

Alaska State Medical Association

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March 9, 2011

Honorable Kurt Olson
State of Alaska
House of Representatives
Chair, House Labor and Commerce Committee
State Capitol, Room 24
Juneau, AK 99801

RE: HB122 – Practice of Naturopathy

Dear Representative Olson:

The Alaska State Medical Association (ASMA) represents physicians statewide and is primarily concerned with the health of all Alaskans.

Thank you for the opportunity to testify on HB122.

ASMA opposes HB122 and any expansion of a naturopath's scope of practice beyond that which is currently formed in AS08.45.

Naturopaths essentially wish to have the same scope of practice as Primary Care Physicians (MDs and DOs). It is a difficult if not impossible task to determine if a naturopath's education and training is comparable to that of an MD or a DO. ASMA questions that the naturopaths' education and training have comparable depth and breadth as that of an MD or DO.

It is extremely difficult, if not impossible, to compare U.S. medical schools with those from the rest of the world that educate a large number of physicians now practicing in America.

The Alaska State Medical Board (SMB) is a member of a federation of all states' licensing and disciplinary boards, the Federation of State Medical Boards (FSMB). FSMB's journal, "The Journal of Medical License and Discipline," contained, in an edition (Volume 94, Number 3, 2008), an interesting article by David Alan Johnson, M.A., Vice President for Assessment Services – FSMB. The title of the article is "Prospects for a National Clearinghouse on International Medical Schools." It contains an interesting proposal that identifies a way to establish a clearinghouse that contains quality indicators for international medical schools.

There are about 1,800 international medical schools and currently international medical graduates (IMGs) compose 25% of the U.S. physician workforce. According to Mr. Johnson the contribution of the U.S. licensed IMGs is considerable and data exist that they are more likely to practice in medically underserved areas than U.S. graduates. The FSMB has been dealing with trying to assess qualifications of the international medical schools for many years, reported in articles in its journals dating to 1916, according to Johnson. He states the challenge remains the same, "...how to assess the qualifications of physicians graduated from non-U.S. medical schools despite possessing limited information (at best) as to the educational curriculum of these schools...". However, he also stated that only 10 of these international schools contributed 60% of the IMGs in the U.S. from 1998 through 2002.

The approach for the clearinghouse includes data and information that serve as patent safety indicators. Those indicators as put forth by Mr. Johnson are as follows:

- “admission requirements, including mandatory tests such as the MCAT;
- the number of years the medical school program has been in operation
- school policies related to providing advance standing for students entering from related health professions;
- the degree to which distance learning is utilized in the curriculum; the number of weeks of instruction – both classroom and clinical – culminating in a medical degree;
- the status of the school as it appears in other review processes involving licensure (e.g., the Medical Board of California review process), clinical clerkships (New York state’s clerkship approval list) and eligibility for federal student loans (National Commission on Foreign Medical Education and Accreditation);
- aggregate United States Medical Licensing Examination performance data for students and/or graduates of the school;
- student progression rates toward successful completion of degree requirements;
- the school’s success rate in placing students in Accreditation Council for Graduating Medical Education or AOA-approved residency programs; and
- information on clinical clerkships, such as whether these are performed outside the host country where the school is located or if an affiliation agreement exists with the hospital(s) where clerkships are being conducted.”

This approach is one of developing a “proxy” methodology short of an in-depth, ongoing review of each of the 10 international medical schools, which is not feasible as it obviously would not be for 1,800 such schools. This is a methodology that could be termed “The proof of the pudding is in the tasting.”

ASMA does not believe that the Legislature has now, and is unlikely to have in the future, the objective information that would enable it to make the major patient-safety policy decision it is being asked to make in HB122.

One document, in the supporting documents, is titled “Training Hours for Various Healthcare Professional Programs.” It is an example of a suboptimal comparison of the education and training differences. To begin with, it is curious that HB122’s proponents did not use local comparisons. It would seem that the advance nurse practitioner data should have been from the University of Alaska’s program; and that the data for the MD should have come from the University of Washington Medical School, home for the WWAMI program (and perennially one of the top ranked schools for primary care physician education). However, most importantly, there is no data pertaining to the residency training.

It is in the residency training where the physician really learns all aspects of patient care, with hands-on experience in both the outpatient and inpatient (in hospital) settings. Attached is a comparison produced by the American Academy of Family Physicians that includes hours for the required residency in family medicine. AAFP compares its required 3-year residency program for a Family Physician to the 1-year optional residency program for naturopaths. As you can see, the hours, respectively, are 9,000 to 10,000 versus 535 to 1,035.

ASMA would suggest that if you need more information about Family Medicine residency programs that you contact Harold Johnston, MD, who heads Alaska’s own Family Medicine residency program.

Parenthetically, for any IMG to be licensed in Alaska, that candidate must have successfully completed a minimum of a 3-year residency program accredited by the Accreditation Council for Graduate Medical Education for MDs and an American Osteopath Association (AOA) for DOs.

Recently (February 18, 2011) Alaska's Department of Health and Social Services released a bulletin with news that Alaska has now placed near the bottom in rates of childhood immunizations, based on a national survey done by the U.S. Centers for Disease Control and Prevention (CDC). Alaska is 49th among all states, with a rate of immunizations of 56.6% compared with the national average of 70.5%. A University of Washington study reported in 2009 in the *Maternal and Child Health Journal* ("Pediatrics Vaccination and Vaccine Preventable Disease Acquisition: Associations with Care by Complementary and Alternative Medicine Providers," Volume 14, Number 6, 922-930, DOI: 10.1007/s10995-009-0519-5): "Children were significantly less likely to receive each of the four recommended vaccinations if they saw a naturopathic physician." Furthermore, it stated that "Children aged 1-17 years were significantly more likely to be diagnosed with vaccine preventable disease if they received naturopathic care." It would seem that if the naturopathic standard of care for children does not include recommendations for parents to have their kids vaccinated for preventative illnesses, there is a gap in their knowledge base. Are there other gaps in naturopaths' standard of care for children?

Section 15 of HB122 would add naturopathic service as an optional coverage for Medicaid. Testimony at the 2/28/11 House Labor and Commerce Committee hearing from the naturopathic community indicated such coverage was advantageous to help alleviate a problem of lack of access to care for Medicaid beneficiaries. ASMA is not aware of any problems with access to primary care for Medicaid beneficiaries. That is not the case for the federal Medicare program, for which naturopaths are not recognized providers. (For the record, the Medicaid program in Alaska compensates physicians much better than the Medicare program.) However, Section 15 raises several other questions that need to be addressed:

1. What would the "naturopathic services" be that would be proposed to be covered under Medicaid?
2. What would be the cost to Medicaid program for such services?; and
3. How would those services be paid, as no CPT codes exist specifically for naturopaths – not only for Medicaid but for other payors as well?

Another question raised by Section 15, but unrelated to the Medicaid program, is would HB122 provide for coverage for "naturopathic services" under Workers Compensation in Alaska?

Section 13 also provides for some issues that you need to address. First, it would create for confusion for the general public. This section would allow a naturopath to call him or herself a "naturopathic doctor of medicine," "naturopathic MD," naturopathic DO," "naturopathic doctor of osteopathic medicine," or "naturopathic physician." Additionally, a search of the Alaska statutes produces over 200 references for the term "physician." What are consequences for Section 13 throughout the Alaska code? The potential for unintentional consequences is great, and all those references need to be examined for to determine if other problems are created.

ASMA will oppose bills such as HB122 that expand the scope of practice for naturopaths beyond what is currently allowed in AS 08.45 until:

1. The U.S. and Canadian schools of naturopathy that grant doctoral degrees are accredited by the same accrediting bodies for the U.S. and Canadian medical schools: the Liaison Committee on Medical Education (LCME) or the American Osteopathic Association (AOA), Commission on Osteopathic College Accreditation (COCA);

2. All candidates for admission to U.S. and Canadian schools of naturopathy are required to take the Medical College Admission Test (MCAT);
3. All graduates of U.S. and Canadian schools of naturopathy pass all three steps/levels of the United States Medical Licensing Examination (USMLE) or the Comprehensive Osteopathic Medical Examination (COMLEX – USA), using the same passing criteria as the MDs or DOs, respectively;
4. All naturopaths seeking licensure must successfully complete at least a three-year residency program that is accredited by the same accrediting body, Accreditation Council for Graduate Medical Education (ACGME), for MDs and AOA-approved residency programs for DOs;
5. All naturopaths are subject to the same standard of care criteria as MDs and DOs for licensing sanction actions and in litigation, including allegations of malpractice;
6. All naturopaths are required to report to the state the outcome of each malpractice or action for which damages have been or are to be paid, whether by judgment or settlement; and
7. The state reports all actions against a naturopath to the National Practitioner Data Bank.

Such requirements are appropriate to protect the public.

ASMA feels that patient safety and public health trump all other considerations – even workforce shortages. Additionally, ASMA feels that the Legislature in evaluating HB122 and other issues involving scope of practice needs to adopt the judiciary's highest standard of proof – that the extension of the increased scope of practice beyond a reasonable doubt will provide for the public's safety.

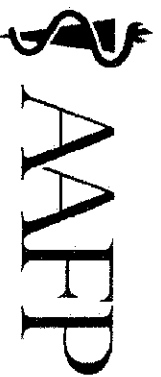
ASMA urges you to oppose HB122 and any other measures to expand the naturopaths' scope of practice beyond that which currently exists in AS08.45.

Sincerely



By: Carl Rosen, MD, President
For: The Alaska State Medical Association

cc: Representative Craig Johnson
Representative Mike Chenault
Representative Dan Saddler
Representative Steve Thompson
Representative Lindsey Holmes
Representative Bob Miller



Education and Training: Family Physicians versus Naturopaths

Naturopaths—also known as “Doctors of Naturopathy,” “Doctors of Natural Medicine,” “Naturopathic Physicians,” and the like—receive their education typically through a four-year degree program that confers a Doctorate in Naturopathy (ND) or Doctorate in Naturopathic Medicine (NMD). Currently, there are four institutions in the United States—Bastyr University, National College of Natural Medicine, Southwest College of Naturopathic Medicine, and the University of Bridgeport—accredited by the Council on Naturopathic Medical Education (CNME), the only accrediting organization recognized by the US Department of Education. Naturopathic medicine schools do not require students to satisfactorily pass an entrance exam, such as the Medical College Admissions Test (MCAT) or Graduate Record Examination (GRE). CNME requires the course of study provided at these institutions be at 4,100 total clock hours in length.

This figure includes clinical education clock hours beginning in the third year of naturopathic study. At least 1,200 clinical clock hours are required, 60 percent of which (720) hours must be in direct patient care. Graduates of naturopathic degree programs are not required to undergo post-graduate training, like the residency required of medical school graduates. Optional 1 year programs are offered by some institutions. The University of Bridgeport, for example, offers a program that includes from 535 to 1,035 total hours of direct patient contact and didactic learning.

Family Physicians receive their education typically through a four-year degree program at one of the 130 accredited medical schools in the United States. Students must pass the Medical College Admissions Test for entrance into medical school. In 2005, the average score of matriculants was 30.2 of a possible 45. Medical students spend nearly 9,000 hours in lectures, clinical study, lab and direct patient care. The overall training process begins with medical school and continues through residency. During their time in medical school, students take two “step” exams, called the United States Medical Licensing Examination (USMLE), and must take core clerkships, or periods of clinical instruction. Passing both exams and the clerkships grants students the Medical Doctor (MD) degree, which entitles them to start full clinical training in a residency program.

Family medicine residency programs, which are accredited by the Accreditation Council for Graduate Medical Education (ACGME), require three years of training. As with other specialties, family medicine residency programs have specific requirements with certain numbers of hours that must be completed for board certification. They are designed to provide integrated experiences in ambulatory, community and inpatient environments during three years of concentrated study and hands-on training.

The first year of residency, called the internship year, is when the final “step” of the USMLE (Step 3 exam) is taken. During their three years of training, residents must meet the program requirements for both residency education in family medicine and certification by the American Board of Family Medicine (ABFM). Specific requirements for family medicine residency training vary by program. After three “program years” of training are completed and all requirements are met, residents are eligible to take the certification exam by the ABFM. Toward the end of residency, physicians also apply for licensure from their state medical boards, which determines where they can practice as a board-certified family physician. Although each state is different in their requirements for initial medical licensure, it is a necessity that physicians pass Step 3 of the USMLE.

The below tables offer a side-by-side comparison of the education and training involved in becoming a family physician versus the requirements to become a naturopath.

Degrees Required and Time to Completion

	Undergraduate Degree	Entrance Exam	School	Residency	Residency Completion Time
Family Physician (MD or DO)	Standard 4-year BA/BS	Medical College Admissions Test (MCAT)	4 years	REQUIRED	3 years
Naturopath (ND or NMD)	Standard 4-year BA/BS	None Required	4 years	OPTIONAL	1 year

Medical/Professional School and Residency/Post-Graduate Hours for Completion

	Lecture Hours (Pre-Clinical Years)	Study Hours (Pre-Clinical Years)	Combined** Hours (Clinical Years)	Residency Hours	TOTAL HOURS
Family Physician	2,700	3,000	6,000	9,000 – 10,000	20,700 – 21,700
Naturopath***	1,500	1,665	2,600	535 – 1,035	5,505 – 6,485
DIFFERENCE	1,200	1,335	3,400	8,465 – 8,965	15,195 – 15,215

*Council on Naturopathic Medical Education CNME standards were used for this comparison.

**Clinical and lecture hours

***Naturopath "Lecture Hours" and "Combined Hours" are averaged across publicly-available curricula advertised on the web sites of the four CNME-accredited institutions of naturopathic study (Bastyr University, National College of Natural Medicine, Southwest College of Naturopathic Medicine, and the University of Bridgeport).