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## **SB 1052 – An Act Concerning the Practice of Acupuncture**

### **Testimony of Margaret C Barili Public Health Committee Public Hearing March 2<sup>nd</sup>, 2011**

Dear Senator Gerratana, Representative Ritter, and Members of the Public Health Committee:

I have been a Critical Care and Emergency Room Registered Nurse for 21 years and a licensed and Nationally Certified Acupuncturist with a Masters degree in Traditional Chinese Medicine. Most of those years were spent working at El Camino Hospital in the Bay Area of California both as an RN and also as an Acupuncturist with Hospital privileges where I provided Acupuncture treatments for inpatients. I treated private patients in my own private Chinese Medicine Acupuncture and Herbal Medicine practice both in the Bay area, Sunnyvale, and in the Santa Cruz Mountains, Felton, since 2004.

I have recently relocated to Connecticut where I have a one year old private Chinese Medicine Acupuncture practice in Niantic. Until I was able to set up this new practice, I temporarily worked as an RN caring for patients in the neurology department at Lawrence and Memorial Hospital.

For years now I have experienced the value of integrating Western and Eastern practices of Medicine. Both have their own set of 'diagnoses'. My extensive education in Chinese Medicine teaches a form of Chinese diagnosis that uses different terms than used by conventional western medicine practitioners. There are definitely parallels that can be drawn and this is something I spend time teaching my clients as well as other doctors and nurses. Our unique diagnosis training is the foundation of our practice and by which we choose plans of care for our clients. These plans of care can include Acupuncture, myofascial release techniques such as cupping and gua sha, herbal and dietary recommendations and any other of the items we are listing now in our Practice Standards which we hope to put into place legislatively for the state of Connecticut.

Clients are referred to me by local MD's who believe that we can work together integratively to provide effective care and healing for our mutual clients. I have seen some of my clients experience significant pain relief creating a reduced dependency on narcotics, analgesics and NSAIDS, especially when those drugs in their higher quantities were becoming a cause for health concern. I have watched some of my clients find relief of emotional instability, better diabetic blood sugar control, lessening or disappearance of troublesome symptoms of stress, menopause, or frequent acute illnesses such as coughs, colds, and sinus infections. This list and studies to support all of this and more is extensive.

As Masters degreed Chinese Medicine practitioners, we are able to create these results due to our ability to diagnose using Asian Medicine Terminology learned via extensive 4-5 year post graduate training consisting of greater than 3000 hours of didactic courses and clinical internships. We are taught the 'red flags' for urgent referral to practitioners of Western Medicine.

It is important that we be able to retain our term 'diagnosis' because that is what we do in order to adequately treat our patients. Any other state, including California that already has the Asian Medicine Standards of practice set into place uses the term 'diagnosis' as in Eastern/Chinese Medicine/Asian Medicine Diagnosis.

I regret that I am unable to attend this bill hearing, but am sending this letter in my place.

Sincerely,

Margaret C. Barili RN, MTCM, LAc, Dipl.Ac,