

HOUSE FINANCE COMMITTEE
March 5, 2024
9:09 a.m.

9:09:55 AM

CALL TO ORDER

Co-Chair Foster called the House Finance Committee meeting to order at 9:09 a.m.

MEMBERS PRESENT

Representative Neal Foster, Co-Chair
Representative DeLena Johnson, Co-Chair
Representative Julie Coulombe
Representative Mike Cronk
Representative Alyse Galvin
Representative Sara Hannan
Representative Andy Josephson
Representative Dan Ortiz
Representative Will Stapp
Representative Frank Tomaszewski

MEMBERS ABSENT

Representative Bryce Edgmon, Co-Chair

ALSO PRESENT

Renee Gayhart, Director, Division of Health Care Services, Department of Health; Tracy Dompeling, Director, Division of Behavioral Health, Department of Health; Sylvan Robb, Director, Division of Corporations, Business, and Professional Licensing, Department of Commerce, Community and Economic Development; Representative Stanley Wright, Sponsor; Rachel Gunn, Staff, Representative Stanley Wright; Representative Mike Prax, Sponsor; Riley Nye, Staff, Representative Mike Prax.

PRESENT VIA TELECONFERENCE

Scott Luper, Alaska Association of Naturopathic Doctors; Tim Birdsall, Naturopathic Doctor, Alaska Association of Naturopathic Doctors.

SUMMARY

HB 126 ASSOCIATE AND PROFESSIONAL COUNSELORS

HB 126 was REPORTED out of committee with six "do pass" recommendations and three "no recommendation" recommendations and with one new fiscal impact note from the Department of Commerce, Community and Economic Development, and three new zero fiscal impact notes from the Department of Health.

HB 115 NATUROPATHS: LICENSING; PRACTICE

HB 115 was HEARD and HELD in committee for further consideration.

Co-Chair Foster reviewed the meeting agenda.

#hb126

HOUSE BILL NO. 126

"An Act relating to the Board of Professional Counselors; and relating to licensing of associate counselors."

9:12:00 AM

Co-Chair Foster relayed that no amendments had been received for HB 126. He intended to review the fiscal notes and move the bill from committee if it was the will of the committee. He asked to hear a review of the fiscal notes from the Department of Health (DOH).

RENEE GAYHART, DIRECTOR, DIVISION OF HEALTH CARE SERVICES, DEPARTMENT OF HEALTH, reviewed the department's fiscal notes for the Medicaid component and Health Care Services. The fiscal impact was zero and there was no revenue change in cost to DOH; the department intended to absorb the cost. The first fiscal note for Medicaid was OMB component 3234. She relayed that the associate professional counselors that would be coming on board were already included in the budget. The second fiscal note for Health Care Services, OMB component 242, would result in an uptick in enrollment and additional work for the department's Quality Assurance Unit, which was responsible for enrollment and post payment reviews. She stated there would be a limited systems

configuration, but the division would absorb the cost, resulting in a zero fiscal note.

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Representative Stapp asked if there needed to be any language in the operating budget or bill referencing that the funding for the positions was already included in the budget. He remarked that there was not a fiscal note for the cost because the positions were already in the budget.

Co-Chair Johnson noted that even though the positions were not referenced in the fiscal note, she did not see how it could be put in the budget when it was part of the fiscal note even though it was zero. She would take a look at the issue with her staff. She suggested that may be done when the fiscal notes were all integrated at the end of the [budget] process.

Ms. Gayhart commented that the department contemplated that the funding was already in the budget. She relayed that it was included with the existing staffing pattern that was in FY 24 and would go forward in FY 25.

[9:15:41 AM](#)

Representative Hannan asked if the bill would allow more Alaskans to get coverage for mental health counseling. Additionally, she asked if the services would be Medicaid reimbursable once the licensure was in place.

Ms. Gayhart responded that the bill would increase the mental health services capacity and the services would be covered through Medicaid.

Co-Chair Foster asked for a review of the next fiscal note.

TRACY DOMPELING, DIRECTOR, DIVISION OF BEHAVIORAL HEALTH, DEPARTMENT OF HEALTH, reviewed fiscal note OMB component 2665. The zero note showed no revenue change or cost to the department. She detailed that the Division of Behavioral Health was involved with enrollment of individuals who were 1115 providers. The division would use existing staff to perform any additional requirements needed to bring the new professional counselors on board.

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Co-Chair Foster asked for a review of fiscal note from the Department of Commerce, Community and Economic Development (DCCED).

SYLVAN ROBB, DIRECTOR, DIVISION OF CORPORATIONS, BUSINESS, AND PROFESSIONAL LICENSING, DEPARTMENT OF COMMERCE, COMMUNITY AND ECONOMIC DEVELOPMENT, addressed the fiscal impact note, OMB component 2360. The fiscal note included a request in FY 25 for \$131,000 for an additional occupational licensing examiner to handle the licensing of the new associate counselors. The only cost that did not continue into the outyears was \$2,900 for a regulations project. The rest of the costs that continued into the outyears were all related to the new position. The fiscal note reflected a change in revenue because the fund source for the position was 1156, receipt supported services/designated general funds. She explained that DCCED was required through statute to have its licensing fees cover the cost of operations for professional licensing.

Representative Galvin asked if the one DCCED position would oversee all of the associate counselors. She believed the position would keep track of counselors' hours. She asked how many counselors one person would keep track of.

Ms. Robb replied that the position would be added to the staff that currently licensed professional counselors. The team would license professional and associate professional counselors. She explained that because the department did not currently license associate professional counselors, it did not have an accurate estimate of how many there were. There were 993 professional counselors in FY 23 and 577 board approved supervisors who would oversee the individuals who would become the licensed associate counselors.

Representative Galvin assumed the number of associate counselors would be in the 100s if there were 577 supervisor counselors.

Ms. Robb replied that there was not a count of how many the individuals there were. She explained that each board approved supervisor may supervise more than one person or may currently not be supervising anyone.

Representative Galvin asked for verification the department had confidence that the one position would be sufficient.

Ms. Robb responded affirmatively.

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Co-Chair Foster asked the bill sponsor and his staff to provide a quick summary of the bill.

REPRESENTATIVE STANLEY WRIGHT, SPONSOR, deferred to his staff to provide a brief overview of the bill.

RACHEL GUNN, STAFF, REPRESENTATIVE STANLEY WRIGHT, relayed that the bill created a tier designation within the counseling profession in Alaska. She detailed that after a person completed their graduate degree and prior to full licensure, the bill offered more supporting guidance along their professional pathway and supported supervisor supporting associate counselors. She shared that a local Juneau therapist had testified that they have four interns currently. She stated that supervisors were overseeing anywhere from one person to a handful of people.

Representative Ortiz asked what was currently required in order for a person to gain full licensure.

Ms. Gunn replied that there were federal guidelines governing the counseling profession that included 3,000 hours of training, passing a national exam, and other rigorous standards. The bill would give counseling interns a licensure to report their hours more often and supervisors could keep everything together. The bill would make sure that everyone graduating with a postsecondary degree in behavioral health would have the opportunity to become a licensed professional counselor.

Representative Ortiz the bill was intended to streamline the licensing process.

Ms. Gunn responded affirmatively. She added that the bill had the additional benefit of offering billable hours. She explained that currently counseling interns could not bill many insurances including Medicaid. She detailed that supervisors were overloaded with clients with only a few billable self-pay clients. For example, a counselor in

Juneau with four interns only had two billable self-pay clients to share between the interns.

[9:24:14 AM](#)

Co-Chair Johnson MOVED to REPORT HB 126 out of committee with individual recommendations and the accompanying fiscal notes.

There being NO OBJECTION, it was so ordered.

HB 126 was REPORTED out of committee with six "do pass" recommendations and three "no recommendation" recommendations and with one new fiscal impact note from the Department of Commerce, Community and Economic Development, and three new zero fiscal impact notes from the Department of Health.

[9:24:53 AM](#)

AT EASE

[9:26:30 AM](#)

RECONVENED

#hb115

HOUSE BILL NO. 115

"An Act relating to the practice of naturopathy; establishing the Naturopathy Advisory Board; relating to the licensure of naturopaths; relating to disciplinary sanctions for naturopaths; relating to the Department of Commerce, Community, and Economic Development; and providing for an effective date."

[9:27:33 AM](#)

REPRESENTATIVE MIKE PRAX, SPONSOR, provided a brief history to explain the need for the bill. He read from prepared remarks:

Advances in pharmaceutical research accompanied by government licensing of pharmaceuticals and medical practice has caused the American medical industry to evolve towards fighting disease as opposed to maintaining health. But a renewed interest in maintaining health to avoid the need to fight disease started to take hold in the late 50s as stories of

serious side effects from modern pharmaceuticals began to emerge. Medical schools focused on training their students to understand how our bodies naturally respond to disease and how to maintain that healthy response grew in response to this renewed interest. As schools of naturopathy grew, nationally recognized accrediting standards comparable to other schools were established. This led states to issue licenses specific to practicing naturopathic medicine.

The Alaska Legislature first recognized the practice of naturopathic medicine as a licensed profession in 1986, but it did not allow naturopaths to give, prescribe, or recommend prescription drugs, controlled substances or poisons, or to engage in surgery.

Naturopaths need to understand pharmacology so they are able to recognize when prescribing drugs might benefit their patients and especially to recognize when their patients might be suffering from the adverse effects of drugs previously prescribed to them. Accredited schools of naturopathy provide the same pharmacological education as other medical schools. Recognizing that naturopaths receive the same level of pharmaceutical education as other practitioners, other states trust naturopaths to use their best judgement when prescribing drugs, just as they trust other medical practitioners to use their best judgement when prescribing drugs.

Similarly, other states recognize that naturopaths receive the same surgical training as general practitioners, so they know what surgical procedures they can perform and what is beyond their capability, so other states allow naturopaths to perform surgeries according to their best judgement. Consequently, naturopaths are discouraged from opening a practice in Alaska because they were restricted from practicing to the level that they're trained. Furthermore, Alaskans who could obtain a prescription or a surgical procedure directly from their naturopath in other states must pay for an additional office visit to obtain a prescription or a surgical procedure that their Alaska licensed naturopath could provide or perform were it not for Alaska's overly restrictive licensing statutes. This causes Alaskans to pay more

than necessary for medical care and it exacerbates Alaska's shortage of primary care practitioners.

HB 115 is intended to align Alaska's professional licensing standards with nationally accredited naturopathic medical schools' doctoral degree standards. Passing 115 will allow licensed naturopathic doctors to serve Alaskans to the full extent of their training. Allowing naturopaths to practice to the full extent of their training will encourage more naturopathic doctors to practice in Alaska. Having more naturopaths practice in Alaska will alleviate Alaska's shortage of primary care professionals and relieving our shortage of primary care professionals will improve public health.

Representative Prax asked his staff to review the bill and a sectional analysis.

[9:32:21 AM](#)

RILEY NYE, STAFF, REPRESENTATIVE MIKE PRAX, introduced a PowerPoint Presentation titled "House Bill 115 Naturopaths; Licensing; Practice" dated March 5, 2024 (copy on file). He read from slide 2:

WHAT IS A NATUROPATHIC DOCTOR?

- primary care provider with a four-year post graduate medical degree who:
- practices evidence-based primary care, with a patient-centered focus,
- prioritizes disease prevention and discovering root cause of illness,
- whose treatments focus on lifestyle modifications, nutrition and low-risk intervention

Mr. Nye read from slide 3:

WHAT ABOUT THEIR EDUCATION?

Education

- 4-Year Medical School Program accredited by the Council of Naturopathic Medical Education with
- 2 years of medical sciences (anatomy, physiology, microbiology, immunology, etc.)

Pre-requisites

- 4-yr undergraduate degree and additional pre-med coursework

Residency

- Less common because they are not trained as hospitalists
- 1-3 yr residency options available; nationwide there's a shortage
- Note that residencies are not required for independent primary care providers who hold prescriptive privileges

Licensing

- Naturopaths must pass the two-part Naturopathic Physicians Licensing Examination (NPLEX) before being licensed to practice

Mr. Nye skipped slide 4 and turned to slide 5 showing a map of the United States with states licensing naturopaths represented in green. He noted that 23 states were licensing naturopaths. He moved to slide 6 titled "Prescriptive Authority for Naturopaths." States where naturopaths had prescriptive authority were shown in green and states that licensed naturopaths but did not grant prescriptive authority were shown in yellow. He noted that California was shown in light green indicating a collaborative agreement that allowed naturopaths to prescribe a certain number of prescriptions for one year and prescription authority without collaboration after that one-year period.

Mr. Nye addressed a map on slide 7 reflecting states where naturopaths had prescriptive authority. The states in dark green gave naturopaths prescriptive authority of controlled substances. The light green states gave naturopaths prescriptive authority but did not allow them to prescribe controlled substances. The yellow states reflected areas where naturopaths were licensed but did not have prescriptive authority. He concluded the presentation on slide 8:

House Bill 115

- Modernizes statutes for Naturopaths

- Cleans up outdated language
- Imposes the same public health duties on Naturopaths as other medical providers
- Updates scope of practice for Naturopaths that includes limited prescriptive authority
- Allows minor office procedures
- NO MORE duplicative office visits
- Improved access to care for Alaskans
- More choice for patients

[9:36:49 AM](#)

Co-Chair Foster pointed out that the third paragraph of the sponsor statement (copy on file) stated that HB 115 set clear statutory guidelines to allow licensed naturopaths to perform minor office procedures and to prescribe non-controlled medications. He noted that the presentation specified that Alaska did not allow naturopaths to prescribe controlled substances. He looked at slide 8, which specified the bill would update the scope of practice for naturopaths to include limited prescriptive authority. He asked for verification that the bill would not allow naturopaths to prescribe controlled substances including opioids.

Representative Prax responded affirmatively. He explained that there was a difference between prescription drugs and controlled substances. He detailed that controlled substances were considered by the federal government to not have sufficient medical value to justify the risk.

[9:38:37 AM](#)

Representative Josephson stated that he had a number of concerns with the bill. He believed the presentation referenced Section 6 and observed that a person could obtain a temporary license without passing an exam. He was concerned about the specific item because there was no requirement for post-degree residency or internships. Yet there was a way to get to a temporary license that would allow a person to prescribe and do minor surgical procedures. He asked if the committee should be concerned about the provision. He noted that even if a person had failed the exam, the only requirement in Section 6 was for a person to register for the next exam. He stated that theoretically a person could be treating a patient without

passing the exam. He asked if his understanding was accurate.

Representative Prax deferred the question to Dr. Luper with the Alaska Association of Naturopathic Doctors.

9:42:09 AM

SCOTT LUPER, ALASKA ASSOCIATION OF NATUROPATHIC DOCTORS (via teleconference), responded that he did not believe a person could practice under a temporary license. He stated the information was news to him.

Representative Josephson stated that the issue struck him as hugely important. He explained that the bill specified that a person could have failed an exam. He remarked that the current law seemed to express concern about having failed exam. The bill would delete the language and indicate there was not concern over a failed exam. Additionally, the bill allowed a person to obtain a temporary license even though they had failed an exam. Additionally, there did not seem to be restrictions on prescribing or doing minor surgical procedures. He asked if the committee should be concerned.

Mr. Luper responded in the affirmative. He shared that he had trained 18 residents or first year doctors in his clinic. He detailed that one year his clinic had hired a resident before she had passed the exams in the hopes the individual would pass her exams and be able to begin work. He relayed that the individual had not passed her exams and she was unable to practice. He stated that common sense would dictate that if a person did not pass their exams, they did not get to be a doctor. He noted that the specific individual had ultimately passed her exams and was now in practice.

Representative Josephson discussed his primary concern with the bill. He provided a hypothetical scenario where law allowed medical doctors and osteopaths to no longer adhere to the American Medical Association (AMA) requirement of 12,000 to 16,000 hours of internship or residencies. He asked what the public would think. He asked if it would gain the public's confidence.

Mr. Luper answered that naturopathic doctors were trained as primary care providers. He clarified that they were not

trained as specialists. Whereas medical doctors (MDs) and doctors of osteopathic (DOs) medicine, with their extensive residencies, were trained to be specialists and more than a regular doctor. He highlighted that there were other practitioners in the state who were also trained as primary care providers (e.g., nurse practitioners) who were not required to do residencies. The individuals were able to practice safely and effectively. He underscored it was already being done in Alaska. In other states where naturopathic doctors could practice up to the full extent of their education where they were allowed to prescribe and do minor surgical procedures, they also practiced safely. He clarified that the naturopathic doctors would not be equal to MDs and DOs because they did not have the training; however, they were adequate to provide primary care. He highlighted that naturopathic doctors' training exceeded the hours and patient content of nurse practitioners. He added that physicians' assistants were able to provide primary care, and naturopathic doctors' training far exceeded PA training. The bill was trying to bring the licensing ability up to what the level of education was.

[9:48:02 AM](#)

Representative Josephson understood there was a pending bill that would enable PAs to work independently. He directed a question to the bill sponsor. He noted that Representative Prax had talked about pharmacology in his description. He believed the bill purported that naturopathic doctors' pharmacology classwork was comparable to the classwork done by medical doctors. However, he noted that Representative Prax's statement implied that the things learned by naturopathic doctors were not to be fully believed. He interpreted the statement to mean that naturopathic doctors were learning pharmacology but resisting what they had learned to move in a different direction to be circumspect of the things they had learned in terms of the delivery or efficacy of prescription drugs. He asked if his understanding was accurate. He noted it struck him as counterintuitive.

Representative Prax responded that the practice of naturopathy was different than allopathic medicine, which focused on treating the symptoms of the disease. He noted that naturopathic medicine focused more on prevention of disease. He confirmed that naturopaths took a different

approach to their practice; however, they needed to know how to treat acute medical problems that need immediate attention in order to prevent a stroke or heart attack. He explained that in some cases it may be appropriate to prescribe a drug to do just that. He elaborated that naturopaths would also want to continue with other things that people could do to reduce their blood pressure without relying on medications. He relayed that in some circumstances people were prescribed a drug that had adverse effects and naturopaths and physicians needed to understand adverse effects to determine if it could be the underlying problem. He stated that naturopaths needed to be trained to the same level even though did not intend to rely on prescriptions.

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Representative Ortiz referenced the language on slide 8 of the presentation that specified the bill allowed minor office procedures. He asked if the presentation should say that the bill allowed minor surgical procedures rather than minor office procedures.

Representative Prax agreed it was the intent of the bill. He used the stitching of a mole as an example. He explained that the procedures would be more or less the same procedures a general practitioner may perform in office. It would be unreasonable to think that a naturopath would perform internal procedures such as heart transplants.

Representative Ortiz asked what level of training a naturopath received for performing minor surgical procedures in their four-year postgraduate degree program. He asked if minor surgical procedures were part of their regular training.

Mr. Nye responded that naturopaths received the training during their four-year doctorate degree. He deferred to Mr. Tim Birdsall with the Alaska Association of Naturopathic Doctors for further detail.

TIM BIRDSALL, NATUROPATHIC DOCTOR, ALASKA ASSOCIATION OF NATUROPATHIC DOCTORS (via teleconference), replied that the term "minor office procedures" had been used historically in naturopathic licensing to avoid confusion with major surgery, which was excluded in the scope of practice in every state that licensed naturopathic doctors. Usually

there were other specific provisos about other specific things that were not allowed even though they may not fall into a general surgery category and surgery involving tendons, ligaments, blood vessels, eyes, and other procedures that may be done outside an operating room. Minor procedures in general were things that involved a surgical incision or removal of something in addition to things that did not require incision such as stitching up a laceration. He relayed that those techniques and skills were included in the curriculum and training for all naturopathic doctors.

Representative Ortiz believed that naturopaths made a great contribution to medical care, and he generally liked the idea of prioritizing disease prevention. However, he asked what level of training naturopaths received in their four-year postgraduate medical degree for prescribing drugs. He believed there was substantial training in residency programs where standard medical doctors were under the supervision of other medical doctors, while that did not occur for naturopaths because they did not have residency programs. He highlighted that training in prescribing drugs and in surgical procedures were a big part of the supervised residency program that was not available to naturopaths. He asked where naturopaths received the training for prescribing drugs.

Mr. Birdsall responded that naturopathic doctors received extensive didactic training in pharmacology and understanding of drugs including indications and contraindications as well as supervised clinical training in the last two years of medical school.

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Representative Ortiz thought the idea of naturopaths wanting the licensure to prescribe drugs seemed almost counterintuitive to the underlying mission to prioritize disease prevention and discover root causes.

Mr. Birdsall believed that some of what Representative Prax stated in his initial summary of the bill reflected more of a historical view of pharmaceuticals as opposed to a current view. He explained that it was the position of all naturopathic organizations across the country that there was a hierarchy of therapeutics, meaning there was a place for everything. He agreed that ideally every case of

hypertension could be controlled by diet and lifestyle counseling, but it was not the case. He detailed that some cases would require more intervention, such as an herbal medicine or dietary change; however, when those things did not work or when a patient's condition was so acute that prescription medications were necessary, it was included in naturopaths' philosophy. Naturopaths did not turn to drugs as the first line of therapy very often, but they did occasionally. For example, he had seen a woman with a sore throat in his office recently who had turned out to be positive for strep throat. In his opinion, the most appropriate intervention was for antibiotics. As a naturopath, he was unable to prescribe the medication and had sent the patient to a nurse practitioner to receive the antibiotics. The situation had resulted in delay and additional cost. He explained that the situation was unnecessary as he knew exactly what to prescribe. He added that he used the same resources as anyone else and could consult references to ensure his actions were compliant with up to date information. Additionally, if he were to choose to not prescribe medications because of philosophical reasons, patients coming to him would be on drugs and he needed to understand the drugs including their indications and contraindications to treat a patient.

[10:04:46 AM](#)

Co-Chair Foster noted that Representative Tomaszewski had joined the meeting.

Representative Stapp asked how the scope of practice for naturopaths in Alaska under the legislation would compare to those in Montana or Idaho.

Mr. Luper responded that the scope of practice would be the same. He noted there were some subtle differences, and the prescription rights would not be identical.

Representative Stapp he referenced a chart showing physician acts that directly harm patients with a sample of 6,000 licenses (page 3 addendum b). He looked at Idaho observed there had been no complaints against naturopaths related to actions for misdiagnosis or failure to use standard of care protocols. Likewise, there had been no complaints against naturopaths for performing an inadequate procedure that was not in the scope of practice or for inappropriately prescribing drugs. He asked if the

experience in Alaska would be dramatically different than in Montana, Idaho, or New Hampshire in the event naturopaths in Alaska were allowed to expand their scope of practice.

Mr. Luper responded that it would be the same. He explained that naturopathic medicine had been practiced for 100 years and in most of the states under discussion safely for decades. He noted the number of complaints was very low. He noted that any profession would have an occasional problem, but the rate of problems was much less than other professions and particularly much less than MDs and DOs. He relayed that [naturopathic] doctors were well trained to conscientiously provide good care to the best of their ability. He would be glad to bring in experts to testify as to the quality and depth of education. He pointed out that the record spoke for itself. In reality, the practice of naturopathic medicine had been safe and effective. He highlighted there was a shortage of primary care providers in Alaska. He relayed that there were about 50 doctors ready to fill the primary care gap in Alaska if only they were allowed to practice like they were trained. He reiterated that naturopaths practiced safely and would continue to do so.

Representative Stapp asked if there was any material difference in the education and training for naturopathic doctors in Montana and Idaho than there would be in Alaska if the bill passed.

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Mr. Birdsall responded that there was no difference whatsoever. He relayed that there were only five naturopathic medical schools in the country, which were all accredited by the Council on Naturopathic Medical Education. The schools had essentially the same curriculum and were all eligible for taking the NPLEX [Naturopathic Physicians Licensing Examinations]. He anticipated there would be no difference in the training or level of expertise of doctors licensed in Alaska compared to Washington, Oregon, Montana, Idaho, and any other states with licensing laws.

Co-Chair Johnson looked at page 2, Section 2 of the bill that added a naturopathic board. She referenced a number of existing executive orders to remove or consolidate boards.

She wondered if there was an existing board the naturopaths could go under such as the medical board.

Representative Prax deferred the question to Ms. Robb with DCCED.

SYLVAN ROBB, DIRECTOR, DIVISION OF CORPORATIONS, BUSINESS AND PROFESSIONAL LICENSING, DEPARTMENT OF COMMERCE, COMMUNITY AND ECONOMIC DEVELOPMENT responded that DCCED had one regulatory board that covered a number of different professions including architects, engineers, land surveyors, and landscape architects; however, typically boards regulated their own professions and were singular. She did not believe it would be a great fit to put the naturopaths under a different board. She relayed that the department was interested in seeing an advisory board for naturopaths. She added that the profession was very small and there were only 56 licensed naturopaths in Alaska. She explained that an advisory board put less burden on the practitioners. Additionally, it was a small group of individuals and they all knew each other, which could lead to some challenges within the board in terms of trying to regulate the profession.

[10:13:10 AM](#)

Co-Chair Johnson referenced an American Association of Naturopathic Physicians document showing frequently asked questions (copy on file). She stated she was not immediately opposed to the bill, but she wanted to see real facts. She noted that one of the items in the handout read "reduce the incidence of illnesses and fatalities caused by hospital errors." She wanted to know how naturopathic doctors accomplished this. She recalled some elderly individuals saying they did not go to the hospital because people die there. She thought it was kind of the same idea. She asked if the sponsor could elaborate.

Representative Prax responded that answering the question was a little difficult without being critical of the current medical industry. He stated that a key point of using naturopathic medicine as opposed to allopathic medicine, was that patients needed to be patient because naturopaths did not generally offer an instantaneous solution. He stated that the instantaneous solution was generally powerful medications and maybe even some derivatives of some less powerful herbs; therefore, when a

mistake was made, it was a big mistake. He stated that the practice of naturopathy was much more cautious and much less likely to result in a big mistake. He elaborated a naturopath could find that a particular treatment may not work and that a different treatment was needed, but treatments were not causing emergency reactions to a drug. He stated it was his primary reason for choosing treatment from a naturopath.

[10:16:31 AM](#)

Representative Josephson commented that one of the things the committee was hearing was that naturopaths were primary care providers. He did not believe there was any denying that. He stated that other MDs and DOs who were primary care providers were subject to AS 9.55.540 on the burden of proof and a malpractice action. He stated that it involved standard of practice, scope of practice, and complying with the standard. He would want to know why the specific section defining healthcare provider/patient relationships was not melded into the bill. He thought the committee needed to delve into the issue of malpractice within naturopathy and how the industry reviewed itself in that way.

Representative Galvin was very supportive of naturopathy but understood there may be two different lanes under discussion. She referenced the AMA and oversight over the medical community and had read that there were no standards around course content for naturopaths in pharmacology in particular. She stated it was a concern. She considered whether a board would help naturopaths have guidelines. She asked the sponsor to address the issue. She mentioned Dr. Madara, the AMA director who described what the training was like. The AMA suggested there was no guarantee a naturopathic student would ever see patients who were sick or hospitalized during their clinical rotations and may never care for some of the most vulnerable patients such as children or senior citizens. She considered that there may not be the same level of training for naturopaths [compared to MDs and DOs] when it came to critical needs. She had read that a naturopath undertaking a minor office procedure could result in the removal of a mole that was perhaps cancerous but could go undetected.

[10:21:14 AM](#)

Mr. Nye replied that the legislation would require naturopaths to take a pharmaceutical exam, which was the equivalent of anything offered by the state medical board. He assumed that without the proper training, a naturopath would be unable to pass the exam.

Mr. Birdsall responded that Dr. Clyde Jensen had provided testimony in other hearings on the bill. He noted that Dr. Jensen was a pharmacologist and healthcare administrator. He stated that Dr. Jensen was the only person to have served as the president of an allopathic medical school, and osteopathic medical school, and a naturopathic medical school. He relayed that Dr. Jensen had testified several weeks earlier that the curriculum was the same, the textbooks were the same, and the information presented was the same. He highlighted Dr. Jensen's experience that the training [for naturopaths] was comparable [to MDs and DOs]. He relayed that over the past several decades, schools had worked to ensure a broad scope of patient populations including homeless. He detailed that the three naturopathic schools on the West Coast in Seattle, Portland, and San Diego had students seeing homeless population patients. He explained that the elderly and pediatric populations were well represented in the patients seen in naturopathic training clinics.

Mr. Birdsall stated the challenge was determining how much training was enough. He believed everyone would likely agree that more training was better. He believed the intent of all licensing laws and the intent in the State of Alaska was to draw the line at safety to ensure the safety of residents and that no one was licensed in a way that would create the potential for risk or harm. He referenced data from the Federation of Naturopathic Medicine Regulatory Authorities indicating there was a low level of risk of malpractice and a very low level of risk when looking at an expanded scope of practice that included prescriptive authority. From a safety standpoint, the proof was in the history. He highlighted that naturopathic medicine had been licensed in some states for over 100 years and there was an extensive history. As things changed, it was necessary for naturopaths to keep pace by creating licensing that was roughly equivalent to the training, education, and experience naturopathic doctors underwent.

[10:26:46 AM](#)

Co-Chair Foster asked the bill sponsor for any closing comments.

Representative Prax believed it was important to keep in mind that the choice should be made at the patient level rather than dictated at the legislative level. He pointed out that the legislature could write statutes, but it could not guarantee results. He stated that in the case of prescriptive drug training versus what was learned. He stated that what was learned was based somewhat on a student's focus. He highlighted that a patient would not be inclined to go to a sports medicine doctor for a stomach problem, but the sports medicine doctor could technically offer prescriptions for treatment. He had personal experience of a general practitioner prescribing drugs for depression, while a person should really see someone specializing someone who specialized in mental health before getting the medication. However, the legislature could not control that by statute or regulation. He stated that "we trust the integrity of the medical professionals and we let the market decide." He believed the same should be true for the practice of naturopathy.

HB 115 was HEARD and HELD for further consideration.

Co-Chair Foster reviewed the agenda for the afternoon meeting.

ADJOURNMENT

[10:28:46 AM](#)

The meeting was adjourned at 10:28 a.m.