



# Alaska State Legislature

## Representative Jennifer Johnston – House District 28

April 8, 2019

Dear Co-Chairs LeDoux and Wool,

Thank you for hearing House Bill 91 in the House Labor & Commerce Committee on April 3, 2019. Below you will find answers to committee members' questions.

### **Does the Division of Corporations Business and Professional Licensing have the ability to discipline a person practicing naturopathy without a license?**

Yes. The authorizing statutes are:

- **Sec. 08.45.010. Practice of naturopathy without license prohibited.** A person may not practice naturopathy in the state without a license.
- **Sec. 08.45.080. Unlicensed practice a misdemeanor.** A person who practices naturopathy in the state without a license in violation of AS 08.45.010 is guilty of a misdemeanor, and upon conviction is punishable by a fine of not more than \$1,000, or by imprisonment for not more than a year, or by both.

### **Can someone write prescriptions or do in-office procedures in unregulated states?**

Legally, no. Naturopathic Doctors in unregulated states cannot write prescriptions nor do in-office procedures. However, many of them work with other health professionals to effectively serve clients.

### **What is a Controlled Substance?**

Please see the attached document with definitions and examples of controlled substances:

- *DEA Definition of Controlled Substance Schedules*

The current version of House Bill 91 (version M) would NOT allow Naturopathic Doctors to prescribe controlled substances.

### **What are the Naturopathic Doctors licensing trends since 1986?**

- There has been a total of 110 naturopath licenses issued since 1986, including three temporary licenses.
- 104 of these licenses were active in 2000
- 82 were active in 2010
- 66 were active in 2016
- 46 are active today

Thank you for your consideration of HB 91.

Sincerely,

A handwritten signature in black ink, appearing to read "Jennifer Johnston".

Representative Jennifer Johnston

## **U.S. Department of Justice and Drug Enforcement Administration Diversion Control Division's Definition of Controlled Substance Schedules**

Drugs and other substances that are considered controlled substances under the Controlled Substances Act (CSA) are divided into five schedules. An updated and complete list of the schedules is published annually in [Title 21 Code of Federal Regulations \(C.F.R.\) §§ 1308.11 through 1308.15](#). Substances are placed in their respective schedules based on whether they have a currently accepted medical use in treatment in the United States, their relative abuse potential, and likelihood of causing dependence when abused. Some examples of the drugs in each schedule are listed below.

### **Schedule I Controlled Substances**

Substances in this schedule have no currently accepted medical use in the United States, a lack of accepted safety for use under medical supervision, and a high potential for abuse.

Some examples of substances listed in Schedule I are: heroin, lysergic acid diethylamide (LSD), marijuana (cannabis), peyote, methaqualone, and 3,4-methylenedioxymethamphetamine ("Ecstasy").

### **Schedule II/IIN Controlled Substances (2/2N)**

Substances in this schedule have a high potential for abuse which may lead to severe psychological or physical dependence.

Examples of Schedule II narcotics include: hydromorphone (Dilaudid®), methadone (Dolophine®), meperidine (Demerol®), oxycodone (OxyContin®, Percocet®), and fentanyl (Sublimaze®, Duragesic®). Other Schedule II narcotics include: morphine, opium, codeine, and hydrocodone. Examples of Schedule IIN stimulants include: amphetamine (Dexedrine®, Adderall®), methamphetamine (Desoxyn®), and methylphenidate (Ritalin®).

Other Schedule II substances include: amobarbital, glutethimide, and pentobarbital.

### **Schedule III/IIIN Controlled Substances (3/3N)**

Substances in this schedule have a potential for abuse less than substances in Schedules I or II and abuse may lead to moderate or low physical dependence or high psychological dependence.

Examples of Schedule III narcotics include: products containing not more than 90 milligrams of codeine per dosage unit (Tylenol with Codeine®), and buprenorphine (Suboxone®).

Examples of Schedule IIIN non-narcotics include: benzphetamine (Didrex®), phendimetrazine, ketamine, and anabolic steroids such as Depo®-Testosterone.

### **Schedule IV Controlled Substances**

Substances in this schedule have a low potential for abuse relative to substances in Schedule III.

Examples of Schedule IV substances include: alprazolam (Xanax®), carisoprodol (Soma®), clonazepam (Klonopin®), clorazepate (Tranxene®), diazepam (Valium®), lorazepam (Ativan®), midazolam (Versed®), temazepam (Restoril®), and triazolam (Halcion®).

### **Schedule V Controlled Substances**

Substances in this schedule have a low potential for abuse relative to substances listed in Schedule IV and consist primarily of preparations containing limited quantities of certain narcotics.

Examples of Schedule V substances include: cough preparations containing not more than 200 milligrams of codeine per 100 milliliters or per 100 grams (Robitussin AC®, Phenergan with Codeine®), and ezogabine.

Source: <https://www.dea.gov/diversion-control/schedules/#define>

House Bill 91 Supporting Document

Distributed by Representative Jennifer Johnston