

ALASKA STATE LEGISLATURE
HOUSE LABOR AND COMMERCE STANDING COMMITTEE

March 10, 2010

3:37 p.m.

MEMBERS PRESENT

Representative Kurt Olson, Chair
Representative Mark Neuman, Vice Chair
Representative Mike Chenault
Representative Bob Lynn
Representative Tammie Wilson
Representative Robert L. "Bob" Buch
Representative Lindsey Holmes

MEMBERS ABSENT

All members present

COMMITTEE CALENDAR

HOUSE BILL NO. 282

"An Act relating to naturopaths and to the practice of naturopathy; establishing an Alaska Naturopathic Medical Board; authorizing medical assistance program coverage of naturopathic services; amending the definition of 'practice of medicine'; and providing for an effective date."

- HEARD & HELD

PREVIOUS COMMITTEE ACTION

BILL: HB 282

SHORT TITLE: NATUROPATHS

SPONSOR(S): REPRESENTATIVE(S) MUNOZ

01/15/10	(H)	PREFILE RELEASED 1/15/10
01/19/10	(H)	READ THE FIRST TIME - REFERRALS
01/19/10	(H)	L&C, HSS, JUD, FIN
01/25/10	(H)	JUD REFERRAL REMOVED
03/01/10	(H)	L&C AT 3:15 PM BARNES 124
03/01/10	(H)	Heard & Held
03/01/10	(H)	MINUTE(L&C)
03/10/10	(H)	L&C AT 3:15 PM BARNES 124

WITNESS REGISTER

KENDRA KLOSTER, Staff
Representative Cathy Munoz
Alaska State Legislature
Juneau, Alaska

POSITION STATEMENT: Presented HB 282 on behalf of the prime sponsor, Representative Cathy Munoz.

ASHLEY MAY, Doctor of Naturopathy, (ND)
Fairbanks, Alaska

POSITION STATEMENT: Testified and answered questions during the discussion of HB 282.

EMILY KANE, Doctor of Naturopathy (ND)
Juneau, Alaska.

POSITION STATEMENT: Testified and answered questions during the discussion of HB 282.

DAVID OTTOSON
Juneau, Alaska

POSITION STATEMENT: Testified in support of HB 282.

ACTION NARRATIVE

[3:37:41 PM](#)

CHAIR KURT OLSON called the House Labor and Commerce Standing Committee meeting to order at 3:37 p.m. Representatives Buch, Holmes, Lynn, T. Wilson, and Olson were present at the call to order. Representatives Neuman and Chenault arrived as the meeting was in progress.

HB 282-NATUROPATHS

[3:38:08 PM](#)

CHAIR OLSON announced that the only order of business would be HOUSE BILL NO. 282, "An Act relating to Naturopaths and to the practice of Naturopathy; establishing an Alaska Naturopathic Medical Board; authorizing medical assistance program coverage of naturopathic services; amending the definition of 'practice of medicine'; and providing for an effective date."

[3:38:22 PM](#)

KENDRA KLOSTER, Staff, Representative Cathy Munoz, Alaska State Legislature, paraphrased the sponsor statement, which read [original punctuation provided]:

House Bill 282 creates a Naturopathic Medical Board for the purpose of expanding allowed practices and procedures of Naturopathic Doctors (NDs) and regulates the practice of naturopathic medicine. The board will consist of three Naturopaths, one licensed pharmacist, and one public member. The board will work with the Division of Occupational Licensing to issue licenses, and will have authority to investigate and discipline as required. In addition, the state will authorize prescription endorsement which will be offered for the first time for NDs who have practiced for five years; participated in 60 hours of pharmacology education from an approved program; and met all the requirements relating to administration and prescription of drugs, vaccinations, hormones, and medical devices. The prescription endorsement must be renewed every two years. The bill mandates continuing medical education of 35 hours bi-annually, 15 of which must be in pharmacy education.

Prescribing authority will give flexibility to NDs to provide necessary medical treatment to patients. Prescription rights, which are already permitted for advanced nurse practitioners, will allow access to a range of commonly prescribed medicines that can be used in correlation with naturopathic treatment to improve patient care.

HB 282 will align the definition of a naturopathic physician with the U.S. Department of Labor which released a new definition of naturopathic physician to include job titles of "Naturopathic Doctor, Physician, and Doctor of Naturopathic Medicine." This is an important step in recognizing NDs as qualified doctors and primary care physicians.

Naturopathic doctors are highly trained medical professionals. NDs attend a four-year post-graduate professional naturopathic medical program and are educated in the same basic sciences as conventional medical students. Studies concentrate on holistic and traditional approaches to therapy with a strong emphasis on disease prevention and optimization of

wellness. Naturopathic doctors take similar rigorous professional board exams for licensure and continue educational training each year.

As Alaska continues to face shortages in the healthcare professions, HB 282 provides an avenue to help fill the gap of primary care physicians. This bill will reasonably expand the services of Naturopaths and follow the responsibilities set forth by the board while providing the important services for keeping Alaskans healthy.

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MS. KLOSTER referred to the section-by-section analysis of the bill. She explained that Sections 1-3 would establish an Alaska Naturopathic Medical Board under AS 08, and adds to the list of boards under the purview of the Department of Commerce, Community, & Economic Development (DCCED). Sections 4-5 would amend Alaska statutes to require the board to review qualifications for licensure. Section 6 would add a new section to AS 08, which defines the scope and practice of Naturopathy. Section 7 would amend the restrictions on the practice of Naturopathy and allows a licensed ND to prescribe certain medications and engage in minor surgery. This section also would remove the restriction of a ND to use the title of physician, which is tied to the federal definition, such as Naturopathic physician.

MS. KLOSTER related that Section 8, which would add a new section under AS 08 to establish a two-tier prescription endorsement. A Type 1 endorsement would allow an ND to prescribe non-controlled substances such as antibiotics. Naturopaths would be required to practice for five years prior to receiving a prescription endorsement and meet other requirements before receiving this endorsement. To receive a Type 2 endorsement, a ND must meet the requirements for a Type 1 endorsement and must also be registered with the Federal Drug Enforcement Administration (DEA). The DEA monitors medical practitioners who prescribe controlled prescription drugs. She related that most NDs do not prescribe controlled substances such as narcotics. She explained that Section 8 also includes continuing Education requirements for Naturopaths.

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REPRESENTATIVE BUCH referred to Section 8 and asked whether this bill would enhance the ability for NDs to practice beyond what is currently allowed.

MS. KLOSTER answered yes. Currently, Naturopaths cannot prescribe medications, she said.

REPRESENTATIVE BUCH referred to page 6, lines 9, and asked what is included in Type I endorsement.

MS. KLOSTER explained that this provision would set up the prescription endorsements. The proposed Naturopathic Medical Board would regulate the prescriptions allowable. Thus, this subsection would establish the first-tier designation for NDs to prescribe non-controlled substances, which are non-addictive in nature. She referred to lines 13-16, which would set up a Type II endorsement. The proposed board would establish the prescriptions Naturopaths could prescribe.

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MS. KLOSTER continued. Section 9 would instruct the proposed board and DCCED to adopt regulations to implement AS 08.45. Section 10 would add a new section to provide authority for the DCCED to charge fees, such as for licensure, license renewal, and prescription endorsement. Section 11 would add a definition for board, which means the Alaska Naturopathic Medical Board. Section 12, would amend the statutory definition of "practice of medicine" to permit a practitioner of Naturopathy to use the words "doctor of medicine" or "physician" if, and only if, the designation contains the word "Naturopathy or Naturopathic". As previously stated, this is to align the definition of a Naturopathic doctor with the federal definition. Section 13 would add Naturopaths to the list of licensees. Sections 14-15, would add Naturopathic services to reference the federal Medicaid program. The fiscal note from the Department of Health and Social Services reflects a one-time cost for upgrades to the computer system to allow for federal reimbursement.

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MS. KLOSTER explained that Sections 16-20 would add provisions for the DCCED and Alaska Naturopathic Board to proceed to adopt regulations necessary to implement the changes made by this bill.

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ASHLEY MAY, Doctor of Naturopathy, (ND), explained that he is supportive of this bill. He said he has reviewed the letter sent by the Alaska State Medical Association [March 1, 2010]. He did not agree with the allegation that Naturopaths (NDs) do not have sufficient education and training. He related that most Naturopathic students earn from 55 to 110 credits in pharmacology classes, which does not include their additional education and training in order to prescribe for pediatric and geriatric patients. Additionally, Naturopathic students obtain 244 hours of botanical medicine and herb drug interaction course work. With respect to minor surgery, he stated that Naturopathic students receive from 50 to 66 hours of minor surgery. Further, Naturopathic students have clinical shifts. He related that his school had clinical shifts supervised by a medical doctor. Naturopathic students must complete competencies for minor surgery and must pass a minor surgery test, which is included in national board examination. He recalled most NDs scored exceptionally well on these examinations. Most of the pharmacological classes are taught by pharmacists or doctorate level teachers. Some are taught by medical doctors. Naturopathic students graduate from federally-funded and accredited Naturopathic Medical Schools. He offered that he faces restrictions on his practice on a daily basis. He explained that it is often necessary to refer patients to medical doctors to prescribe antibiotics for strep throat, or the removal of a cyst. This takes money from the patient since they select a naturopathic doctor but must subsequently be treated by a medical doctor.

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DR. MAY described an example of a patient he treated this morning who had high blood pressure which indicated the need for pharmaceutical treatment. He had to refer his patient to Urgent Care to see a doctor or other medical person authorized to prescribe, which points out how this limitation provides disjointed care to ND patients. He would also like to volunteer to go to villages to provide care and dispense vaccines, or perform minor surgeries, in addition to providing botanicals, herbs, and other supplements, but cannot do so. He restated that NDs have limitations in scope of practice. He related that most Naturopathic schools are similar in the education they provide.

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REPRESENTATIVE BUCH asked whether Dr. May had reviewed letters from the Alaska State Medical Association. He referred to an ASMA letter of March 1, 2010 in opposition to the bill.

DR. MAY summarized his view that ASMA's concern was that patients with serious disease would rely solely on treatments provided by practitioners by Naturopathy ignoring the treatments proven to be safe and effective by science-based medical physician. He responded that NDs work closely with other practitioners and refer out to physicians. He stated that NDs do not solely rely on botanical or herbs and can distinguish when the need for pharmaceuticals or minor surgery is indicated.

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DR. MAY related that the ASMA references a 1968 report which indicated Naturopathic theory and practice was not based on the body of basic knowledge related to health and disease. However, this research was prior to the founding of most of the Naturopathic schools. Thus, the information is outdated. The ASMA asserts that naturopathic doctors have little or no training to perform surgical procedures, which is not true, he said. He restated the substantial hours of education and training that most NDs complete. The same claim is made with respect to pharmaceuticals. Prescribing drugs is not something that NDs normally perform, but as primary care physicians, NDs should have the ability to prescribe and are handicapped without it.

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REPRESENTATIVE BUCH asked for comparison of credentials for naturopathic doctors compared to medical doctors. He asked for similarities and differences in education and training.

DR. MAY again referred to the ASMA letter, which states that Naturopaths do not have a Bachelor's degree. This is not true. He related that during the first two years of medical school the course work for NDs and medical students is nearly identical. The Naturopathic student's course work includes classes such as anatomy, physiology, and pathology. However, in the last two years Naturopathic students learn botanical, nutrient therapy, and homeopathy. Naturopaths have approximately 1,000 more hours of classroom time than a conventional medical school. The difference in training begins during the last two years of medical school since medical students primarily perform clinical work, including clinical rotations and specialties. However,

naturopathic students are not generally required to perform a residency although some states require residencies. He surmised that the lack of residencies and limited opportunities available for them is due to the growing number of naturopathic graduates.

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REPRESENTATIVE BUCH asked about improving the scope to prescribe contained in HB 282. He asked Dr. May to identify the differences.

DR. MAY explained that currently, NDs cannot prescribe any pharmaceutical drugs. This bill would allow NDs to prescribe certain controlled substances based on the proposed ND board's recommendations. He offered his belief that NDs do not want to prescribe cancer drugs and many other drugs, but NDs would like the ability to prescribe medications such as antibiotics or thyroid medications, which would be especially helpful for those engaged in primary care practices. He pointed out that he faces this limitation on a daily basis and his patients must subsequently see a medical doctor to seek routine prescriptions. The effect is that the patients are charged fees twice: once for the naturopathic doctor's visit and once for the medical doctor's visit.

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REPRESENTATIVE BUCH related that the proposed ND board would be comprised of Naturopaths to oversee Naturopaths. He asked for comments on the composition of the proposed board.

DR. MAY thought a broad composition would be best. He recalled that HB 282 outlines the board composition to include three NDs, one licensed pharmacist, and one public member. He also thought having a medical doctor on the board would be beneficial. He offered that NDs need some prescribing authority, and achieving a broad perspective and balance on the proposed Naturopathic Medical Board would be helpful to determine the appropriate prescribing allowable.

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DR. MAY, in response to Chair Olson, related currently approximately 20-25 Naturopaths practice in Alaska. He recalled conversations with colleagues in other states who would move to Alaska as primary care naturopathic doctors, but the lack of prescription and minor surgery keeps the numbers lower. He

predicted that passage of HB 282 would encourage other naturopathic doctors to practice in Alaska.

CHAIR OLSON referred to page two of a letter in members' packets from the medical community. He said, "Only 20 states currently license Naturopaths. Many of these states do not permit Naturopaths to prescribe controlled substances or perform surgeries." He asked how many states currently allow those activities.

DR. MAY answered that he did not know. He offered that Washington State, where he attended school, and Arizona do allow for an expanded scope of practice. The problem is the lack of communication on the education level of Naturopaths. He stated that some NDs do not prescribe pharmaceuticals and have not "pushed for this." He characterized the process as molding this traditional medicine into conventional medicine and the need for convergence of the two types of medicine is becoming more evident.

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CHAIR OLSON remarked that other medical professions have weighed in heavily with opposition, including the American Osteopathic Association and several physicians' associations. He expressed surprise at so much opposition with so few Naturopaths practicing in the state.

DR. MAY suggested that many other practitioners do not understand the practice of Naturopathy or do not have knowledge of the level of education of Naturopaths. Thus, professionals may fear what the NDs can or cannot do. He surmised that 30 years ago the same arguments applied to Osteopathic physicians.

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REPRESENTATIVE LYNN asked whether Dr. May is comfortable with a medical doctor or osteopath serving on the proposed Naturopathic Medical Board.

DR. MAY answered yes. He related that he does not want this debate to be an "us" against "them" situation. He said he works with MDs and Osteopathic doctors in Fairbanks. He characterized his working relationship with MDs as a good working relationship, offering that they refer clients to one another. He expressed an interest in working together on this issue to benefit Alaskans.

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REPRESENTATIVE NEUMAN asked whether he would like to become a primary care physician or if he currently considers himself one.

DR. MAY responded that he considers himself a primary care physician.

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REPRESENTATIVE NEUMAN asked Dr. May to evaluate whether he has enough education and experience to evaluate all health experiences.

DR. MAY answered that he is confident and competent as a primary care physician.

REPRESENTATIVE NEUMAN asked if Dr. May thought he should be able to prescribe class I and class II prescription medications. He disclosed that his wife is a pharmacist. He then recalled several discussions he held with physicians and pharmacists, who expressed concerns that NDs do not have the practical and hands-on experience of mixing drugs and solutions and how the body reacts to different chemicals. He remarked that nurse practitioners can do so because they spend a considerable amount of time alongside doctors. However, under this bill NDs would take on the responsibilities as a primary role, which is similar to the MD's current practice. He asked whether Dr. May feels he has the ability to make the calls.

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DR. MAY answered that he does. He stated NDs need the expanded role. He related that he works with a nurse practitioner and they have held many discussions on prescribing. He believes the process is quite similar. Additionally, NDs are trained in drug, herb, and supplement interactions. He suggested that 66 percent of the general population takes some type of supplement or herb, but often do not mention it to their medical doctor. However, the supplements, herbs, drugs, and nutrients can have significant interactions. He pointed out that he would heed the advice of pharmacists. He noted that in 2003, a study was released by the Nutrition Institute of America that showed the total deaths from properly prescribed pharmaceuticals totaled 783,000, which is the number one cause of death in the U.S. He noted that figure is higher than the number of people who died

from heart disease or cancer. He remarked that NDs hold a one-hour long initial consultation with patients, which allows him to get to know his patients. He can consider interactions with herbs, supplements, and drugs. He compared that to the average seven-minute visit with medical doctors. He did not wish to criticize medical doctors, but would like to illustrate that NDs spend considerable time with their patients. The reason for this is that NDs believe it is a better way to provide adequate care to their patients.

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REPRESENTATIVE NEUMAN affirmed that he consulted three different pharmacists who expressed concerns about allowing Naturopaths to prescribe due to the reactions to solutions and drugs.

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CHAIR OLSON asked about the limited liability insurance for malpractice that NDs carry.

DR. MAY offered his belief that the minimum amount of malpractice insurance that NDs carry is \$1 - 3 million. He remarked that NDs are required to carry malpractice insurance. In further response to Chair Olson, he did not believe any problem would exist with adding the drug endorsement. He did think it would impact the cost of medical malpractice, but he thinks the cost would be warranted.

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EMILY KANE, Naturopathic Doctor (ND), stated that she has practiced for 16 years as a naturopathic doctor in Juneau. She stated she graduated from an Ivy League college in 1978, and decided to attend medical school at age 30. She related that she stretched out a four-year program to six years to include specialty training. She attended Bastyr University in Seattle, graduating in 1992, the Naturopathic and Acupuncture/Oriental Medicine program. She describe Bastyr University as probably the preeminent university in North America, although she mentioned that all six North American schools' were cited in the Princeton review of medical schools as being some of the top medical schools in the country. Thus, all six schools doctorate programs were cited for excellence. The Naturopaths undergo a preceptorship, which is similar to a residency. She divided her time between Arizona, West Virginia, and China. She related she selected China for her residency since not many opportunities

existed for hospital residencies. She explained that currently all the Naturopathic training schools are located in major cities and are connected to hospitals. She offered that Bastyr University participates in a program at the University of Washington which allows medical students to learn at Bastyr University about Naturopathy, and naturopathic students attend UW for residency work.

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DR. KANE explained her experience in China exposed her to many diseases, including pulmonary and obstructive diseases. Now all new graduates, such as Dr. May, as a recent graduate must weigh whether to continue to practice in Alaska due to the limited scope of practice. She pointed out several errors in the ASMA letter addressed to Governor Parnell. Only 15 states license naturopathic doctors, of which 9 allow prescription endorsement and minor surgery. Alaska is the only state which licenses NDs that do not allow them to have a self-governing board. She said that this bill specifically identifies the composition of the board consisting of three naturopathic doctors, one pharmacist, and one public member who may be a medical doctor (MD). She stated that the NDS did not want to force doctors to serve on their proposed board. She commented that she has had hospital privileges for many years. Some medical doctors are vocal in their opposition. However, a well-oiled scope of practice partnership (SOPP) effort was begun by the AMA in 2006. She explained that NDs are one of the 10 targeted mid-level medical professionals. She characterized this as an unfortunate turf war. She opined that a small number of medical colleagues are "waging this turf war." She offered her belief that she works well with the medical community. She said, "We refer patients to each other. They completely understand my level of intelligence around human physiology, anatomy, and diagnostic skills. And that I refer when appropriate. They appreciate my referrals and we work very well together."

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DR. KANE pointed out that what interferes with her practice is that she cannot treat patients the way she is trained to treat them. She described several issues which arose with her patients, including one in which a woman who had lost significant weight, and during a routine visit, she determined her patient's blood pressure was very high. She recommended her patient see the nurse practitioner, but she would have liked to have prescribed drugs at the time. She related that her

patients have chosen her as their primary health care provider and she would like to be able to treat them since she has the education, training, and experience to do so.

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DR. KANE stated that she helps her patients understand their health and encourages working as a team. She referred to several letters from pharmacists and the Board of Pharmacy, who have written in support of the bill. Some pharmacists may not be accustomed to working with NDs. Until a few years ago, NDs had access by regulation to some prescription natural substances. Some natural substances are presented in pharmaceutical dosage and since the statute superseded the regulations, the NDs could no longer prescribe some pharmaceuticals. She related a number of pharmacists have worked with NDs, while others do not have the familiarity.

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DR. KANE said she often received referrals for bio-identical hormone prescription, which she can no longer prescribe, but works with precursors to the hormone. She would like to have the ability to prescribe when patients need stronger support of the bio-identical hormone. She said, "I'm never going to reach for the prescription pad first unless that's clearly the most indicated. So my therapeutics will remain less potentially dangerous." She related that she pays \$800 per year for malpractice insurance. The rates are low because few problems happen with naturopathic physicians. She explained that in Oregon, Naturopaths have had prescription endorsement for 50 years, 20 years in Arizona, and 30 years in Washington State, which is a long track record.

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DR. KANE explained that most NDs do not use pharmaceuticals. She remarked some patients often see multiple doctors, who are not always aware of the prescriptions other medical providers have prescribed. Thus, case management is an important component of her job. She referred to a recent letter from the pharmacists' association that relates they support the establishment of the Alaska Naturopathic Medical Board with the purpose of regulation of the practice of naturopathic doctors in Alaska. She related the concept of a two-tier prescription provision came from a bill introduced in the Senate about four years ago. The idea was to have prescription endorsement

including a federal Drug Enforcement Agency (DEA) number. She commented that NDs are already set up to participate with the DEA, but she does not request a number since it is only necessary when prescribing schedule I-V drugs. Schedule VI drugs are for antibiotics and anti-hypertensive diuretics, while Schedule VII drugs are over the counter drugs. The way the schedule was developed the smaller the number the more dangerous the drugs, in terms of addiction and abuse. She suggested that NDs only need Schedule VI drugs. However, if the legislature would feel more comfortable with federal oversight by the DEA, she believed that would be acceptable, as well. She offered her belief that her colleagues, the medical doctors, and physicians would likely be opposed to prohibit NDs from having access to all the drugs. She pointed out that some NDs specialize in oncology and one practices in Anchorage. She explained that his practice also includes a nurse practitioner, who has the ability to prescribe. However, while she has some cancer patients, she co-manages and helps them offset the side effects of chemotherapy. She said she wants to present a picture that the NDs are not trying to use substances they do not know how to use. NDs have deep and thorough training in pharmacology and pharmacology interaction, the interaction with nutrients, supplements, and over the counter herbs. She remarked that NDs are the only level of medical practitioners specifically trained in supplement, nutrient, and herb interaction with pharmaceuticals.

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REPRESENTATIVE BUCH asked for her title.

DR. KANE answered that she is a Naturopathic Doctor (ND) and a licensed acupuncturist (LAC). In further response to Representative Buch, she related that she is referred to as "Doctor."

[4:30:28 PM](#)

REPRESENTATIVE BUCH referred to page 6 and to the prescription drug types, type I and type II schedules, referenced in that provision of the bill.

DR. KANE explained the two-tier designation for NDs in the bill. She explained this is a tier developed in this bill as a point of negotiation. Thus, Tier I would not require a federal DEA, or federal oversight so Naturopaths could not prescribe Schedule I - V drugs. Some nurse practitioners have a federal number,

while others do not want "drug hounds" calling them at home. The second type, Tier II, would refer to Naturopaths that choose not to have a DEA number, and only have access to Schedule 6 drugs, or Schedule VII drugs, which are over the counter drugs.

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REPRESENTATIVE BUCH asked about the effective date of the bill, which is two parts, with most sections effective on July 1, 2010. According to this bill, the state would improve the scope of medications, but will authorize more types of surgeries, and another section creates a proposed Naturopathic Medical Board (NMB). He related that the enhancements would go into effect prior to the NMB being established.

DR. KANE thinks the language should be clarified, that it would not be appropriate for NDs to have an expanded scope without a NMB board. She offered her belief that the purpose of the NMB is to provide ongoing appropriate opportunities for the professionals who would fall under the purview of the proposed NM board. Currently NDs have a national organization that gives them continuing education opportunities. The DCCED's Division of Corporations, Business, and Professional Licensing, as an agency, currently does not have the ability to provide continuing educational opportunities. The other reason is to be certain professionals are not going beyond their scope of practice. She suggested that the NMB would oversee the professionals.

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REPRESENTATIVE LYNN stated that he is fortunate to be covered by three types of insurance: state, Medicare, and military. He asked if his health insurance would cover her services.

DR. KANE related that he could only use his Alaska Care, which has recognized Naturopathy since 1986. Medicare is a federal decision and NDs are working to have this addressed at the federal level. TRICARE is a component of the government and is linked to federal funding for military health care.

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REPRESENTATIVE LYNN asked for the typical annual income.

DR. KANE was unsure. She speculated that the specialty doctor would likely earn a lot more than a general practitioner, who

probably earns on average about \$250,000 per year and an average ND would earn from \$50,000 - \$60,000 per year.

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DR. KANE, in response to Representative Lynn, stated she sees about eight patients on a busy day, but more typically would see five to six patients per day.

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CHAIR OLSON asked what types of minor surgery would be contemplated.

DR. KANE related that the minor surgeries would cover items such as wart removal for pathology reports, skin tags, and sutures. She related that she specializes in women's health care and sometimes an endometrial biopsy is necessary. The types of surgeries contemplated would not be anything in a body cavity or the eyes, and is typically limited to growths.

[4:40:14 PM](#)

DAVID OTTOSON, Juneau, Alaska, explained that he and his family uses Naturopaths. He has seen a number of Naturopaths for numerous ailments, including sinus infections, earaches, urinary tract infections, and insomnia. He has found all the Naturopaths he has seen to be highly professional and competent. He has been very satisfied with the quality of care he has received. He said, "To me, it is amazing that this is controversial, this legislation at all, because what the Naturopathic community is looking at is just an expansion of the scope of practice, in accordance with what they are trained to do." They may wish to prescribe an antibiotic for an earache, which made sense to him. He asked the reason he should go to another doctor or nurse practitioner if my child has an ear infection. It is not cost effective to see a second physician. This idea that somehow Naturopaths will work outside their area of competence is totally at odds with his experience. He related his own experience of five years ago when he returned from Africa and was sick. He initially did not think it was serious, but he contracted chills and a fever.

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MR. OTTOSON continued to relate his personal experience with Dr. Kane. He said that she stopped by his house, remarking that

house calls are something NDs will perform. She drew a blood sample and had it tested. She discovered he had malaria and sent him to the hospital for treatment since it was beyond her experience. The Bartlett Regional Hospital in Juneau could not treat him as the drugs were not available in Juneau. He was Medivaced to Seattle. The type of malaria he had contracted is often fatal, so he was very fortunate to be treated by expert on malaria at the University of Washington facility. He emphasized from his experiences that he has found that Naturopaths will refer something they are not qualified to treat; they know their limitations. He has found NDs work with people to improve their own health. He suggested that society needs to move to a system in which people take responsibility for their own health to control health care costs. Some people need to be encouraged and helping people is one thing NDs do best. He offered his belief that Naturopaths represent the medicine of the future. He urged members to support HB 282.

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REPRESENTATIVE BUCH stated he appreciated Mr. Ottoson's personal testimony. He explained that legislators need to be assured that there are not unintended consequences, but he supports the concept.

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CHAIR OLSON related that the ramifications are more serious with medical issues.

[HB 282 was held over.]

[4:49:06 PM](#)

ADJOURNMENT

There being no further business before the committee, the House Labor and Commerce Standing Committee meeting was adjourned at 4:49 p.m.