



**Letter of Support for  
House Bill 115  
Regulation of the Practice of  
Naturopathic Medicine in Alaska**

Federation of  
Naturopathic Medicine  
Regulatory Authorities

March 22, 2023

**RE: Support of HB 115**

Dear Honorable Representative Mike Prax, Chair, and Members of House Health and Social Services Committee,

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 providers<sup>1</sup>**

Alaska will need to add up to 237 primary care providers in the next decade, according to projected estimates.<sup>2</sup> 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.

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

<sup>2</sup> 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 Institute of Medicine (IOM) urges regulators to allow for innovation and inclusiveness of all healthcare practitioner types in meeting patient needs.<sup>3,4,5</sup> And the IOM encourages the use of interdisciplinary teams to optimize patient care.<sup>3,4,5</sup>

Further, the Pew Health Commission Taskforce on Health Care Workforce Regulation has called for jurisdictions to allow all qualified professionals to provide services to the full extent of their current knowledge, training, experience, and skills.<sup>3,6</sup>

### **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. Through 2021, 11 out of 25 regulated jurisdictions allow NDs broad prescriptive authority. Only three of these jurisdictions have taken disciplinary action against NDs for prescribing decisions. And, 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. 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.

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<sup>3</sup> <https://www.fsmb.org/siteassets/advocacy/policies/assessing-scope-of-practice-in-health-care-delivery.pdf>

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

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

<sup>6</sup> *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.

## 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
<b>Jurisdictions with Broad Prescribing Rights EXCLUDING Opioids</b>				
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
<b>Jurisdictions with Broad Prescribing Rights INCLUDING Opioids</b>				
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
<b>TOTAL</b>		<b>62</b>		<b>6087</b>
* 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.

### **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.<sup>7</sup>

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.

<sup>7</sup> <https://cnme.org/>

## **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).<sup>8</sup> 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, 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.

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<sup>8</sup> <https://www.nabne.org/exam-overview/>

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 the Members of the Alaska House Health and Social Services Committee, will lead to smart regulations that promote the safe practice of naturopathic medicine.

If you have any questions, please call me at 503-244-7189 or email me at [ShannonBraden@FNMRA.org](mailto:ShannonBraden@FNMRA.org).

Sincerely,

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

Shannon Braden, ND  
Executive Director, 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://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 to July 2021  
(6,000 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	Failing to follow appropriate charting procedures and/or to maintain record-keeping standards
Alaska						
Arizona	1		1			3
California						
Colorado	1					
Connecticut						
Dist. of Columbia						
Hawaii			1			
Idaho						
Kansas						
Maine						
Maryland	2					
Minnesota						
Montana						
New Hampshire						
New Mexico						
North Dakota						
Oregon		4				3
Puerto Rico						
Rhode Island						
Utah						
Vermont						
Virgin Islands						
Washington	1	1	3			1
TOTAL	5	5	5	0	0	7

**Disciplinary Actions Taken by States from 2010 to July 2021  
(6,000 estimated licensees)**

**Physician Acts Related to the Administration of Naturopathic Medical Practice**

State	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			1	1	5
California					
Colorado					
Connecticut					
Dist. of Columbia					
Hawaii					
Idaho					
Kansas					1
Maine					
Maryland					
Minnesota					
Montana					
New Hampshire					
New Mexico					
North Dakota					
Oregon	1			1	
Puerto Rico					
Rhode Island					
Utah					
Vermont					
Virgin Islands					
Washington	4		3	1	
TOTAL	5	0	4	3	6



**Disciplinary Actions Taken by States from 2010 to July 2021  
(6,000 estimated licensees)  
Physician Acts that Directly Harm Patients Physically or Emotionally**

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	6	2			18	14	1	1	10
California	1								
Colorado		1							
Connecticut									
Dist. of Columbia									
Hawaii	1								
Idaho									
Kansas									
Maine									
Maryland									
Minnesota									
Montana									
New Hampshire									
New Mexico									
North Dakota									
Oregon			1	2	12	2	2	3	2
Puerto Rico									
Rhode Island									
Utah	1								
Vermont									
Virgin Islands									
Washington	8			1	32	10	4	2	2
TOTAL	17	3	1	3	62	26	7	6	14

**Disciplinary Actions Taken by States from 2010 to July 2021  
(6,000 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		2		2
California				
Colorado				1
Connecticut				
Dist. of Columbia				3
Hawaii				
Idaho				
Kansas				1
Maine				
Maryland				
Minnesota				
Montana				
New Hampshire				
New Mexico				
North Dakota				
Oregon		1	6	
Puerto Rico				
Rhode Island				
Utah		1		
Vermont				1
Virgin Islands				
Washington	1		1	1
TOTAL	1	4	7	10