

REPRESENTATIVE MIKE PRAX
ALASKA STATE LEGISLATURE HOUSE DISTRICT 33

SESSION
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DISTRICT
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HB 147 Sponsor Statement

"An Act relating to the practice of naturopathy and providing for an effective date."

House Bill 147 allows licensed Alaska naturopathic doctors to apply for a temporary endorsement to practice closer to their level of education and training. This will enable Alaskans to choose their preferred healthcare style and help alleviate the shortage of primary care providers in the state.

Approximately 50 licensed naturopaths provide effective care for thousands of Alaskans with chronic diseases like obesity, diabetes, and hypertension in an overburdened healthcare system. However, current limitations on naturopathic care require patients to schedule duplicate appointments for prescriptions increasing healthcare congestion and costs.

HB 147 allows licensed naturopaths to obtain a temporary license endorsement through a written agreement with a supervising physician. This endorsement **prohibits** the prescription of controlled substances, chemotherapy drugs, antipsychotic drugs, radioactive substances, and performing invasive surgeries. After one year under this agreement, licensed Alaska naturopaths may get an ongoing endorsement linked to the regular licensing renewal process.

The legislation requires all licensed Alaska naturopaths to complete sixty hours of continuing education every two years, including twenty hours in pharmacotherapy.

HB 147 authorizes state licensing personnel to suspend or revoke an endorsement after investigating a complaint against a licensed naturopath. The legislation also makes prescribing medicine without an endorsement illegal and addresses fraudulent actions to obtain an endorsement.

Naturopathic education emphasizes holistic disease prevention rather than simply treating symptoms. In the long term, naturopathic care offers affordable and enhanced health outcomes for patients, insurers, and the state, while providing Alaskans the opportunity to select the type of healthcare that best suits their needs.

Please join me in supporting House Bill 147.

Staff Contact: Riley Nye (907) 465-4838

HOUSE BILL NO. 147

IN THE LEGISLATURE OF THE STATE OF ALASKA

THIRTY-FOURTH LEGISLATURE - FIRST SESSION

BY REPRESENTATIVES PRAX, Schwanke

Introduced: 3/21/25

Referred: Health and Social Services, Labor and Commerce, Finance

A BILL

FOR AN ACT ENTITLED

1 **"An Act relating to the practice of naturopathy."**

2 **BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF ALASKA:**

3 * **Section 1.** AS 08.45 is amended by adding new sections to read:

4 **Sec. 08.45.033. Issuance of temporary endorsement.** (a) The department
5 shall issue a temporary endorsement to a naturopath licensed under this chapter if the
6 licensee pays the application fee and furnishes evidence satisfactory to the department
7 that the licensee

8 (1) passed the elective pharmacology examination portion of the
9 Naturopathic Physicians Licensing Examination or another equivalent examination
10 approved by the department; and

11 (2) meets other applicable requirements established by the department
12 in regulation.

13 (b) A naturopath who holds a valid temporary endorsement issued under (a) of
14 this section and is supervised as required under (c) of this section may prescribe and
15 administer prescription drugs for preventive and therapeutic purposes, except as

1 provided in AS 08.45.050.

2 (c) A supervising physician shall review the prescription and administration of
3 drugs performed under (b) of this section by a naturopath holding a temporary
4 endorsement. The supervising physician shall evaluate and provide feedback to the
5 naturopath on the naturopath's ability to prescribe and administer drugs under (b) of
6 this section safely and in compliance with the law.

7 (d) A physician who holds a valid license under AS 08.64 may supervise a
8 naturopath under (c) of this section if the physician

9 (1) has been prescribing and administering prescription drugs for five
10 or more years; and

11 (2) documents the arrangement between the physician and the
12 naturopath on a form established by the department in regulation.

13 (e) Unless additional supervision is required by the department, after a
14 naturopath has been supervised under (c) of this section for one year, the supervising
15 physician shall submit a report to the department recommending that the department
16 issue an endorsement to the naturopath, require the naturopath to receive further
17 supervision, or deny the naturopath an endorsement. A temporary endorsement
18 terminates on the date the naturopath is issued or denied an endorsement under
19 AS 08.45.034.

20 **Sec. 08.45.034. Issuance of endorsement.** (a) Upon receiving a
21 recommendation that a naturopath be issued or denied an endorsement under
22 AS 08.45.033(e), the department shall issue or deny an endorsement to a naturopath
23 licensed under this chapter. Upon receiving a recommendation that a naturopath
24 requires further supervision under AS 08.45.033(e), the department may issue or deny
25 an endorsement to a naturopath licensed under this chapter or require the naturopath to
26 receive further supervision.

27 (b) A naturopath licensed under this chapter who holds a valid endorsement
28 issued under this section may prescribe and administer prescription drugs for
29 preventive and therapeutic purposes, except as provided in AS 08.45.050.

30 * **Sec. 2.** AS 08.45 is amended by adding new sections to read:

31 **Sec. 08.45.037. Continuing education requirements.** (a) The department

1 shall promote a high degree of competence in the practice of naturopathy in the state
 2 by requiring every naturopath licensed under this chapter to fulfill continuing
 3 education requirements.

4 (b) Before a license may be renewed, a naturopath licensed under this chapter
 5 shall submit evidence to the department that continuing education requirements
 6 prescribed by regulations adopted by the department have been met. Continuing
 7 education requirements must be completed during the 24-month period immediately
 8 preceding the application for renewal and include 60 hours of continuing education
 9 approved by the department, at least 20 hours of which must be on the subject of
 10 pharmacotherapy.

11 (c) The department may exempt a naturopath licensed under this chapter from
 12 the requirements of (b) of this section upon an application by the naturopath giving
 13 evidence satisfactory to the department that the naturopath is unable to comply with
 14 the requirements because of extenuating circumstances. However, the department may
 15 not exempt a naturopath from more than 15 hours of continuing education in a four-
 16 year period.

17 **Sec. 08.45.038. Standards for license renewal.** The department shall renew a
 18 license issued under this chapter to a licensee who

19 (1) applies on a form provided by the department and pays the required
 20 fee;

21 (2) meets the continuing education requirements established under
 22 AS 08.45.037;

23 (3) has not been convicted of, or pled guilty or no contest to, a crime
 24 that adversely reflects on the licensee's ability or competency to practice as a
 25 naturopath or that jeopardizes the safety or well-being of a patient; and

26 (4) has a current cardiopulmonary resuscitation certification.

27 * **Sec. 3.** AS 08.45.050 is amended to read:

28 **Sec. 08.45.050. Restrictions on practice of naturopathy.** A person who
 29 practices naturopathy may not

30 (1) give, prescribe, or recommend in the practice

31 (A) a prescription drug, except as authorized by an

endorsement issued under AS 08.45.033 or 08.45.034;

(B) a controlled substance;

(C) a poison;

(D) a cancer chemotherapeutic drug; or**(E) an antipsychotic drug;**

(2) engage in surgery;

(3) use the word "physician" in the person's title;

(4) administer therapeutic ionizing radiation or radioactive substances.* **Sec. 4.** AS 08.45.060 is amended to read:

Sec. 08.45.060. Grounds for disciplinary sanctions [SUSPENSION, REVOCATION, OR REFUSAL TO ISSUE A LICENSE]. The department may, after a hearing, impose a disciplinary sanction on a person licensed under this chapter when the department finds that the licensee

(1) secured a license **or endorsement** through deceit, fraud, or intentional misrepresentation;

(2) engaged in deceit, fraud, or intentional misrepresentation in the course of providing professional services or engaging in professional activities;

(3) advertised professional services in a false or misleading manner;

(4) has been convicted of a felony or other crime that affects the licensee's ability to continue to practice competently and safely;

(5) failed to comply with this chapter, with a regulation adopted under this chapter, or with an order of the department;

(6) continued to practice after becoming unfit due to

(A) professional incompetence;

(B) addiction or severe dependency on alcohol or a drug that impairs the licensee's ability to practice safely;

(C) physical or mental disability;

(7) engaged in lewd or immoral conduct in connection with the delivery of professional service to patients.

* **Sec. 5.** AS 08.45.070(a) is amended to read:

1 (a) When **the department** [IT] finds that a licensee under this chapter has
 2 violated AS 08.45.040 - 08.45.050 or is guilty of an offense under AS 08.45.060, the
 3 department may impose the following sanctions singly or in combination:

4 (1) permanently revoke the license to practice **or endorsement held**
 5 **by the licensee**;

6 (2) suspend the license **to practice or endorsement held by the**
 7 **licensee** for a determinate period of time;

8 (3) censure the licensee;

9 (4) issue a letter of reprimand to the licensee;

10 (5) place the licensee on probationary status and require the licensee to
 11 (A) report regularly to the department **on** [UPON] matters
 12 involving the basis of probation;

13 (B) limit practice to those areas prescribed;

14 (C) continue professional education until a satisfactory degree
 15 of skill has been attained in areas determined by the department to need
 16 improvement;

17 (6) impose limitations or conditions on the practice of the licensee.

18 * **Sec. 6.** AS 08.45.070(c) is amended to read:

19 (c) The department may summarily suspend a license **or endorsement** before
 20 final hearing or during the appeals process if the department finds that the licensee
 21 poses a clear and immediate danger to the public health and safety if the licensee
 22 continues to practice. A licensee whose license **or endorsement** is suspended under
 23 this section is entitled to a hearing conducted by the office of administrative hearings
 24 (AS 44.64.010) not later than seven days after the effective date of the order. The
 25 licensee may appeal the suspension after a hearing to a court of competent jurisdiction.

26 * **Sec. 7.** AS 08.45.080 is amended to read:

27 **Sec. 08.45.080. Unlicensed or unendorsed practice a misdemeanor. Except**
 28 **for a person licensed or authorized under another chapter of this title who**
 29 **engages in practices for which that person is licensed or authorized under that**
 30 **chapter, a** [A] person who practices naturopathy in the state without a **valid** license **or**
 31 **who prescribes or administers drugs without a valid endorsement under**

1 **AS 08.45.033 or 08.45.034** [IN VIOLATION OF AS 08.45.010] is guilty of a **class A**
2 misdemeanor and upon conviction is punishable by a fine of not more than \$1,000, or
3 by imprisonment for not more than a year, or by both.

4 * **Sec. 8.** AS 08.45.090 is amended to read:

5 **Sec. 08.45.090. Fraudulent license or endorsement.** A person who obtains or
6 attempts to obtain a naturopathic license **or endorsement** by dishonest or fraudulent
7 means or who forges, counterfeits, or fraudulently alters a naturopathic license **or**
8 **endorsement** is punishable by a fine of not more than \$500, or by imprisonment for
9 not more than six months, or by both.

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HB 147 Sectional Analysis

“An Act relating to the practice of naturopathy.”

Section 1 adds new sections AS 08.45.033 (*Issuance of Temporary Endorsement*) and AS 08.45.034 (*Issuance of Endorsement*)

Creates a new section of Alaska law to allow licensed Alaska naturopaths to apply for a temporary endorsement to prescribe a limited range of prescription medications upon showing they have:

- passed the pharmacology portion of the Naturopathic Physicians Licensing Exam or equivalent test, and
- meet other applicable requirements established by the Division of Corporations, Business and Professional Licensing (DCBPL or Division).

Naturopaths holding a valid temporary endorsement may prescribe a limited range of prescription medications under a written collaborative agreement with a licensed Alaska physician who has been prescribing and administering prescription drugs for at least five years. The collaborative physician will evaluate the naturopath’s prescriptive practice and provide feedback. The temporary endorsement must be in place for a minimum of twelve months and the collaborative oversight must be reported on a form approved by DCBPL. At the conclusion of the twelve-month period, the collaborative physician is required to recommend to DCBPL whether the naturopath should receive further supervision, be issued an endorsement, or be denied an endorsement. The temporary endorsement terminates on the date a naturopath is issued, or denied, an endorsement to prescribe. After considering the recommendation of a collaborative physician, DCBPL will determine whether to issue, or deny, an endorsement to a naturopath or require further prescriptive supervision. A naturopath who receives an endorsement to prescribe and administer may do so under the limitation of AS 08.45.050.

Section 2 adds new sections AS 08.45.037 (*Continuing Education Requirements*) and AS 08.45.038 (*Standards for License Renewal*)

Creates a new requirement for all licensed naturopaths in Alaska to provide proof of completing sixty hours of division-approved continuing education as part of their biannual license renewal process. The required sixty hours must include a minimum of twenty hours of continuing education focused on pharmacotherapy. DCBPL may exempt

Staff Contact: Riley Nye (907)465-4838

a naturopath from a portion of this ongoing training for extenuating circumstances. However, DCBPL may not grant an exemption for more than fifteen hours total in a four-year period. This partial waiver provision is similar to statutory provisions for other medical professionals in Alaska that acknowledge the potential for serious illness, military service, family emergencies or natural disasters to limit an ability to complete some continuing medical education.

This section also establishes standards for license renewal that require naturopaths to pay an appropriate fee, show they meet the continuing education requirements, disclose whether they have been found to have perpetrated a crime that adversely reflects on their ability to practice safely and have a current cardiopulmonary resuscitation certificate.

Section 3 amends AS 08.45.050 (*Restrictions on Practice of Naturopathy*)

Amends existing law to clarify that naturopaths prescribing and administering medications under a temporary, or ongoing, prescription endorsement may NOT prescribe:

1. a prescription drug except as allowed under their temporary or ongoing prescriptive endorsement,
2. a poison,
3. a chemotherapy drug
4. an antipsychotic drug, or
5. administer a therapeutic ionizing radiation or radioactive substance.

In addition, existing statutory prohibitions against a naturopath engaging in surgery or using the word “physician” in the person’s title are preserved in law.

Section 4 amends AS 08.45.060 (*Grounds for Suspension, Revocation, or Refusal to Issue a License*)

Expands existing Alaska law to clarify that DCBPL has full authority to take disciplinary action against a temporary, or ongoing, prescriptive endorsement held by a licensed Alaskan naturopath if the division determines the endorsement was secured through deceit, fraud, or intentional misrepresentation.

Section 5 amends AS 08.45.070(a) (*Disciplinary Sanctions*)

Expands existing Alaska law to clarify that DCBPL can exercise the same disciplinary authority over a naturopath’s temporary, or ongoing, prescriptive endorsement as it does over a naturopath’s license to practice. This authority allows the division to revoke, suspend, censure or reprimand the licensee as well as place them on probation that limits their practice or requires additional professional training and reporting.

Section 6 amends AS 08.45.070(c) (*Disciplinary Sanctions*)

Expands existing Alaska law to clarify that DCBPL can summarily suspend a temporary, or ongoing, prescriptive endorsement during a final hearing or appeals process if the division determines doing otherwise would endanger the public health.

Section 7 amends AS 08.45.080 (*Unlicensed Practice a Misdemeanor*)

Expands existing Alaska law to clarify that a licensed Alaska naturopath is guilty of a class A misdemeanor if they are found to have prescribed a prescription medication without having a valid temporary, or ongoing, endorsement to do so.

Section 8 *amends AS 08.45.090 (Fraudulent License)*

Expands existing Alaska law to clarify that a naturopath who obtains, or attempts to obtain, a temporary endorsement to prescribe prescription medications fraudulently is punishable by a fine of not more than five hundred dollars or by imprisonment for not more than six months, or both.

Fiscal Note

State of Alaska
2025 Legislative Session

Bill Version: HB 147
Fiscal Note Number: _____
() Publish Date: _____

Identifier: HB147-DCCED-CBPL-04-11-25
Title: PRACTICE OF NATUROPATHY
Sponsor: PRAX
Requester: (H) HEALTH & SOCIAL SERVICES

Department: Department of Commerce, Community and
Economic Development
Appropriation: Corporations, Business and Professional
Licensing
Allocation: Corporations, Business and Professional
Licensing
OMB Component Number: 2360

Expenditures/Revenues

Note: Amounts do not include inflation unless otherwise noted below. (Thousands of Dollars)

	FY2026 Appropriation Requested	Included in Governor's FY2026 Request	Out-Year Cost Estimates					
			FY 2026	FY 2027	FY 2028	FY 2029	FY 2030	FY 2031
OPERATING EXPENDITURES								
Personal Services								
Travel								
Services	24.1		20.0	20.0	20.0	20.0	20.0	20.0
Commodities								
Capital Outlay								
Grants & Benefits								
Miscellaneous								
Total Operating	24.1	0.0	20.0	20.0	20.0	20.0	20.0	20.0

Fund Source (Operating Only)

1156 Rcpt Svcs (DGF)	24.1		20.0	20.0	20.0	20.0	20.0	20.0
Total	24.1	0.0	20.0	20.0	20.0	20.0	20.0	20.0

Positions

Full-time								
Part-time								
Temporary								

Change in Revenues

1156 Rcpt Svcs (DGF)	24.1		20.0	20.0	20.0	20.0	20.0	20.0
Total	24.1	0.0	20.0	20.0	20.0	20.0	20.0	20.0

Estimated SUPPLEMENTAL (FY2025) cost: 0.0 *(separate supplemental appropriation required)*

Estimated CAPITAL (FY2026) cost: 0.0 *(separate capital appropriation required)*

Does the bill create or modify a new fund or account? No
(Supplemental/Capital/New Fund - discuss reasons and fund source(s) in analysis section)

ASSOCIATED REGULATIONS

Does the bill direct, or will the bill result in, regulation changes adopted by your agency? Yes
If yes, by what date are the regulations to be adopted, amended or repealed? 07/01/26

Why this fiscal note differs from previous version/comments:

Not applicable, initial version.

Prepared By:	Sylvan Robb, Division Director	Phone:	(907)465-2524
Division:	Division of Corporations, Business and Professional Licensing	Date:	04/11/2025
Approved By:	Hannah Lager, Administrative Services Director	Date:	04/11/25
Agency:	Department of Commerce, Community, and Economic Development		

FISCAL NOTE ANALYSIS

STATE OF ALASKA
2025 LEGISLATIVE SESSION

BILL NO. HB147

Analysis

HB 147 will allow licensed naturopaths to obtain an endorsement to allow for the prescribing and administering of prescription drugs – except controlled substances, poison, cancer chemotherapeutic drugs, and antipsychotic drugs. For the first year, a naturopath will obtain a temporary endorsement and be under the supervision of a physician. After the year of supervision, the supervising physician will report to the Department of Commerce, Community, and Economic Development whether they believe the naturopath should be issued a permanent endorsement, denied a permanent endorsement, or have their temporary endorsement extended and remain under supervision for a longer period. The department will then decide on the application for the permanent endorsement accordingly.

If the bill passes the following expenses will be incurred:

Services:	\$20.0	Legal costs related to investigations in FY2026 and beyond
	\$4.1	Legal costs to amend regulations in FY2026 only

Professional licensing programs within the Division of Corporations, Business and Professional Licensing are funded by Receipt Supported Services, fund source 1156 Rcpt Svcs (DGF). Per AS 08.01.065, licensing fees for each occupation are set so the total amount of revenue collected approximately equals the occupation's actual regulatory costs.



**Letter of Support for
HB 147
Regulation of the Practice of
Naturopathic Medicine in Alaska**

Federation of
Naturopathic Medicine
Regulatory Authorities

April 7, 2025

Representative Mike Prax
State Capitol Room 428
Juneau, Alaska. 99801

RE: Support of HB 147

Dear Honorable Representative Mike Prax,

The Federation of Naturopathic Medicine Regulatory Authorities (FNMRA) supports regulation of naturopathic medicine in Alaska. Regulation is integral to the safe practice of naturopathic medicine and protection of the public.

The FNMRA's mission is to protect the public by connecting regulatory authorities and promoting standards of excellence in the regulation of naturopathic medicine. The Federation supports new and existing regulatory organizations in fulfilling their statutory obligations to regulate the profession in the interest of public protection. The FNMRA envisions a coordinated regulatory system for naturopathic medicine throughout the United States.

The FNMRA appreciates this opportunity to illustrate a verifiable need for naturopathic doctors (NDs) in Alaska. Smart regulation of the naturopathic profession permits qualified NDs to practice as trained while ensuring public safety, empowering the citizens of Alaska to pursue their choice of qualified healthcare provider, and all the associated benefits.

Verifiable Need for NDs to practice as Primary Care Providers in Alaska

• **Alaska faces a statewide shortfall in primary care providers¹**

Alaska will need to add up to 237 primary care providers in the next decade, according to projected estimates.² By licensing NDs in Alaska to practice as trained, the state would increase its primary care provider workforce with safe, effective, and well-trained practitioners.

¹ <https://data.hrsa.gov/topics/health-workforce/shortage-areas>

² Petterson, Stephen M; Cai, Angela; Moore, Miranda; Bazemore, Andrew. State-level projections of primary care workforce, 2010-2030. September 2013, Robert Graham Center, Washington, D.C. <https://www.graham-center.org/content/dam/rgc/documents/maps-data-tools/state-collections/workforce-projections/Alaska.pdf>

The Pew Health Commission Taskforce on Health Care Workforce Regulation has called for ***jurisdictions to allow all professionals to provide services to the full extent of their current knowledge, training, experience, and skills.***³

Further, the Institute of Medicine (IOM) has reported on several occasions regarding the complexity of the scope of practice issues across healthcare disciplines and ***urges regulators to allow for innovation and inclusiveness of all healthcare practitioner types in meeting patient needs.***^{4,5} The IOM encourages the use of interdisciplinary teams to optimize patient care.

Ensuring that Alaska residents have access to comprehensive, quality healthcare services is imperative not only for their physical and mental health, but it improves access to preventive measures such as managing disease, which reduces unnecessary disability and premature death while improving overall quality of life.⁶

Licensed NDs Are Safe Primary Care Providers

- **Licensed NDs have fewer disciplinary actions than MDs/DOs**

NDs have been safely practicing as primary care providers in other jurisdictions for decades, and for approximately a century in several more. Safe practice by NDs can be objectively demonstrated by the fact that NDs have fewer disciplinary actions taken against them compared to MDs and DOs (see addendum A).

- **Minimal disciplinary actions occur even when NDs have broad prescribing rights**

Alaska would benefit from the regulation of NDs to include broad prescribing rights because it would effectively improve access to qualified primary care providers. An important aspect of primary care is the ability to prescribe drugs at the time of care so that the patient does not need to delay treatment by being forced to seek care with a second provider. Primary care providers need broad prescribing authority to provide timely and effective treatment, improve access to care, and ensure patient safety. FNMRA interprets “broad prescribing rights” to mean access to all major categories of prescription drugs required for primary care.

NDs have proven themselves to be safe prescribers. Currently, 11 of the 26 regulated jurisdictions allow NDs to have broad prescriptive authority. Disciplinary action was taken against NDs in only four of the 11 regulated jurisdictions with broad prescribing rights from 2010 to 2024. The vast majority of those actions involved opioid management, a challenging area for all licensed healthcare providers.

Of the six jurisdictions that allow NDs broad prescriptive authority including opioids, only two require oversight by an MD or DO: California and Vermont. Vermont requires oversight for one year or the first 100

³ *Reforming Health Care Workforce Regulation: Policy Considerations for the 21 st Century*, Report of the Pew Health Professions Commission’s Taskforce on Health Care Workforce Regulation, December 1995, ix.

⁴ *Crossing the Quality Chasm: A New Health System for the 21 st Century*, The Institute of Medicine, National Academy Press, 2001.

⁵ *Health Professions Education: A Bridge to Quality*, The Institute of Medicine, Committee on Health Professions Education Summit, National Academies Press, 2003.

⁶ Starfield, Barbara et al. “Contribution of primary care to health systems and health.” *The Milbank quarterly* 83,3 (2005): 457-502. doi:10.1111/j.1468-0009.2005.00409.x; <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2690145/>

prescriptions (or other qualified experience) after passing the NPLEX Part II – Elective Pharmacology Examination. Conversely, California currently requires ongoing prescriptive oversight, creating an unnecessary burden on MDs, DOs, and NDs. Therefore, the California regulator is currently seeking to remove this requirement because it interferes with the ability of a qualified ND to practice as trained and provide effective primary care.

Disciplinary Actions Related to Naturopathic Doctor Prescribing

Disciplinary Actions Related to Prescribing from 2010 through 2024*				
Jurisdiction	Disciplinary Actions	Estimated Number of Licensees	Average Disciplinary Actions Per Year	Years since 2010 with Broad Prescribing Rights
Jurisdictions with Broad Prescribing Rights EXCLUDING Opioids				
Hawaii	0	150	0.0	14
Idaho	0	85	0.0	4
New Hampshire	0	75	0.0	14
New Mexico	0	30	0.0	5
Utah	0	90	0.0	14
Jurisdictions with Broad Prescribing Rights INCLUDING Opioids				
Vermont	0	380	0.0	14
Montana	0	155	0.0	14
California	1	1100	0.1	14
Oregon	20	1500	1.4	14
Arizona	20	1600	1.4	14
Washington	33	1600	2.4	14
TOTAL	74	6765		
* Or since year of licensure if established after 2010.				
FNMRA interprets broad prescribing rights as access to all major categories of prescription drugs required for primary care.				

Source: FNMRA Disciplinary Action Tally by Type 2010-Present ⁷
 All categories of disciplinary actions can be seen in Addendum B.

Formal Education, Training, and Accreditation Supports Broad Prescribing Rights for NDs

- **Formal Education & Training Supports Independent Prescribing Rights for NDs**

NDs who have graduated from a Council on Naturopathic Medical Education-accredited (CNME) doctoral training program in naturopathic medicine have been trained to be primary care providers. The CNME provides that:

The Council’s in-depth accreditation process promotes high-quality naturopathic education and training, and safe and effective practice. Our educational standards provide the basis for licensing/regulating naturopathic doctors in the U.S. and Canada. CNME is recognized by the U.S. Department of Education to accredit doctoral programs in naturopathic medicine.

CNME does not accredit online or distance education programs. ⁸

⁷ <https://docs.google.com/spreadsheets/d/1FSQxx1ienhHGpCbWPOqrSWQMxYLGTxnpCiSkNy4Rd9s/edit?usp=sharing>

⁸ <https://cnme.org/>

NDs are required to pass competency-based national naturopathic licensing examinations to demonstrate that they are competent to safely and effectively use naturopathic medicine to diagnose and treat disease while optimizing overall health. The formal education and clinical training prepare NDs to be independent prescribers, with all the rights and responsibilities that entails.

Proposed Regulatory Mechanism to Support Independent Prescribing Rights for NDs

- **Naturopathic Physicians Licensing Examination (NPLEX) Part II - Elective Pharmacology Examination can be adopted to establish prescribing competency**

The NPLEX has developed four Part II – Clinical Elective Examinations (Acupuncture, Minor Surgery, Pharmacology, Parenteral Medicine).⁹ The Elective Pharmacology Examination is composed of 75 stand-alone items. This exam has been adopted by several jurisdictions to establish prescribing competency, allowing qualified NDs to practice as trained with broad and independent prescribing rights.

Accountability & Liability Issues Related to Regulation

- **Regulation provides consumer protection and accountability**

For the purpose of public protection, Naturopathic doctors have been regulated for decades in many states and for approximately a century in several more. This protection is provided in part by the use of proper title (Naturopathic Doctor (ND), or Naturopathic Medical Doctor (NMD)), by excluding unqualified persons from practicing naturopathic medicine, and by creating a structure through which the public can report complaints where both licensees and lay practitioners can be investigated.

Naturopathic regulatory authorities consistently report to the FNMRA that there are many more consumer complaints against lay naturopaths than licensed naturopathic doctors. It is difficult to track this number, but we have a few examples. In 2013 in California, 6 actions were taken against licensed NDs and 51 were taken against lay naturopaths. More recently, California has reported that approximately 75% of investigations are related to lay naturopaths. In the past ten years in Utah, there has been one disciplinary action taken against a licensed ND and an average of one action taken per year against lay naturopaths. Lay naturopaths, because of their lack of training and lack of regulation, can recommend dangerous or ineffectual treatments and prevent consumers from accessing appropriate care, leading to physical harm or death.

In Conclusion:

Allowing NDs to practice as trained will ensure that Alaska increases its number of primary care providers. NDs have been safely practicing as primary care providers with broad prescribing rights in other states for decades, and for approximately a century in several more.

As a member of this committee, we know you are a champion of public safety. Your support of naturopathic medical regulation will effectively increase the number of safe primary care prescribers by improving access and efficient delivery of healthcare.

We thank you for the opportunity to share our comments and hope this information, and any future dialogue between the Federation of Naturopathic Medicine Regulatory Authorities and Alaska legislators will lead to smart regulations that promote the safe practice of naturopathic medicine.

⁹ <https://www.nabne.org/exam-overview/>

If you have any questions, please call me at 503-244-7189 or email me at ShannonBraden@FNMRA.org.

Sincerely,

A handwritten signature in black ink, appearing to read 'S. Braden', followed by a horizontal line and the initials 'ND'.

Shannon Braden, ND
Administrator In-Charge, FNMRA

Addendum A

Number of Disciplinary Actions taken in Oregon against NDs, MDs, and DOs from 2013-2019

Year	Profession	# of Licensees	# of Disciplinary Actions	%
2019	MD	15,927	89	0.559
	DO	1,666	11	0.66
	ND	1,086	1	0.092
2018	MD	11,730	88	0.75
	DO	984	8	0.813
	ND	1,054	10	0.949
2017	MD	15,099	92	0.609
	DO	1,428	21	1.471
	ND	1,030	4	0.388
2016	MD	16,266	101	0.621
	DO	1,537	11	0.716
	ND	1,091	6	0.549
2015	MD	16,266	102	0.627
	DO	1,456	15	1.03
	ND	1,010	5	0.495
2014	MD	15,288	79	0.517
	DO	1,295	6	0.463
	ND	985	3	0.305
2013	MD	14,249	82	0.575
	DO	1,168	11	0.942
	ND	936	0	0
TOTALS	MD	88,559	633	
	DO	9,535	83	
	ND	7,192	29	
AVERAGES	MD	76,346	563	0.737
	DO	8,533	12	0.141
	ND	6,390	4	0.063

REFERENCES: <http://www.oregon.gov/omb/board/Pages/Board-Actions.aspx>
<http://www.oregon.gov/OMB/board/Pages/Newsletters.aspx>
<https://www.oregon.gov/obnm/Pages/Discipline.aspx>
 ND #s provided by email - OR ND Board
https://store.aamc.org/downloadable/download/sample/sample_id/305/
<https://www.fsmb.org/siteassets/advocacy/publications/2018census.pdf>

**Disciplinary Actions Taken by States from 2010 through 2024
(7,000 estimated licensees)**

Physician Acts Related to the Administration of Naturopathic Medical Practice

State	Practicing without a license	Providing false information to obtain or maintain a license (e.g. failure to disclose information on renewal)	Using false or misleading advertising, or misrepresenting credentials	Engaging in discriminatory behavior regarding which patients are seen or how they are treated	Failing to obtain appropriate patient consent to examine or treat
Alaska					
Arizona	1		1		
California			1		
Colorado	1				
Connecticut					
Dist. of Columbia					
Hawaii			1		
Idaho					
Kansas					
Maine		1			
Maryland	2				
Massachusetts					
Minnesota					
Montana					
New Hampshire					
New Mexico					
North Dakota					
Oregon		6			1
Puerto Rico					
Rhode Island					
Utah					
Vermont					
Virgin Islands					
Washington	1	1	3		
TOTAL	5	8	6	0	1

**Disciplinary Actions Taken by States from 2010 through 2024
(7,000 estimated licensees)**

Physician Acts Related to the Administration of Naturopathic Medical Practice

State	Failing to follow appropriate charting procedures and/or to maintain record-keeping standards	Engaging in fraudulent insurance/billing procedures and/or financially exploiting patients	Breaching patient confidentiality	Reciprocal action	Failing to report disciplinary action in another jurisdiction	Failing to meet CE requirements
Alaska						
Arizona	4			1	1	5
California						
Colorado						7
Connecticut						
Dist. of Columbia						
Hawaii						
Idaho						
Kansas						1
Maine						
Maryland						
Massachusetts						
Minnesota						
Montana						
New Hampshire						
New Mexico						
North Dakota	1					
Oregon	6	1			1	
Puerto Rico						
Rhode Island						
Utah						
Vermont						
Virgin Islands						
Washington	1	4		3	1	
TOTAL	12	5	0	4	3	13

**Disciplinary Actions Taken by States from 2010 through 2024
(7,000 estimated licensees)
Physician Acts that Directly Harm Patients Physically or Emotionally**

State	Providing substandard patient care (e.g., misdiagnosing, failing to use standard care protocols)	Performing an inappropriate procedure that is not in the jurisdiction's scope of practice	Failing to report abuse	Neglecting or abandoning the patient	Inappropriately prescribing drugs (opioids and other legend drugs)	Providing substandard care in the prescription of Cannabis	Engaging in sexual contact with a patient	Violating appropriate doctor-patient boundaries	Exhibiting physical impairment (e.g., alcohol or substance abuse, mental/emotional impairment)
Alaska									
Arizona	8	2			20	14	1	1	10
California	1				1				
Colorado		1							
Connecticut									
Dist. of Columbia									
Hawaii	1								
Idaho									
Kansas									
Maine									
Maryland									
Massachusetts									
Minnesota									
Montana									
New Hampshire									
New Mexico									
North Dakota									
Oregon	3		1	2	20	2	2	6	2
Puerto Rico									
Rhode Island									
Utah	1								
Vermont				1					
Virgin Islands									
Washington	10			1	33	10*	4	2	2
TOTAL	24	3	1	4	74	16	7	9	14

as of 2012 Cannabis is legal for recreational use in the State of WA*

Legend

- States with broad prescribing rights INCLUDING opioids
- States with broad prescribing rights EXCLUDING opioids

**Disciplinary Actions Taken by States from 2010 through 2024
(7,000 estimated licensees)
Physician Acts that Potentially (Indirectly) Harm Patients**

State	Exhibiting rude or disruptive behavior in the clinic (verbally abusing and/or sexually harassing patients or staff)	Receiving a criminal conviction	Failing to comply with Regulatory Authority Order	UNKNOWN (records could not be obtained for analysis)
Alaska				1
Arizona		5	2	2
California				
Colorado				3
Connecticut				
Dist. of Columbia				3
Hawaii				
Idaho				
Kansas				1
Maine				
Maryland				
Massachusetts				
Minnesota				
Montana				
New Hampshire				
New Mexico				
North Dakota				
Oregon		1	6	1
Puerto Rico				
Rhode Island				
Utah		1		
Vermont				1
Virgin Islands				
Washington	1		1	1
TOTAL	1	7	9	13

April 8, 2025

Representative Mike Prax
120 4th Street
State Capitol Room 428
Juneau, Alaska 99801

Re: Support of Alaska House Bill 147 – Voluntary Naturopath License Endorsement

Dear Honorable Members of the Alaska Legislature:

The California Board of Naturopathic Medicine (Board) is pleased to provide this letter in strong support of House Bill (HB) 147, which proposes a structured and voluntary license endorsement pathway for qualified naturopathic doctors (NDs) in the State of Alaska.

As the regulatory body overseeing licensed naturopathic doctors in California, our mission is to protect public health and safety by ensuring access to qualified, competent, and well-regulated naturopathic medical care. We commend the Alaska Legislature for considering a framework that expands access to healthcare while maintaining rigorous oversight.

HB 147 proposes that licensed Alaska NDs who have passed the pharmacology portions of the NPLEX or equivalent examination may obtain a temporary license endorsement to prescribe non-controlled medications and perform minor office procedures—but only under a collaborative agreement with an Alaska-licensed MD or DO. After one year, the collaborating physician would recommend whether the ND may continue independently under an ongoing license endorsement, continue under supervision, or be denied endorsement—ensuring oversight, accountability, and public protection.

California has over 1,400 licensed naturopathic doctors who have graduated from accredited four-year naturopathic medical schools and passed national board examinations. Since California began regulating the profession in 2004 through the Naturopathic Doctors Act (SB 907), the safety record of naturopathic doctors in the state has been exceptional:

- The Board has not had any cases of patient harm involving licensed naturopathic doctors since licensure began.
- 78% of the Board's current enforcement caseload involves unlicensed practice, not violations by licensees.
- Only 1% of current cases involve unprofessional conduct, with the remainder involving minor advertising violations.

- Naturopathic doctors in California consistently report the lowest malpractice claim rates among all licensed healing arts professionals, both within the state and nationally.

These facts speak clearly to the safety, professionalism, and low risk associated with the naturopathic medical profession when it is appropriately regulated and integrated into the healthcare system.

By implementing HB 147, Alaska has the opportunity to safely expand access to healthcare, especially in rural and underserved areas, where naturopathic doctors can serve as important primary care providers. The bill also introduces meaningful continuing education requirements, including 20 hours in pharmacology, ensuring ongoing competence and patient protection.

For all these reasons, the California Board of Naturopathic Medicine strongly supports House Bill 147 and urges its passage. The bill balances expanded access to care with prudent oversight and reflects best practices in naturopathic regulation that have proven effective in California and other jurisdictions.

If we can provide any additional information or answer questions, please do not hesitate to contact me at (916) 928-5862 or via email at Rebecca.Mitchell@dca.ca.gov.

Kind regards,



Rebecca Mitchell
Executive Officer
California Board of Naturopathic Medicine
Department of Consumer Affairs.

From: [Susan C. Klein](#)
To: [House Health and Social Services](#)
Subject: HB 147 An Act relating to the practice of Naturopathy
Date: Wednesday, April 9, 2025 8:49:37 AM

To Chair Mina and the Health and Social Services Committee,

As a 40-year patient of Naturopathic care I support HB 147 allowing naturopaths the ability to prescribe drugs to their patients. This includes the state acknowledgment of the validity of the pharmacological portion of the Naturopathic Physicians Licensing Examination.

One of the reasons I go to a medical doctor is so they can prescribe drugs for me. From 1985 until a few years before becoming eligible for Medicare my primary physician was a naturopath. I only switched because Medicare does not recognize Naturopathy for reimbursement. If I could I would just see a Naturopathic physician as I have had better medical consultations with them.

Please approve this bill and move it forward for a vote by the full House.

Sincerely,

Susan C. Klein

[REDACTED]

Susan Klein

[REDACTED]

From: [Gaye Wright](#)
To: [House Health and Social Services](#)
Subject: HB147
Date: Sunday, April 6, 2025 11:31:46 PM

Thank you for hearing testimony on HB147. I am in favor of adding Naturopathic doctors to the recognized and allowable physicians list. I have gone to see Dr. Luper and his associates here in Fairbanks. They are wonderful and were able to diagnose some health issues that I had been trying to deal with for over 10 years. The Medical Doctors I had seen didn't seem to be able to nail down what was going on.

I encourage you to vote yes on this bill and help the citizens of Alaska to have more options for medical help.

Thank you,
Gaye Wright



Sent via the Samsung Galaxy S22+ 5G, an AT&T 5G smartphone
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From: [Audrey Mauer](#)
To: [House Health and Social Services](#)
Subject: Naturopathic Physicians
Date: Sunday, April 6, 2025 9:13:09 PM

I am thrilled to hear the news that we are considering using our very excellent naturopathic physicians.

But it's sad that we are using them only because there is a shortage of medical physicians!!! They both belong in the care fields and both bring important experience and wisdom and knowledge to the field.

Do it!!

Very Respectfully,
Audrey Mauer
North Pole, Alaska

For Senate Labor & Commerce Committee April 3, 2024

Submitted by Laura Farr, Executive Director of American Association of Naturopathic Physicians

In Washington and in Colorado, the following healthcare professionals have authority to prescribe some or all controlled substances: medical doctor, osteopath, naturopathic physician, podiatrist, dentist, nurse practitioner, physician assistant, and optometrist.

When it comes to foundational training in these fields, a search of the curricula of local Washington programs for each demonstrates the following:

- ❖ Bastyr University offers a 4-year Doctor of Naturopathic Medicine (ND) program totaling 300 credit hours – 13.5 of which are specifically related to pharmacology.
- ❖ The University of Washington School of Medicine offers a 4-year Medical Doctor (MD) program totaling 288 credit hours. Accredited colleges of podiatric medicine offer a 4-year Doctor of Podiatric Medicine (DPM) program totaling 173.5 credit hours – 8 of which appear to be specifically related to pharmacology.
- ❖ Pacific University in Oregon offers a 4-year Doctor of Optometry (OD) program totaling 128 credit hours – 5 of which appear to be specifically related to pharmacology.
- ❖ The University of Washington School of Dentistry offers a 4-year DDS program with 1 course that appears to be specifically related to pharmacology.
- ❖ The University of Washington School of Nursing offers a 3- year Doctor of Nursing Practice – Family Nurse Practitioner (DNP) program totaling 93 credit hours – 5 of which appear to be specifically related to pharmacology.
- ❖ The University of Washington Physician Assistant (PA) program offers a 2-year program totaling 162 credit hours – 6 of which appear to be specifically related to pharmacology.

Based on publicly available program descriptions, it appears two of these professions require additional training through formal residency post-graduation. Others may have residencies available, but they do not appear to be required for licensure.

Summarized in Chart form here:

Comparison of core program length, total credits, pharmacology-specific credits, and residency requirement.

<i>Program</i>	Program length	Total credits	Pharm-specific credits	Residency required
<i>ND</i>	4 years	300	13.5	No
<i>MD</i>	4 years	288	Unk	Yes
<i>DPM</i>	4 years	173.5	8	Yes
<i>OD</i>	4 years	128	5	No
<i>DDS</i>	4 years	Unk	Unk (1 course)	No
<i>DNP-FNP</i>	3 years	93	5	No
<i>PA</i>	2 years	162	6	No



Why broad prescriptive authority is an essential element of naturopathic practice

Naturopathic medicine is a distinct system of medicine that skillfully combines natural therapeutic traditions with modern science to restore and optimize health. Many think that, because of the emphasis on more natural modalities, that prescriptive authority is not necessary in naturopathic practice. This is not the case for the following reasons:

1. **Allows naturopathic physicians to prescribe the safest, most effective medicines for their patients.** Prescribing authority should be based on training, standard of care, and safety. While naturopathic doctors will prioritize less expensive and less invasive natural substances and modalities first, sometimes the safest, most effective drug is a pharmaceutical. For example, a patient presenting with dangerously high blood pressure should be put on a pharmaceutical to quickly and safely bring their blood pressure into a safe zone, while slower acting natural substances and lifestyle changes treat the underlying cause of the symptom. [another example would be that some pharma antibiotics are just better first-line treatment than herbal antibiotics].
2. **Reduces healthcare costs** – patients of naturopathic physicians who do not have prescriptive authority are forced to schedule appointments with a medical doctor or nurse practitioner to access or refill their prescriptions, simply because the best prescription for their needs happens to not be naturally derived. The time lag can result in delayed treatment, higher costs of treatment, and confusion for patients
3. **Helps alleviate the shortage of primary care providers** – especially in underserved communities. NDs have the training and education to prescribe, and should be authorized to use their complete knowledge-base. Community clinics serving underserved populations, medical volunteer agencies, and other primary-care facilities are not able to hire NDs - despite the fact that they are trained as primary care physicians – simply because of limited prescriptive authority.

4. **Lowers pharmaceutical drug costs** - Many studies have found that naturopathic care results in substantially lower prescription drug costs than conventional care. Naturopathic physicians are also much less likely to use prescription medications as treatment, even when these drugs are included in their scope of practice, and integrative medicine users in two studies reported significantly lower prescription drug use of 48% and 61%, respectively. NDs will also work to deprescribe drugs when medically possible and following careful supervision. A doctor needs prescriptive authority to safely reduce usage of or taper patients off of drugs in favor of natural alternatives and lifestyle changes.

Licensed NDs have the education and training

Licensed Naturopathic and Registered Naturopathic Doctors (NDs) are a uniquely educated and skilled, accredited healthcare workforce serving as primary care and specialty care physicians throughout the US. NDs graduate from four year, graduate-level naturopathic medical schools accredited by the Council on Naturopathic Medical Education (CNME) and approved by the US Department of Education. These individuals have also passed a standardized national postdoctoral examination called the Naturopathic Physicians Licensing Examination (NPLEX).

NDs gain extensive knowledge and expertise not only in natural approaches to healthcare, but also in the clinical and biomedical sciences typically taught in MD programs (e.g., pharmacology). Accredited ND programs are a minimum of 4,100 hours in length and 1200 clinical hours, inclusive of two years biomedical sciences and two years clinical sciences. ND Pharmacology programs are a minimum of 1200 hours of hands-on clinical training¹

As part of the pharmacology curriculum, NDs study and learn both medical and clinical pharmacology, including the primary therapeutic uses, mechanisms of action, potential adverse effect, and drug/drug interactions of medicines commonly encountered, including prescription drugs, controlled substances, and over the counter medications.

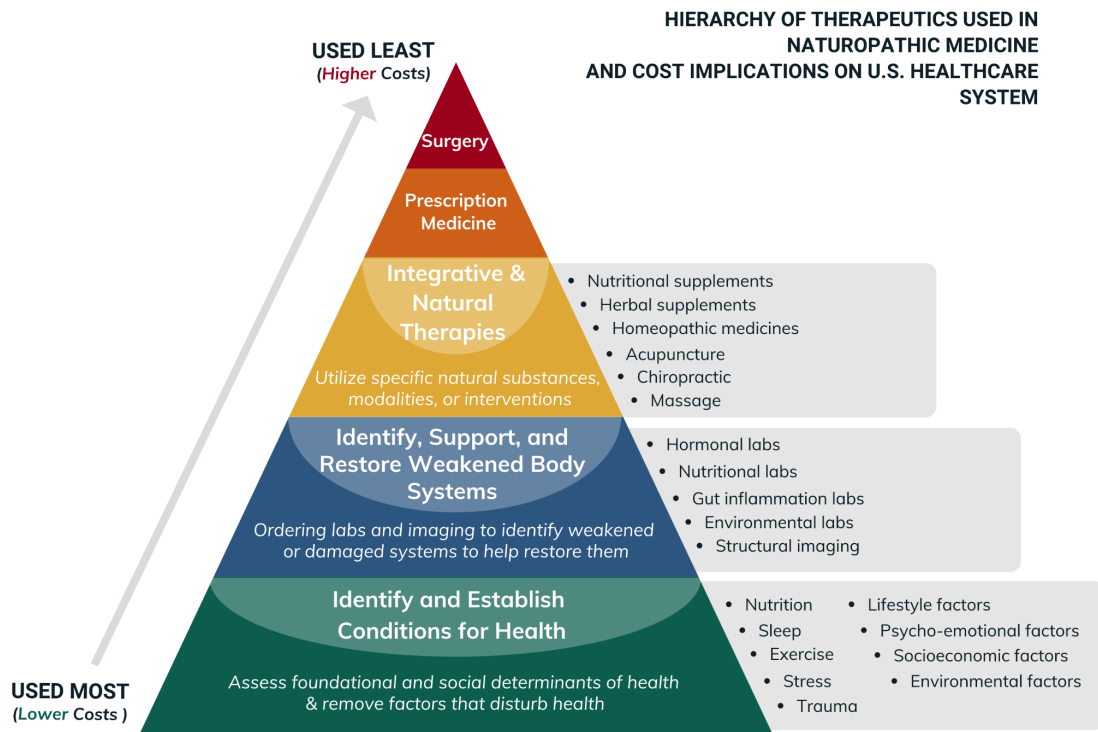
1

<https://naturemed.org/do-naturopathic-doctors-prescribe-medication/#:~:text=Pharmacology%20is%20taught%20through%20a,United%20States%20Department%20of%20Education.>

One element in Whole Person Health

NDs prescribe drugs based on available evidence, clinical experience, patient preference, and the Therapeutic Order. They match the patient's level of health and pathology with the necessary level of intervention. As a principle, naturopathic doctors support and enhance the body's inherent ability to heal itself. They utilize a deep toolbox of natural therapies to help get a patient healthy enough to heal disease without strong interventions. Yet when a careful assessment of lifestyle, social/emotional factors, physical exam, and/or targeted laboratory testing reveals that the patient is not able to heal with natural therapies, NDs will refer or prescribe appropriate medicine.

The Therapeutic Order is the framework NDs use to evaluate the patient's obstacles to healing and to choose therapeutic approaches in the most logical, least invasive ways first. If NDs do prescribe medication, they anticipate and address potential side effects of that medication with natural therapies. For example, if a patient requires antibiotics, which are known to wipe out needed, healthy bacteria in the microbiome in addition to harmful bacteria, NDs may also prescribe probiotic foods or supplements to help keep the GI system in healthy balance.



Adapted from "Naturopathy as a Model of Prevention-Oriented, Patient-Centered Primary Care: A Disruptive Innovation in Health Care" by R. Bradley, et al.

Licensed NDs are proven safe guardians with pharmaceuticals

NDs have been safely practicing as primary care providers in 26 regulated US states, districts, and territories. ND licensure statutes have been in place on average over 30 years, and in two states over 100 years. Safe practice by NDs can be objectively demonstrated by the fact that NDs have fewer disciplinary actions taken against them compared to MDs and DOs (see addendum A).

Through 2021, 11 out of 26 regulated jurisdictions allow NDs broad prescriptive authority. Only three of these jurisdictions have taken disciplinary action against NDs for prescribing decisions. The majority of these actions involved opioid management, which is a challenging area for all licensed primary care providers.

Of the six jurisdictions that allow NDs broad prescriptive authority including opioids, only two require oversight by an MD or DO: California and Vermont. Vermont requires oversight for one year or the first 100 prescriptions (or other qualified experience) after passing the NPLEX Part II – Elective Pharmacology Examination. Conversely, California currently requires ongoing prescriptive oversight, creating an unnecessary burden on MDs, DOs, and NDs. As a result, the California regulator is currently seeking to remove this requirement because it interferes with the ability of a qualified ND to practice as trained and provide effective primary care.

Addendum A

Disciplinary Actions Related to Prescribing from 2010 to 2021*

Jurisdiction	Disciplinary Actions	Estimated Number of Licensees
Jurisdictions with Broad Prescribing Rights EXCLUDING Opioids		
Hawaii	0	150
Idaho	0	27
New Hampshire	0	60
New Mexico	0	15
Utah	0	60
Jurisdictions with Broad Prescribing Rights INCLUDING Opioids		
California	0	900
Montana	0	105
Vermont	0	350
Oregon	12	1200
Arizona	18	1450
Washington	32	1400
TOTAL	62	5717

* Or since year of licensure.

FNMRA interprets broad prescribing rights to mean access to all major categories of prescription drugs required for primary care.

FAQs

A service for consumers from the [American Association of Naturopathic Physicians \(AANP\)](#) and the [Institute for Natural Medicine \(INM\)](#)



HIGHLIGHTS

- *NDs graduate from [accredited naturopathic medical schools](#) (four-year, in residence, post-graduate medical programs)*
- *In addition to a standard medical curriculum, NDs complete four years of training in clinical nutrition, acupuncture, homeopathic medicine, botanical medicine, physical medicine, and counseling*
- *NDs graduate with hands-on experience diagnosing and treating patients*

FAQ #1:

How are naturopathic doctors educated, trained, and licensed?

[Accredited naturopathic medical schools](#) are four-year, in-residence, hands-on medical programs consisting of a minimum of 4,100 hours of class and clinical training. During naturopathic medical school, students are educated in the biomedical sciences as well as the latest advances in science in combination with natural approaches to therapy. They also study disease prevention and clinical techniques.

In addition to a standard medical curriculum, schools require their graduates to complete four years of training in disciplines such as clinical nutrition, acupuncture, homeopathic medicine, botanical medicine, physical medicine, and counseling. For at least the final two years of their medical program, naturopathic medical students intern in clinical settings under the close supervision of licensed professionals.

Given the importance of hands-on, clinical experience for naturopathic medical students, the accrediting body for naturopathic medical colleges does not recognize degrees from online programs of study.

The general educational structure for naturopathic doctors is comparable to that of conventional medical doctors (MDs) and osteopathic doctors (DOs).

Differences between how MDs and DOs and naturopathic doctors are trained

The [general educational structure](#) for naturopathic doctors is comparable to that of conventional medical doctors (MDs) and osteopathic doctors (DOs). In all three medical programs, the first year emphasizes biomedical sciences such as anatomy and biochemistry. Second year classes focus on the diagnostic sciences, including areas such as evidence-based medicine and physiological assessment. All programs progressively increase students' problem-based learning and integrated coursework, enabling students to learn how different concepts affect one another.

(continued)

Differences between how MDs and DOs and naturopathic doctors are trained (cont.)

After the first two years, the curricula of the three medical programs focus on applying medical knowledge to real-life situations with simultaneous classroom studies supporting this training. Third- and fourth-year naturopathic medical students have opportunities for hands-on clinical training and practice, often at their schools' teaching clinics and off-site clinics. This period of clinical training is essential to these students' education—so much so that clinical training is now being introduced during the first and second years of education at several AANMC-member schools. As a result, naturopathic medical students graduate with experience in diagnosing and treating patients, even before they begin formal practice.

A major difference between the training of the MDs and naturopathic doctors is medical residencies. MD residencies are mandated and regulated by conventional medical schools. As a result, many opportunities for residencies exist at a wide variety of medical facilities and are funded by the federal government.

Naturopathic medical residencies are not nearly as common because they are not yet required by most states (Utah is an exception) or funded by the federal government. In place of a residency, many new naturopathic doctors choose to practice with or shadow an experienced doctor before setting up their own practices.

Like MDs, a growing number of naturopathic doctors choose to specialize or focus their practices. Specialty associations currently exist for [Endocrinology](#), [Environmental Medicine](#), [Gastroenterology](#), Parenteral Therapies, [Pediatrics](#), [Primary Care Physicians](#), [Psychiatry](#), and [Oncology](#). In addition, while practicing Family Medicine, many naturopathic doctors choose an area of focus based on a therapeutic, condition, or population subset.

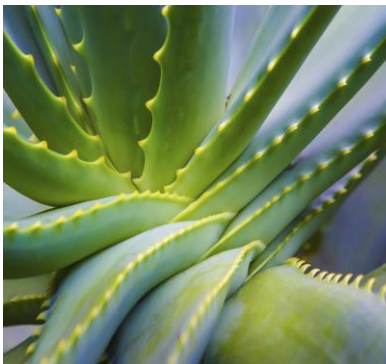
Prerequisites

Prior to admission into an accredited naturopathic medical school, the [typical entering student](#) has completed three years of pre-medical training and earned a bachelor of science degree. Students are expected to have completed courses in English and the humanities as well as math, physics, and psychology, with a strong emphasis on chemistry and biology. In addition to prerequisite course work, prospective students must demonstrate appropriate observational and communication skills, motor function, intellectual-conceptual abilities, integrative and quantitative abilities, and behavioral and social maturity.

Accredited schools

There are currently seven [accredited](#) schools with eight campus locations in the United States and Canada. A degree from an accredited medical school is required for licensure or certification by a state.

(continued)



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Medicine**

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naturopathic.org



Accredited schools (cont.)

The following accrediting institutions provide accreditation services for naturopathic medical schools:

College accreditation is issued by the [U.S. Department of Education \(ED\)](#). All AANMC member schools have been accredited or are in candidate status for accreditation by an ED-approved regional accrediting agency.

Programmatic accreditation is issued by the [Council on Naturopathic Medical Education \(CNME\)](#). All AANMC member schools have also been accredited—or are candidates for accreditation—by the CNME, the recognized accrediting body for naturopathic medical programs in North America.

The exam required to qualify for naturopathic doctor licensure is administered by the [North American Board of Naturopathic Examiners \(NABNE\)](#). The [Naturopathic Physicians Licensing Examinations \(NPLEX\)](#) is a two-part examination. Only students and graduates from accredited or candidate naturopathic programs are eligible to sit for the NPLEX. Passing the NPLEX is required before a doctor of naturopathic medicine can be licensed by a state.

Licensure and certification

[Licensure](#) and certification are the highest forms of regulation. They are designed to protect the public by ensuring that certain minimum competency requirements are met. They also set standards for the profession.

Currently 23 states, the District of Columbia, Puerto Rico, and the U.S. Virgin Islands offer licensure or certification for naturopathic doctors. The American Association of Naturopathic Physicians maintains [a list of states and territories](#) that license or certify naturopathic doctors.

The AANP and the INM would like to acknowledge the [Association of Accredited Naturopathic Medical Colleges](#) (AANMC) for its contributions to the content of this FAQ. The AANMC was established in 2001 to advance the naturopathic medical profession by actively supporting the academic efforts of accredited naturopathic medical schools.



Naturopathic Medicine

FAQS

A service for consumers from the [American Association of Naturopathic Physicians \(AANP\)](#) and the [Institute for Natural Medicine \(INM\)](#)



HIGHLIGHTS

Eight ways naturopathic medicine lowers healthcare costs:

- 1. Address the root cause of illness*
- 2. Offer less expensive diagnosis and treatment*
- 3. Reduce the need for expensive surgical procedures, when appropriate*
- 4. Decrease costs associated with adverse reactions to prescription drugs*
- 5. Reduce the incidence of illnesses and fatalities caused by hospital errors*
- 6. Lower malpractice rates, resulting in reduced patient costs.*
- 7. Offer disease prevention*
- 8. Reduce insurance costs*

FAQ #6:

How does naturopathic medicine lower health care costs?

As concerns grow over high health care costs and poor health outcomes in the United States, a growing number of policymakers, health care practitioners, and other stakeholders are calling for an expansion of the focus of our health care system to keeping people healthy in addition to providing medical treatment after a person gets sick. To accomplish this change, health care professionals from a broad range of disciplines must come together in primary care teams. Trained as primary care doctors and to emphasize prevention, licensed naturopathic doctors have a central role to play in these efforts.

Naturopathic medicine is a distinct practice of medicine that emphasizes wellness and the self-healing process to treat each person holistically. Licensed naturopathic doctors are known for following a unique Therapeutic Order, an approach that identifies the natural order in which therapies should be applied to provide the greatest benefit with the least potential for harm. This approach leads to improved outcomes and lower health care costs.

For more information on naturopathic medicine and the Therapeutic Order, see FAQ #2 in this service, available [here](#).

Trained as primary care doctors and to emphasize prevention, licensed naturopathic doctors have a central role to play in lowering healthcare costs.

Here are eight ways naturopathic medicine lowers health care costs:

1. Address the root causes of illness.

By addressing and treating the root causes of disease rather than its symptoms, the need for repeated, expensive, and sometimes ineffective treatment is eliminated. For example, the underlying causes of conditions such as high cholesterol and diabetes are often poor diet and lifestyle factors such as lack of exercise. Changing these lifestyle factors can eliminate the need for one or more prescription medications that would typically be recommended for the rest of that patient's life.

(continued)

2. Offer less expensive diagnosis and treatment.

Naturopathic medical diagnostics and treatments are often less expensive than those in conventional medicine. Many treatments incur no cost whatsoever. One example is taking the time to engage patients in ongoing discussions of lifestyle choices, making the connection between these choices and their health condition and guiding patients to healthier options.

3. Reduce the need for expensive surgical procedures, when appropriate.

According to the American College of Surgeons and the American Medical Association, among the most common surgeries performed in the United States are coronary artery bypass surgery, carotid endarterectomy, and low back pain surgery.¹ Because naturopathic doctors often suggest less expensive, non-surgical options to patients, some of these expensive surgeries can be avoided. One major study investigating the effects of lifestyle improvement in patients with coronary atherosclerosis found that after only one year of following lifestyle recommendations, about 80 percent of participants were able to bring about plaque regression and avoid surgery without the use of lipid lowering agents.² The study estimated that this would save almost \$30,000 per patient in the first year alone.³

4. Decrease costs associated with adverse reactions to prescription drugs.

According to a 2014 [report](#) from the Harvard University Center for Ethics, there are 2.7 million serious adverse reactions to drugs that have been legally prescribed each year, resulting in 128,000 deaths. This makes prescription drugs a major health risk, ranking fourth with stroke as a leading cause of death. Whenever possible, naturopathic doctors prescribe natural therapies first, turning to prescription pharmacology when necessary.

5. Reduce the incidence of illnesses and fatalities caused by hospital errors.

Research shows that preventable hospital errors are the third leading cause of death in the United States.⁴ Naturopathic medicine focuses on preventative care and patient education, which can reduce the length of hospital stays and hospital readmissions. The power of patient education has been well documented. A case study at Sentara Virginia Beach Hospital found that when heart failure patients were provided with education on their condition, their readmission rates dropped by 74 percent and hospital stays were 13 percent shorter.⁵

6. Lower malpractice rates, resulting in reduced patient costs.

Malpractice insurance rates are much lower for naturopathic doctors than they are for conventional medical doctors. According to NCMIC, the largest malpractice insurer for naturopathic doctors, the yearly rate for naturopathic doctors in Arizona, Oregon, Minnesota, and New Hampshire is approximately \$3,803. Rates for MDs in the same states are \$18,646.⁶



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7. Offer disease prevention.

Naturopathic doctors emphasize health-building practices such as weight bearing exercise and adequate vitamin D intake to prevent osteoporosis and the importance of eating a nutrient dense diet with healthy fats to help prevent heart disease. These practices can reduce the high future cost of preventable degenerative and chronic health conditions.

8. Reduce insurance costs.

Naturopathic medicine billing is far lower per patient than conventional medical billing. One study compared health care expenditures between complementary and alternative medicine (CAM) users and non-users, with CAM providers being defined as naturopathic doctors, chiropractors, acupuncturists, and licensed massage therapists. While CAM users had higher outpatient expenditures, they had lower inpatient and imaging expenditures. Overall, CAM users had a lower average expenditure than non-users during the one-year study, at \$3,797 versus \$4,153.⁷

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6 Whitmer, Mike. Letter to Ron Mensching at National University of Health Sciences. Jan 2017. Online access: [http://www.naturopathic.org/files/NCMIC%20Letter%20re%20Malpractice%20Risk%201-26-17\(2\).pdf](http://www.naturopathic.org/files/NCMIC%20Letter%20re%20Malpractice%20Risk%201-26-17(2).pdf)

7 Lind BK, Lafferty WE, Tyree PT, Diehr PK. Comparison of Health Care Expenditures Among Insured Users and Nonusers of Complementary and Alternative Medicine in Washington State: A Cost Minimization Analysis. *J Altern Complement Med*. 2010;16(4):411-7. doi: [10.1089/acm.2009.0261](https://doi.org/10.1089/acm.2009.0261). Online access here: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3110809/>



MEDICAL CAREERS

Have you ever wondered what the difference is between medical careers? There are multiple routes one can take, each with their best fit for the career and lifestyle you want to have. We break down 3 common paths, their similarities, differences, and more.



NATUROPATHIC DOCTOR

Naturopathic medicine is a distinct health care profession that combines the wisdom of nature with the rigors of modern science. Naturopathic doctors (ND) are trained as primary care providers who diagnose, treat and manage patients with acute and chronic conditions, while addressing disease and dysfunction at the level of body, mind and spirit.

MEDICAL/OSTEOPATHIC DOCTOR

Medical doctors (MD/DO) are a physician, specialist or surgeon who takes a biological approach to healing. Their education is disease specific. They utilize various techniques and tests to diagnose a patient's symptoms and develop a treatment plan to address the disease.

NURSE PRACTITIONER

Nurse Practitioners (NP) are advanced practice nurses. As clinicians they blend clinical expertise in diagnosing and treating health conditions with an added emphasis on disease prevention and health management, NPs bring a comprehensive perspective and personal touch to health care.



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ND, MD/DO, NP: WHAT'S THE DIFFERENCE?

PRIMARY CARE TRAINING

REQUIREMENTS/ COURSEWORK

WORK ENVIRONMENTS

	ND	MD/DO	NP
Medical Assessment and Diagnosis	✓	✓	✓
Patient Management	✓	✓	✓
Communication and Collaboration [Leadership and Health Delivery System Competencies]	✓	✓	✓
Professionalism	✓	✓	✓
Career Development and Practice Management	✓	✓	✓
Systems-based Practice	✓	✓	✓
Practice-based Learning, Research and Scholarship	✓	✓	✓

	ND	MD/DO	NP
Years of Undergraduate Medical Education	4	4	4
Two Years of Classroom Instruction	✓	✓	✓
Average Credits First Two Years	191	91	136 ¹
Minimum Hours of Clinical training/Clerkship (before residency)	1200 ²	1760	1000 ³ 1364
Department of Education Accreditation Recognition	✓	✓	✓
Biomedical sciences (anatomy, biochemistry, neuroanatomy, embryology, histology, pharmacology)	✓	✓	✓
Pharmaceutical Training	✓	✓	✓
Clinical Judgment/ Problem-Solving Skills	✓	✓	✓
Cultural Competence and Health Care Disparities/Societal Problems	✓	✓	✓
Medical Ethics	✓	✓	✓
Communication and Interprofessional Collaboration	✓	✓	✓
Scientific Method/ Clinical Research	✓	✓	✓
Years in Residency Training	1-3 Optional	3	None ⁴
Lifestyle Counseling	✓		
Botanical Medicine	✓		
Physical Medicine and Hydrotherapy	✓	★ ⁵	
Nutrition	100-220 Hours	0-70 Hours ⁶	10-19 Hours ⁷

	ND	MD/DO	NP
Interprofessional Outpatient Clinics	✓	✓	✓
Concierge or Telemedicine Practice	✓	✓	✓
Non-profit and Underserved Community Clinics	✓	✓	✓
Administration	✓	✓	✓
Research	✓	✓	✓
Academia/Education	✓	✓	✓
Supplement and Natural Products Industry	✓	✓	✓
Entrepreneurship/Private Business	✓	✓	✓
Hospitals	★ ⁸	✓	✓
Pharmaceutical Industry		✓	✓



- 1 Reflects NP didactic education spread throughout education years per California requirements, 270 credit hours over four years = 67.5 hours per year.
- 2 Minimum hours for the median osteopathic college clerkship per 2018-2019 Weeks of Clinical Clerkship Hours by Osteopathic Medical College from AACOM. There are no minimum clerkship types, weeks or hours required for accreditation of a medical school by LCME or AACOM. LCME does not report on weeks of clerkship per medical school.
- 3 Includes clinical hours from required registered nursing training. Clinical hours for NPs vary, 500 hours is the minimum requirement.
- 4 NP specialization occurs during education tracks
- 5 Includes Osteopathic Manipulative Medicine only
- 6 Overall, medical students received 19.6 contact hours of nutrition instruction during their medical school careers (range: 0-70 hours); the average in 2004 was 22.3 hours.
- 7 Majority of NP programs with 10 to 19 clock hours of nutrition education
- 8 Most NDs practice in outpatient settings, however there are some instances of NDs being employed in hospital settings

References: LCME Functions and Structure of a Medical School (2021-2022) | <https://lcme.org/publications/Standards> | CNME Accreditation Handbook (2020) | <https://cnme.org/wp-content/uploads/2020/01/CNME-Accreditation-Handbook.pdf> | AACOM Reports on Curriculum (2018-2019) | <https://www.aacom.org/reports-programs-initiatives/aacom-reports/curriculum> | Criteria for Evaluation of Nurse Practitioner Programs (2016) | <https://cdm.ymaws.com/www.nonpf.org/resource/resmgr/Docs/EvalCriteria2016Final.pdf> | NONPF Core Competencies (2017) | https://www.pncb.org/sites/default/files/2017-02/NONPF_Core_Competencies.pdf | Population Focused Nurse Practitioner Competencies | <https://www.aacnursing.org/Portals/42/AcademicNursing/pdf/Population-Focused-NP-Competencies-2013.pdf> | ND AANMC Competencies (2018) | DO Competency Domains | AAMC-PGRS Competencies | AAMC Weeks of Instruction and Hours Required at US Medical Schools | AAMC Clerkship Week Requirements by Curriculum Year | LCME Standards (2021-2022) Functions and Structure of a Medical School | NONPF Core Competencies (2017) | https://www.pncb.org/sites/default/files/2017-02/NONPF_Core_Competencies.pdf | https://cdm.ymaws.com/www.nonpf.org/resource/resmgr/competencies/20170516_NONPFCoreCompsContentF.pdf | Touger-Decker, R., Benedict-Spragano, A. M., & Sullivan-Maillet, J. (2001). Nutrition education in health professions programs: a survey of dental, physician assistant, nurse practitioner, and nurse midwifery programs. Journal of the American Dietetic Association, 101(1), 63-69 | <https://pubmed.ncbi.nlm.nih.gov/20736683/>



For more information, visit www.aanmc.org



Number of Disciplinary Actions taken in Oregon against NDs, MDs, and DOs from 2013-2019

Year	Profession	# of Licensees	# of Disciplinary Actions	%
2019	MD	15,927	89	0.559
	DO	1,666	11	0.66
	ND	1,086	1	0.092
2018	MD	11,730	88	0.75
	DO	984	8	0.813
	ND	1,054	10	0.949
2017	MD	15,099	92	0.609
	DO	1,428	21	1.471
	ND	1,030	4	0.388
2016	MD	16,266	101	0.621
	DO	1,537	11	0.716
	ND	1,091	6	0.549
2015	MD	16,266	102	0.627
	DO	1,456	15	1.03
	ND	1,010	5	0.495
2014	MD	15,288	79	0.517
	DO	1,295	6	0.463
	ND	985	3	0.305
2013	MD	14,249	82	0.575
	DO	1,168	11	0.942
	ND	936	0	0
TOTALS	MD	88,559	633	
	DO	9,535	83	
	ND	7,192	29	
AVERAGES	MD	76,346	563	0.737
	DO	8,533	12	0.141
	ND	6,390	4	0.063

REFERENCES: <http://www.oregon.gov/omb/board/Pages/Board-Actions.aspx>
<http://www.oregon.gov/OMB/board/Pages/Newsletters.aspx>
<https://www.oregon.gov/obnm/Pages/Discipline.aspx>
 ND #s provided by email - OR ND Board
https://store.aamc.org/downloadable/download/sample/sample_id/305/
<https://www.fsmb.org/siteassets/advocacy/publications/2018census.pdf>

Source: Federation of Naturopathic Medicine Regulatory Boards

Disciplinary Actions Related to Naturopathic Doctor Prescribing

Disciplinary Actions Related to Prescribing from 2010 through 2021*				
Jurisdiction	Average Disciplinary Actions Per Year	Disciplinary Actions	Number of Years since 2010 with Broad Prescribing Rights	Estimated Number of Licensees
Jurisdictions with Broad Prescribing Rights EXCLUDING Opioids				
Hawaii	0.0	0	11	150
Idaho	0.0	0	1.5	27
New Hampshire	0.0	0	11	60
New Mexico	0.0	0	2.5	15
Utah	0.0	0	11	60
Jurisdictions with Broad Prescribing Rights INCLUDING Opioids				
California	0.0	0	11	1270
Montana	0.0	0	11	105
Vermont	0.0	0	11	350
Oregon	1.1	12	11	1200
Arizona	1.6	18	11	1450
Washington	2.9	32	11	1400
TOTAL		62		6087
* Or since year of licensure if established after 2010.				
FNMRA interprets broad prescribing rights to mean access to all major categories of prescription drugs required for primary care.				

All categories of disciplinary actions can be seen in Addendum B.

Source: Federation of Naturopathic Medicine Regulatory Boards