

**ALASKA STATE LEGISLATURE**  
**SENATE HEALTH AND SOCIAL SERVICES STANDING COMMITTEE**

March 13, 2009

1:31 p.m.

**MEMBERS PRESENT**

Senator Bettye Davis, Chair  
Senator Joe Paskvan, Vice Chair  
Senator Johnny Ellis  
Senator Joe Thomas  
Senator Fred Dyson

**MEMBERS ABSENT**

All members present

**COMMITTEE CALENDAR**

SENATE BILL NO. 70

"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; and providing for an effective date."

HEARD AND HELD

SENATE BILL NO. 61

"An Act establishing an Alaska health care program to ensure insurance coverage for essential health services for residents of the state, the Alaska Health Care Board to administer the Alaska health care program and the Alaska health care fund, the Alaska health care clearinghouse to administer the Alaska health care program under the direction of the Alaska Health Care Board, and eligibility standards and premium assistance for health care coverage of persons with low incomes; creating the Alaska health care fund; providing for review of actions and reporting requirements related to the health care program; and providing for an effective date."

MOVED CSSB 61(HSS) OUT OF COMMITTEE

**PREVIOUS COMMITTEE ACTION**

BILL: SB 70

SHORT TITLE: NATUROPATHS

SPONSOR(S): SENATOR(S) DAVIS

01/21/09           (S)           READ THE FIRST TIME - REFERRALS

01/21/09 (S) HSS, L&C, FIN  
03/13/09 (S) HSS AT 1:30 PM BUTROVICH 205

BILL: SB 61

SHORT TITLE: MANDATORY UNIVERSAL HEALTH INSURANCE

SPONSOR(s): SENATOR(s) FRENCH

01/21/09 (S) PREFILE RELEASED 1/16/09  
01/21/09 (S) READ THE FIRST TIME - REFERRALS  
01/21/09 (S) HSS, L&C, FIN  
01/21/09 (S) HSS RPT RECD W/CS AWAIT TRANSMITTAL NXT  
03/02/09 (S) HSS AT 1:30 PM BUTROVICH 205  
03/02/09 (S) Heard & Held  
03/02/09 (S) MINUTE(HSS)  
03/13/09 (S) HSS AT 1:30 PM BUTROVICH 205

**WITNESS REGISTER**

ANDY MODEROW, staff  
to Senator French  
Alaska State Legislature  
Juneau, AK

**POSITION STATEMENT:** Presented the proposed changes to SB 61

AMORY LELAKE, staff  
to Senator Ellis  
Alaska State Legislature  
Juneau, AK

**POSITION STATEMENT:** Presented the subcommittee action on SB 61.

AL TAMAGNI SR., Owner  
Cancer Services International  
Anchorage, AK

**POSITION STATEMENT:** Did not support SB 61.

TOM OBERMEYER, Staff  
to Senator Davis  
Alaska State Legislature  
Juneau, AK

**POSITION STATEMENT:** Presented SB 70 on behalf of the sponsor.

THOMAS P. VASILEFF, M.D., President  
Alaska State Medical Association (ASMA)  
Anchorage, AK

**POSITION STATEMENT:** Testified in opposition to SB 70 because of quality of care and patient safety issues..

SCOTT LUPER, N.D.  
Fairbanks, AK

**POSITION STATEMENT:** Testified that the public safety is best served by passing SB 70.

GARY FERGUSEN, N.D., President  
Alaska Association of Naturopathic Physicians  
Anchorage, AK

**POSITION STATEMENT:** Testified in support of SB 70.

PEGGY SWANSTROM, representing herself  
Anchorage, AK

**POSITION STATEMENT:** Testified in support of SB 70.

SERENA GREEN, representing herself

**POSITION STATEMENT:** Testified in support of SB 70.

LORRAINE ECKSTEIN, representing herself

**POSITION STATEMENT:** Testified in support of SB 70.

KARYN GROVE, representing herself

**POSITION STATEMENT:** Testified in support of SB 70.

EMILY KANE, N.D., Vice-President  
Alaska Association of Naturopathic Physicians (AKANP)  
Juneau, AK

**POSITION STATEMENT:** Testified in support of SB 70.

JENNIFER STRICKLER, Licensing Chief  
Division of Corporations, Business, and Professional Licensing,  
Department of Commerce, Community & Economic Development (DCCED)  
Juneau, AK

**POSITION STATEMENT:** Testified that DCCED is neutral on SB 70, but if it passes it is preferable that a naturopathic medical board is established.

ARTHUR ARNOLD, representing himself

**POSITION STATEMENT:** Testified in support of SB 70.

TIM KELLY, Lobbyist  
Alaska State Medical Association

**POSITION STATEMENT:** Testified in opposition to SB 70.

#### **ACTION NARRATIVE**

[1:31:11 PM](#)

**CHAIR BETTYE DAVIS** called the Senate Health and Social Services Standing Committee meeting to order at 1:31 p.m. Senators Ellis, Paskvan, Dyson, Thomas and Davis were present at the call to order.

**SB 61-MANDATORY UNIVERSAL HEALTH INSURANCE**

CHAIR DAVIS announced the consideration of SB 61. The bill was heard previously and there is a proposed committee substitute (CS).

1:32:07 PM

ANDY MODEROW, staff to primary bill sponsor, Senator French, said he and Ms. LeLake would recap what the subcommittee did and then present the proposed CS.

AMORY LELAKE, staff to bill sponsor, Senator Ellis, reported that during the March 10 subcommittee meeting a memo from Senator French was distributed discussing three topics that were raised during the first bill hearing. First was how the bill affects 50-64 year old Alaskans. Second was how the clearinghouse can be structured to reach all Alaskans. Third was how employers and health benefit plans provided by employers could be affected by the bill.

The sponsor suggested one change on the last topic. The subcommittee supported the change conceptually and it is incorporated in the proposed CS. The subcommittee also considered the suggested change in language to mandate insurance coverage for non-medical healthcare services provided by a religious non-medical provider. The members present decided against the proposed change citing that the bill has an opt-out provision for Alaskans that don't want to participate for religious reasons.

MR. MODEROW referenced page 4 of the memo that states, "Language should be changed in Senate Bill 61 to say that a health care insurance plan sold in the group market fulfills the individual responsibility clause of the legislation." Mr. DeWitt of the National Federation of Independent Business in Alaska brought this to the sponsor's attention to ensure that employers won't have to change existing employee plans to fulfill the responsibility clause of the legislation.

The proposed CS, version E, replaces subsection (a)(4), starting on page 5, line 30. It exempted employees who were receiving benefits regulated under the Employee Retirement Income Security

Act (ERISA) that met or exceeded essential healthcare services defined on page 7 and 8 of the bill. The new language covers those plans and additional ones.

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MR. MODEROW explained the change in three parts. The first part requires that a person be covered by a plan to fulfill the individual responsibility clause. Merely offering a plan is not adequate. The second part requires that the coverage be a health benefit plan as defined in AS 21.54.500(15). This is a health benefit plan that basically captures all employer based plans. They could be regulated by ERISA or by the state insurance laws within the group market. The third part requires that the plan be offered through employment in the group market as defined in AS 21.54.500(14).

The new subsection (a)(4) also strikes the element in the original version that required that a plan meet the essential healthcare services on pages 7 and 8 of the bill. This change ensures that any existing employee health plan that currently provides quality coverage to employees fulfills the individual responsibility clause.

CHAIR DAVIS asked for a motion to adopt the committee substitute (CS).

SENATOR PASKVAN moved to adopt the proposed CS for SB 61, labeled 26-LS0312\E, as the working document. There being no objection, version E was before the committee.

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AL TAMAGNI SR., Owner, Cancer Services International, Anchorage, said his company administrates retirement plans and oversees group health insurance plans for some employers. He does not want to see SB 61 move forward. Nothing in the bill provides for enhanced COBRA coverage under the federal stimulus. Under that provision the federal government reimburses an employer 65 percent of the premium and the employee pays 35 percent. Also, all of the large employers are again exempt from contributing to the state plan. This is a problem for small employers who are carrying the burden. We're seeing a "socialistic" movement in this area, he said.

MR. TAMAGNI pointed out that SB 61 talks about "group markets" but there is no reference to the individual market. Furthermore, when he looks at the makeup of the task force, he only sees two people that are paying the bills while the other 11 members are

the beneficiaries of those funds. There is not a balanced input or fair representation of small businesses with less than 100 employees. In these uncertain economic conditions he would suggest it's time to sit back and see what happens.

MR. TAMAGNI said he believes a smorgasbord of options could be adopted so that the employer or the employee could choose different elements of coverage including maternity care, chiropractic care, or vision care. Those things need to be addressed and SB 61 doesn't do that. The small business community is again being asked to pay with very little opportunity to participate.

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CHAIR DAVIS asked if he had a copy of the CS.

MR. TAMAGNI replied he didn't think so.

CHAIR DAVIS said there were few changes but she did want to be sure he sees the new bill. She also asked what task force he referenced.

MR. TAMAGNI directed attention to page 3, line 9, Sec. 21.54.210 Alaska Health Care Board and again suggested there needs to be substantial changes to the membership of the proposed board.

SENATOR DYSON asked if he anticipates that health insurance providers will increase rates because of this legislation.

MR. TAMAGNI replied he expects that would happen.

[1:47:00 PM](#)

SENATOR ELLIS asked if he as a small business person prefers a national health care reform or a more Alaska specific approach as proposed in SB 61.

MR. TAMAGNI said he'd prefer neither. The current system works well for about 60-75 percent of the people and he doesn't agree with changing the system for the remaining 25-40 percent. "We're moving towards an imperialistic aspect as far as treatment of a lot of elements in our society," he said.

CHAIR DAVIS closed testimony and said she would like to move the bill.

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MR. MODEROW said he'd like to point out that page 10, Sec. 21.54.280 has provisions to get federal funding and other sources of money into the healthcare fund to help implement the program. He isn't familiar with the enhanced COBRA in the stimulus, but they would like to capture dollars from all available sources. In this bill they tried very hard to make protections that are available in the small group market available to individuals. He clarified that the CS seeks to not change any of the mandated benefits in the small group.

CHAIR DAVIS said she thinks the committee has considered this sufficiently. This is a good step and hopefully in the end it will be agreeable to most people. The system is broken; there are too many people out there without coverage.

SENATOR DYSON said he is impressed with the work that's been done on the bill, but it starts with a premise he can't come to grips with yet. "In our desire to make healthcare available to everybody, we have decided that the way we've got to do that is to make health insurance available to everybody." I can't come to that conclusion, he said.

SENATOR DYSON commented that he realizes that the bill will move, but he is going to object.

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SENATOR ELLIS said he is a co-sponsor and an enthusiast vote to move the bill forward. The committee, subcommittee and staff in particular have done good work. Senator French should be commended for his efforts over the last three years. Senator Ellis noted that he and former Senator Jim Duncan sponsored the original universal healthcare task force 20 years ago. They recommended a single payer system and the business community called it socialized medicine, which it is not. Since then the situation has gotten worse. Public opinion polling does not agree with the figures provided by Mr. Tamagni.

Senator French has taken a market-based consumer driven approach. It's not a single payer system and it's not socialized medicine. It is socialized insurance through the private market with government subsidy. We have to be respectful of the concerns of small businesses, but large businesses can no longer compete in the world market because this country hasn't solved the healthcare issue, he said. Every other industrialized nation has addressed healthcare and found resolution. This is a new approach and a step forward. Private health insurers are included and can make money.

CHAIR DAVIS commented that the COBRA enhancement in the stimulus package could be incorporated in another committee.

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SENATOR PASKVAN moved to report committee substitute to SB 61 from committee with individual recommendations and accompanying fiscal notes.

[1:57:37 PM](#)

SENATOR DYSON objected.

A roll call vote was taken. Senators Ellis, Thomas, Paskvan, and Davis voted in favor of the motion. Senator Dyson voted against it. Therefore, CSSB 61(HSS) was reported out of the Senate Health and Social Services Standing Committee by a vote of 4:1.

At ease from 1:58 p.m. to 2:00 p.m.

### **SB 70-NATUROPATHS**

CHAIR DAVIS announced the consideration of SB 70.

[2:00:38 PM](#)

TOM OBERMEYER, Staff to Senator Davis, said SB 70 expands the practice of naturopathy in Alaska. It establishes a naturopathic medical board and authorizes coverage of naturopathic services by the medical assistance program. The 40 practicing naturopaths in Alaska claim their training qualifies them to help bridge the shortage of primary care physicians in the state. They point out that they must refer patients to M.D.s for prescriptions while nurse practitioners and physician assistants already can obtain prescription endorsements. Importantly, SB 70 adds "naturopathic services" to the list of services under AS 47.07.030(b) to allow Medicare reimbursement for patient services.

Allopathic and osteopathic physicians have for years opposed the expansion of naturopathic practice claiming that it's a matter of public safety and that naturopaths are not sufficiently trained to provide expanded medical care. SB 70 attempts to address some of those concerns. He brought attention to a recent letter from the Alaska State Medical Association stating their continued opposition to the bill.

MR. OBERMEYER said the new naturopathic board will consist of three naturopaths, one licensed pharmacist and one public

member who may be a licensed physician. The Alaska Department of Commerce, Community & Economic Development (DCCED) will, at the board's request, issue licenses and prescription endorsements to licensed naturopaths who have practiced for five years and have submitted proof of 60 hours of pharmacology education from an approved program. The endorsement must be renewed every two years with proof of 35 hours of continuing education. He noted that 15 states already license naturopaths for expanded practice so this isn't new.

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MR. OBERMEYER said Alaska is experiencing a growing shortage of primary care physicians and it makes sense to expand the scope of field for naturopaths who already act as primary care providers for many. "SB 70 is designed to reasonably expand the services of naturopaths without infringing on the duties and responsibilities of medical doctors and osteopaths licensed by the State Medical Board." He added that this addresses only the naturopaths that have graduated from a four-year naturopathic residency school and have passed a naturopathic physician examination.

He noted the changed effective dates and provisions that have added to ensure that naturopaths that are currently licensed in the state would maintain their license. Applications for new licenses and renewals will continue to be processed by DCCED until the board establishes application review procedures in regulation.

CHAIR DAVIS directed committee to sectional analysis. She stated that it is not her intention to move the bill today.

[2:12:08 PM](#)

THOMAS P. VASILEFF, M.D., President, Alaska State Medical Association (ASMA), stated that ASMA opposes SB 70 because of quality of care and patient safety issues. He submitted written testimony as well as a copy of the American Medical Association (AMA) scope of practice study that represents data about naturopaths. He relayed that the state medical society has been advised not to seek agreement on the content of SB 70 outside the legislative process. A task force should instead be convened to address this issue.

DR. VASILEFF said ASMA questions that naturopaths' education has the comparable depth and breadth of medical doctors and believes that prescribing drugs and performing minor surgery should be left to M.D.s and D.O.s. He urged the committee to oppose SB 70.

[2:15:02 PM](#)

SENATOR THOMAS said he'd like to see a more substantive comparison of the similarities and differences between the training of the two types of doctors.

DR. VASILEFF responded the ASMA scope of practice data series details that.

SENATOR THOMAS said he's looking at the document and he doesn't see the great differences that have been portrayed.

[2:17:15 PM](#)

SENATOR PASKVAN said he's trying to understand the difference between the standard of care provided by an M.D. and the standard of care provided by a naturopath with respect to a differential diagnosis process upon initial presentation.

DR. VASILEFF maintained that there is a significant difference between the education and skills and differential diagnosis of a naturopath versus an M.D. or D.O. and it's well delineated in the scope of practice.

SENATOR PASKVAN asked his perspective of the standard of care differential in an initial patient presentation.

DR. VASILEFF reiterated that the general approach and education of a D.O. and an M.D. is significantly different than for a naturopath and is outlined in the practice data series that he submitted.

[2:19:27 PM](#)

SCOTT LUPER, N.D., Fairbanks, said he has been a practicing naturopath for eight or nine years and it's his contention that public safety is best served by passing SB 70. In Alaska naturopaths are well trained and tested healthcare providers that want to practice as they were trained. They have graduated from accredited schools, have passed national board exams, and are qualified to practice as SB 70 allows. This is nothing new and simply updates the law. He noted that the track record for safety is better for the naturopathic profession than for other healthcare professions with the complaint rate for naturopathic physicians being half what it is for medical doctors. It is a chronic frustration for N.D.s that they cannot provide the treatment they have been trained to provide.

He clarified that continuing education is not the norm for the naturopathic profession. To his knowledge, Alaska is the only state that licenses naturopathic physicians and doesn't require continuing education. That law should be brought up to date to match the type and quality of education that is manifest in the N.D. profession.

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SENATOR PASKVAN said he's trying to figure out what in the differential diagnosis process is the standard of care for passing a patient on to an M.D. or D.O.

DR. LUPER explained that the standard of care is to make a referral when another physician is able to provide better care or has specialized training to provide a specific service that is better than what an N.D. can provide.

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SENATOR DYSON asked if N.D.s should have the same reporting requirements as M.D.s and D.O.s who are required by law to report to public safety certain types of injury like knife and gunshot wounds and sexual abuse.

DR. LUPER said yes. He reports them now because that's what a good doctor does regardless of the requirements.

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GARY FERGUSEN, N.D., President, Alaska Association of Naturopathic Physicians, Anchorage, said he has practiced in Alaska as a licensed naturopath since 2002. He highlighted that a key point in patient safety is to serve the patient to the best of their needs. Often in his practice a patient requires something that he cannot prescribe which is inconvenient for the patient, more expensive, and doesn't allow him to meet the goal of providing good care. He refers appropriately to either a nurse practitioner colleague or, if he's in the Pribilof Island region, to a provider who may have a lengthy wait list.

DR. FERGUSEN said a challenge he sees in the Alaska Native healthcare system is the critical shortage of qualified providers. When he's providing care in remote villages, to have to wait for the next nurse practitioner, physician's assistant, M.D. or D.O. to come through to write a prescription is a convenience and safety issue for the patient. SB 70 would improve the quality of care, patient safety, and would allow N.D.s to provide care as they are trained and nationally tested to be able to do.

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PEGGY SWANSTROM, representing herself, Anchorage, said she supports SB 70. She told the committee that her high cholesterol was reduced 24 points under the treatment of her naturopath and she is grateful that her insurance covers this service. She maintained that naturopathic medicine is a compliment to medical science and it's in the patient's best interest that they work together. She noted that she works in an assisted living facility and knows that many seniors have trouble finding a physician who will take on Medicare patients. If N.D.s were an option it would be very helpful to seniors. Finally, she relayed that in her final will, she made it clear that she wants her family to consult with her naturopath before they agree to any tests or procedures.

[2:34:13 PM](#)

SERENA GREEN, representing herself, said she is under naturopathic care and she supports SB 70. She suffered migraines for more than a decade as different M.D.s treated her symptoms with pharmaceuticals. They didn't try to find out the cause or how they could stop them from happening. When she visited a naturopath, their approach was to find the cause. Within a month her naturopath was able to treat her migraines and lower her blood pressure without using pharmaceuticals. Referencing the prescription provision, she expressed frustration at having to go to an M.D. to get the steroid spray she needs for her sinus problem. She would prefer to go to just one doctor who knows her entire medical history. It doesn't make sense that her naturopath has to refer her to an M.D. whenever she needs a nose spray. She agrees with the previous testimony that naturopathy is a complement to the medical field.

[2:37:12 PM](#)

LORRAINE ECKSTEIN, representing herself, stated support for SB 70. For eight years a naturopath successfully treated her for fibromyalgia, pre-diabetes, and blood pressure problems. But when she needed stitches in her hand or antibiotics for strep throat she had to go to a walk-in clinic. She appreciates that those are available, but they don't know her and she is as likely to be seen by a physician's assistant as an M.D. She understands that they have less training than her naturopath. It's a terrible waste of resources that my naturopath can't treat me for these conditions, she said. She urged the committee to pass SB 70.

[2:39:33 PM](#)

KARYN GROVE, representing herself, stated support for SB 70. She is a naturopathic patient and her husband recently became a licensed naturopath in Alaska. The standard of care she receives is excellent; her N.D. spends more time with her and provides solid advice. When she's gone to an M.D. they're often rushed. She believes that continuing education for naturopaths is very important and should be a part of the standard for licensing. She is less concerned about prescriptive rights than the fact that her child's school doesn't recognize physicals that are done by a naturopath.

2:42:08 PM

EMILY KANE, N.D., Vice-President, Alaska Association of Naturopathic Physicians (AKANP), said she has practiced in Juneau for 15 years. She observed that most of the members heard the bill last year and that the difference in SB 70 is that it establishes the Alaska Naturopathic Medical Board. This is supported by AKANP, the division of corporations, business, and professional licensing within DCCED, and the pharmacy board as the most effective way to regulate the profession, she said. An M.D. is certainly invited to be on the board; this isn't a turf war, but will provide better quality of care to the patient.

DR. KANE said her level of education is fairly typical of naturopaths who are licensed to practice in Alaska. She graduated from a four-year college followed by eight years of medical training. She spent six years at Bastyr University receiving nearly 2,500 hours of supervised clinical training. That is one of the six accredited schools for naturopathic medicine in North America. The national licensing exams she passed include five basic science topics and 14 clinical science topics. Subsequent to graduation she spent four months in intensive hospital rotations and another year in a clinical residency with a senior naturopath. She then opened a private practice.

DR. KANE said she hopes that outlining her training and education helps to offset the notion that naturopaths lack depth and breadth in their training. She has significantly more training than the average nurse practitioner who has a greater scope of practice than she does as a naturopathic physician in Alaska. She works closely and cooperatively with M.D.s in town, "but in this political arena they won't stick their neck out for me."

She has been affiliated with Bartlett Regional Hospital for over ten years and routinely uses the radiology and pathology

services. Never has there been a hint of a problem. She noted that she is required to carry malpractice insurance and it's much less expensive than for M.D.s. Insurance companies are experts at determining risk and N.D.s have been evaluated as a very low risk profession. Every year she gets continuing medical education as part of the biannual recertification for her Alaska license. She strongly favors the aspect of SB 70 requiring continuing medical education.

2:52:06 PM

DR. KANE said the main issue with regulation is patient safety and allowing patients access to the proven, low tech, effective, safe, and inexpensive services is part of that. N.D.s are expert at solving chronic healthcare problems with safe medication, but sometimes pharmacological intervention is needed. No one disputes that health care is in crisis in this country and licensing to full capacity a group of well-trained professionals whose model is wellness and prevention is one aspect that can work to turn this crisis around.

In closing she relayed that she is a nationally recognized expert in bio-identical hormone replacement therapy and in this state she is hamstrung because she isn't allowed to prescribe that. She maintained that if Alaska doesn't update its regulations, it won't attract new naturopaths.

2:55:30 PM

JENNIFER STRICKLER, Licensing Chief, Division of Corporations, Business, and Professional Licensing, Department of Commerce, Community & Economic Development, said the department's position on the bill is neutral, believing that it is up to the industry to convince the Legislature whether or not to expand the scope of practice of naturopaths. However, if the Legislature elects to expand the scope of naturopaths it is preferable that a board is established. If the bill passes she suggested it include a section amending AS 08.03.010, which is the termination date of regulatory boards. This would make the new Alaska Naturopathic Medical Board subject to legislative oversight.

SENATOR DYSON asked if naturopaths should be subject to investigation for malfeasance like M.D.s.

MS. STRICKLER replied this bill subjects the proposed board to the Centralized Licensing Act. Under that DCCED has the responsibility to investigate, but it also has a section of powers and duties of the board under which it takes action against its licensees.

SENATOR DYSON asked if the fees for licensing cover the cost of investigations.

MS. STRICKLER said that's correct; all licensing programs under centralized licensing are subject to the self sufficiency clause in AS 08.01.065.

[2:58:00 PM](#)

ARTHUR ARNOLD, representing himself, said Alaska should join the 15 states that [have instituted formulary laws] for licensed naturopaths. He has heart disease in his family and had a heart attack at age 38. He relies on two naturopaths, a cardiologist, and an endocrinologist. His naturopath diagnosed his diabetes, but can't prescribe his insulin care so he has to travel to Anchorage every six months to fill his prescription. He sees his naturopath as his primary care physician and strongly supports SB 70.

CHAIR DAVIS asked those who are unable to testify today to submit their testimony to her office.

[3:02:23 PM](#)

TIM KELLY, Lobbyist, Alaska State Medical Association, clarified that N.D.s are not recognized by the federal government for reimbursement under Medicare and Medicaid is reimbursed on a state-by-state basis. He said there are significant missing items in SB 70 that are contained under Section 8.64.010 on the state medical board. Because of the significant differences in the enabling legislation, it would behoove the sponsor's staff to look at the provisions on patient safety, sanctions and revoking of licenses, and reporting of certain injuries.

Although Dr. Luper testified that certain types of injuries should be reported, there is no requirement to do so under the naturopath enabling legislation. At a minimum the committee should incorporate the reporting requirements of the state medical board. This isn't a question of whether or not there should be a board of naturopathy; this is a question of the extension of scope of practice, he said. He noted that he submitted an AMA report on the scope of practice data series for naturopaths, which should be considered before the bill is passed.

CHAIR DAVIS announced she would hold SB 70 for further consideration.

3:05:48 PM

There being nothing further to come before the committee, Chair Davis adjourned the Senate Health, Education and Social Services Standing Committee meeting at 3:05 p.m.