

Comments on the proposed Naturopath scope of practice bill SB0044

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Senators,

Thank you for accepting my written comments, as I expect to be caring for patients during your scheduled hearing, and some of my comments are quite specific (In the appendix at the bottom, marked with **).

For context, as a physician and educator in the WWAMI school of Medicine, I am very aware that Alaska has a serious primary care shortage. I applaud efforts by the Legislature to stabilize long-term funding for WWAMI, Alaska's Medical School, and support for training physicians in residency programs in Family Medicine, Pediatrics, and soon, Internal Medicine in Alaska, as a mechanism to increase the physician workforce.

This bill, as proposed, is not a good solution to the primary care problem.

As Senators, your charge to protect the health and safety of Alaskans is a serious one. It is essential that good legislation is clear and based in grounded research, and that it increases clarity and safety for the Alaskan Public.

The proposed bill SB 44 falls short.

It implies that Naturopaths are equivalent to fully trained physicians - they are not.

It grants broad prescriptive authority to individuals who do not have the scientific method training, clinical hours of experience or supervision to do this safely.

It allows all licensed Naturopaths to perform surgeries, although there is no standardized training or national examining body that certifies that their experience has prepared them to do this safely.

It allows Naturopaths to market their services as "M.D." or "Physician" - degrees which they have not completed.

It allows Naturopaths to order and perform tests and examinations that typically require specialized training to perform and interpret, for which they are not trained.

The standard of practice is explicitly unclear.

Naturopaths study plants and other natural substances and their effects on restoring a body to health. They practice what is widely known as Complementary Medicine - a practice that supports health and is complementary to, but not a replacement for, a medically trained physician. Their hours of clinical training are far fewer than physicians. Their training about the

actions and interactions of drugs - prescription pharmaceuticals - is far less than physicians are required to complete in accredited medical schools. Their training system does not have a standardized national accreditation for residency training. This bill instead proposes a 2 year externship or apprenticeship. Prior to 1910, the US relied on apprenticeship training for all doctors, and it was not a good situation for patients. The concerns about the risk to public health lead to the Flexner Report, which implemented high standards of medical training, and resulted in the closure of 75% of existing medical schools at the time. Alaska should not aim to lead the nation back in that direction.

Naturopaths should not have the authority to prescribe pharmaceutical medications (drugs from a pharmacy). Medication errors are already a significant cause of death in the US, according to studies from Johns Hopkins (2017) and the BMJ (2016). Insufficient training and experience with safe medication prescribing would increase that risk.

Fewer than half of all US states license Naturopaths to practice at all. Alaska has historically not allowed Naturopaths to prescribe pharmaceutical medications. Some states allow naturopaths to use a significantly restricted formulary of medications. The Naturopaths advocating for SB 44 are not requesting controlled substance prescriptive authority, but are requesting a broad increase in scope to prescribe medications including seizure medication, diabetes medication, psychiatric medication, blood pressure medication, antibiotics. Again, Naturopaths do not have the training to safely prescribe these potentially dangerous medications safely.

Many large programs, including cancer treatment programs, include a naturopath as part of a team that includes science-based physicians to allow for the complementary approach for patients who prefer that. In the interest of patient safety, the Legislature should explore licensure rules that encourage collaboration and oversight, but not independent prescriptive and surgical authority.

Respectfully,

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Appendix

Specific notes on the proposed bill:

Names matter.

Naturopaths are not medically trained in the scientific method in accredited medical schools with accredited 3 or more year residencies. They should not be permitted to call themselves "Physician"

SB 44 suggests that anyone could call themselves a "M.D." or "doctor" or "physician" as long as they clarify the title with a "specialist designation." A Naturopath is not a medical specialist, not

is an audiologist or occupational therapist, and the legislation should not allow for such public confusion.

In addition, a person engaged in 8 the practice of medicine or osteopathy as defined in AS 08.64.380, or a person 9 engaged in any manner in the healing arts who diagnoses, treats, tests, or counsels 10 other persons in relation to human health or disease and uses the letters "M.D." or the 11 title "doctor" or "physician" or another title that tends to show that the person is 12 willing or qualified to diagnose, treat, test, or counsel another person, shall clarify the 13 letters or title by adding the appropriate specialist designation, if any, such as 14 "dermatologist," "radiologist," "audiologist," "naturopath," or the like.

**(This is not permitted per Section 9; at least the legislation should be consistent)

Sec. 08.45.030. Issuance of license. The department shall issue a license to 13 practice naturopathy to an applicant who 14 **(1)** provides proof satisfactory to the department that the applicant 15 **(A)** has received a **doctoral** degree from an **accredited** 16 **naturopathic medical school**

**Source of accreditation should be specified

(2) has completed a two-year naturopathic externship program; 5 **(3) has passed a pharmaceutical examination approved by the** 6 **department that is equivalent to any examination of pharmaceutical knowledge** 7 **required under AS 08.64.210 or 08.64.220;**

** .220 was repealed, so this refers only to any exam the department deems necessary. And this could be changed by a board consisting of 3 naturopaths and 2 community members - this seems like very weak oversight and safety guarantee for the public.

15 **Sec. 08.45.032. Documentation of license refusals and revocations.** If the 16 department refuses to issue or revokes a license, the department shall issue a concise 17 written statement describing the reasons for the department's decision. 18 * **Sec. 6.** AS 08.45.035(a) is amended to read:

19 (a) The department shall issue a temporary license to practice naturopathy to 20 an applicant who

21 **(1) has applied for and is qualified to take** the next Naturopathic 22 Physicians Licensing

Examination offered after the date of application; **and** 23 **(2)** [AND PROVIDES PROOF SATISFACTORY TO THE 24 DEPARTMENT THAT THE APPLICANT (1)] meets the requirements of 25 **AS 08.45.030(1)(A) and (2) - (6)** [AS 08.45.030(2)(A); AND 26 (2) HAS NOT PREVIOUSLY FAILED THE NATUROPATHIC 27 PHYSICIANS LICENSING EXAMINATION].

** This means that Alaska plans to license Naturopaths who could take an exam, but does not require that they take or pass the exam. Again - this is too weak for oversight and safety.

SB 44 -4- SB0044A *New Text Underlined* [DELETED TEXT BRACKETED]

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1 education requirements.

2 (b) Before a license may be renewed, a naturopath licensed under this chapter 3 shall submit evidence to the department that continuing education requirements 4 prescribed by regulations adopted by the department have been met. Continuing 5 education requirements must be equivalent to the continuing education requirements 6 of a physician assistant under AS 08.64.107 and must also include a requirement that 7 not less than two hours of education in pain management and opioid use and addiction 8 be completed not more than two years before the application for renewal.

9 (c) **The department may exempt a naturopath** licensed under this chapter from 10 the requirements of (b) of this section upon an application by the naturopath giving 11 evidence satisfactory to the department that the naturopath is unable to comply with 12 the requirements because of extenuating circumstances. However, the department may 13 **not exempt a naturopath from**

14 (1) more than 15 hours of continuing education in a five-year period; 15 (2) the requirement to receive at least two hours of education in pain 16 management and opioid use and addiction.

** I'm not sure why Naturopaths not prescribing controlled substances need the required opioid education, but if they do, why would the State see fit to exempt them from continuing education hours 'because of extenuating circumstances.' CME is not optional for other practicing health

professionals.

(From the State of AK Div of Licensing website:

Continuing Medical Education

Alaska law requires an average of 25 hours of Category I AMA- or AOA-or CPMR approved continuing education hours for each year of the licensing period (two-year licensing cycle). Of which 2 hours must be related to opioid education, At the time of renewal, the licensee must attest to compliance with the CME requirements. After renewal is completed, the division will perform a computer- generated random audit of licensees who will be required to provide proof of CME courses. Please see regulations 12 AAC 40.200, 210, and 220.

A two-hour education course (equivalent to a continuing medical education program) is required, unless you do not hold a valid DEA registration. Courses must be category 1 of AMA-approved education, or Category 1 or 2 of AOA-approved education. For a podiatrist, it may be earned in a continuing medical education program from a provider that is approved by the Council on Podiatric Medical Education (CPMR). To document compliance with the opioid education requirement, the title/description of the program on your Certificate of Completion should specifically reference all three areas of the required subject matter: pain management, opioid use, and addiction.

Individuals who are renewing their licenses in "Retired" status are not required to complete continuing medical education (CME) requirements)

**Malpractice Standard is unclear:

the department may not make a 25 finding of professional incompetence solely on the basis that a licensee's practice 26 is unconventional or experimental in the absence of demonstrable physical harm 27 to a patient;