determine, no less often than every three months, or as the retained physician shall determine is necessary to timely review the records, and shall report to the Board any conduct which may be in violation of this Order. The retained physician's sole duty is to the Board and not to any patient or third party. Respondent shall cooperate at all times with the retained physician including by timely paying any fees in full, answering questions, and providing supplemental information promptly when requested. If the reviewer determines that clinical notes are not legible, s/he may require that they be typed. The chart review described herein shall terminate after two years of reviews, unless the Board extends it for cause. If the Board proposes to extend the review period, it shall give notice to respondent and the Division, and allow each to be heard before determining whether to extend the review period. If respondent contests a Board extension of the review period, he may request a Class I hearing on the issue of whether the Board had reasonable cause to extend the review period.

If applicable, should respondent not successfully complete the educational program, this matter shall be referred to the Board to determine any other appropriate action relative to the conduct set out in the Findings of Fact, which may include any action permitted by §448.02(3)(c), Wis. Stats. Respondent and the Division will have the opportunity to present argument to the Board on that issue. The Board and respondent will receive the results of the assessment and respondent's status relative to completing the educational program, as evidence in determining appropriate action, if any.

If respondent has diligently pursued the assessment option in a timely manner, and has promptly

started the recommended educational program (if any), but is for any reason in good faith unable to fully complete the educational program recommended, by October 31, 2005, he may petition the Board for a reasonable extension to finish the educational program. The granting of such extension is within the discretion of the Board, and may include conditions or additional limitations for the period of such extension, based on the assessment and respondent's progress in the educational program as known at that time.

IT IS FURTHER ORDERED, that whether respondent shall pay the costs of investigating and prosecuting this matter shall be determined by the Board in a separate order. The agreement not to seek review of this matter does not apply to any order respecting costs, and respondent may separately seek review of, or otherwise appeal, such order. This matter is remanded to the Administrative Law Judge assigned, for a hearing and recommendation on that issue.

IT IS FURTHER ORDERED. If the Board determines that there is probable cause to believe that respondent has violated any term of this Final Decision and Order, that finding of probable cause following an opportunity to be heard shall be deemed legally sufficient for action under §448.02(4), Wis. Stats.

Dated this November 21st, 2003.

WISCONSIN MEDICAL EXAMINING BOARD

Alfred Franger

A Member of the Board