

ALASKA STATE LEGISLATURE
HOUSE HEALTH AND SOCIAL SERVICES STANDING COMMITTEE

March 25, 2023

3:02 p.m.

MEMBERS PRESENT

Representative Mike Prax, Chair
Representative Justin Ruffridge, Vice Chair
Representative Dan Saddler
Representative Jesse Sumner (via teleconference)

MEMBERS ABSENT

Representative CJ McCormick
Representative Zack Fields
Representative Genevieve Mina

COMMITTEE CALENDAR

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."

- HEARD & HELD

PREVIOUS COMMITTEE ACTION

BILL: HB 115

SHORT TITLE: NATUROPATHS: LICENSING; PRACTICE

SPONSOR(S): REPRESENTATIVE(S) PRAX

03/17/23	(H)	READ THE FIRST TIME - REFERRALS
03/17/23	(H)	HSS, JUD, L&C
03/25/23	(H)	HSS AT 3:00 PM DAVIS 106

WITNESS REGISTER

RILEY NYE, Staff
Representative Mike Prax
Alaska State Legislature
Juneau, Alaska

POSITION STATEMENT: On behalf of Representative Prax, prime sponsor, gave a PowerPoint on HB 115.

NATALIE WIGGINS, ND
Vitae Integrative Medical Center
Anchorage, Alaska

POSITION STATEMENT: Provided invited testimony on HB 115.

CARRIE BALDWIN-SAYRE, ND, Director of Development
National University of Natural Medicine
Portland, Oregon

POSITION STATEMENT: Provided invited testimony on HB 115.

CLYDE JENSEN, PhD, MS, Pharmacologist
College of Osteopathic Medicine
Rocky Vista University
Ivins, Utah

POSITION STATEMENT: Provided invited testimony on HB 115.

ROB DOWNEY, MD
Seaworthy Functional Medicine
South Peninsula Hospital
Homer, Alaska

POSITION STATEMENT: Provided invited testimony on HB 115.

SCOTT LUPER, ND
Alaska Association of Naturopathic Doctors
Fairbanks, Alaska

POSITION STATEMENT: Provided invited testimony on HB 115.

GLENN SAVIERS, Deputy Director
Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing
Juneau, Alaska

POSITION STATEMENT: Answered questions during the hearing on HB 115.

ACTION NARRATIVE

[3:02:03 PM](#)

CHAIR PRAX called the House Health and Social Services Standing Committee meeting to order at 3:02 p.m. Representatives Ruffridge, Saddler, Sumner, and Prax were present at the call to order.

HB 115-NATUROPATHS: LICENSING; PRACTICE

[3:03:11 PM](#)

CHAIR PRAX announced that the only order of business would be 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."

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CHAIR PRAX passed the gavel to Vice Chair Ruffridge.

[3:04:34 PM](#)

The committee took two consecutive at-eases from 3:04 p.m. to 3:08 p.m. [to address technical difficulties].

[3:08:47 PM](#)

CHAIR PRAX stated that HB 115 would clarify statutory guidelines on the practice of naturopathy, allowing these practitioners to offer a full scope of services to Alaskans. He suggested that this would help with the increasing shortage of primary care providers in Alaska. He reported that the proposed bill had been heard before during previous legislatures, and this had created a large amount of available documentation.

[3:10:40 PM](#)

RILEY NYE, Staff, Representative Mike Prax, Alaska State Legislature, on behalf of Representative Prax, prime sponsor, gave a PowerPoint on HB 115 [hard copy included in the committee packet]. He began on slide 2 and explained that naturopathic doctors (NDs) are primary care providers who hold a four-year post graduate medical degree. He explained that NDs practice evidence-based primary care, prioritizing disease prevention by discovering the root causes of illness, with treatment focusing on lifestyle modifications, nutrition, and low-risk intervention. He continued to slide 3 and discussed the educational requirements to become an ND, which includes four years in a medical school program accredited by the Council of Naturopathic Medical Education. To become licensed to practice they must pass the two-part Naturopathic Physicians Licensing Examination. He moved to slide 4, which outlined who would not be considered an ND.

[3:13:57 PM](#)

MR. NYE continued to slide 5, which displayed a map of states that have licensing for NDs, of which Alaska does. He moved to slide 6 to explain a subsequent map, showing the states that also allow NDs prescriptive authority. On the map on slide 7, he described which states allowed NDs prescriptive authority for controlled substances.

[3:16:01 PM](#)

MR. NYE continued to slide 8, describing that HB 115 would modernize statutes for NDs and clean up outdated language. He continued that it would allow the same public health duties for NDs as other medical providers have, and it would update the scope of practice to include limited prescriptive authority and minor office procedures. He suggested that the proposed legislation would eliminate duplicative office visits for patients. He explained that duplicative office visits were common for patients because NDs could diagnose a medical issue, but they are not able to prescribe medication for the issue. He gave an example of a patient having to schedule an additional appointment with a medical doctor (MD) for an antibiotic. He added that it would also create improved access to care by giving more health care choices.

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MR. NYE paraphrased the first two sections of the sectional analysis for HB 115 [copy included in the committee packet], which read as follows [original punctuation provided]:

Section 1 - Amends AS 08.02.010(a) Professional designation requirements t
Requires naturopathic doctors to use appropriate letters, titles, and specialist designations in all forms of communication.

Section 2 - Amends AS 08.45 to add a new section:
AS 08.45.015 Naturopathy Advisory Board

Establishes a five-person Naturopathy Advisory Board for the purpose of making recommendations on adoption of regulations and other matters relating to the functions of the department under AS 08.45. The Board consists of:

Two naturopathic doctors (ND)
One licensed pharmacist
One doctor of medicine (MD) or one doctor of
osteopathy (DO), and
One public member.

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REPRESENTATIVE SADDLER pointed out that because of the density of the sectional analysis, time would be saved if committee members read the analysis on their own.

CHAIR PRAX concurred.

VICE CHAIR RUFFRIDGE sought consensus from committee members to skip the sectional analysis. Seeing no objection, he moved to invited testimony.

3:19:55 PM

NATALIE WIGGINS, ND, Vitae Integrative Medical Center, provided invited testimony on HB 115. She expressed the opinion that HB 115 would be in the best interest of Alaska residents because of the state's health care shortage. She reported that Alaska has the highest cost of medical care in the country, a statistic that she contributed to the low number of medical providers. She asserted that NDs are available and ready to help fill this need. The proposed legislation would allow this by updating NDs' scope of practice to reflect their training. She stated that safety concerns were the main reason NDs have not been granted full practicing capabilities, and she opined that this was because of the misunderstanding about training. She expressed agreement that patient safety is a key priority; however, she reiterated that all licensed NDs must have a four-year bachelor's degree, pre-med courses, and a four-year doctoral medical degree from an accredited naturopathic medicine program. She listed several of the required aspects of training for NDs, including prescriptive management and many hours of clinical training. She reported that this was commensurate to the training received by nurse practitioners (NPs) and physicians' assistants (PAs), who have been granted a broader scope of practice.

DR. WIGGINS continued that the proposed legislation would give NDs the same scope to what has been safely practiced in other states. She pointed out her experience as an ND in Arizona,

arguing that she was able to take better care of patients there because of her ability to safely prescribe medications instead of referring patients for prescriptions. She asserted that NDs are trained to give sutures, prescribe medication, administer vaccines, and utilize many other tools necessary for primary care. She described a hypothetical situation where a family's child had an acute urinary tract infection, and they visited an ND. In the current system, she explained that the ND would have to refer the family to an additional appointment with a PA so the child could receive an antibiotic. Emphasizing the importance of the patient-practitioner relationship, she stated that now patients of NDs are forced to have an unfamiliar physician manage their medication. She also explained that getting an appointment with another provider is often difficult, with patients either waiting or going to an urgent care or emergency facility to receive the prescription. She argued that these duplicative appointments pose an increased financial burden to patients, along with more time missed from work. She expressed the understanding that emergency departments in Alaska are overwhelmed with primary care needs. She pointed out that NDs are ready and equipped to address these needs. She reiterated that being unable to practice medicine to the full extent of her training and abilities is a disservice to Alaskans, as there are close to 50 licensed NDs in the state. She argued that supporting HB 115 would be a step toward solving Alaska's problems with access to care and the rising health care costs.

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REPRESENTATIVE SADDLER asked whether naturopathic health care was generally more or less expensive than other forms of care.

DR. WIGGINS replied that most NDs take insurance, so the cost would be similar; however, she reiterated that HB 115 would supply a savings in eliminating the need for duplicative appointments.

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VICE CHAIR RUFFRIDGE referred to Dr. Wiggins describing herself as a "physician." He questioned the restriction in the proposed legislation of NDs' ability to use "physician" in their title.

DR. WIGGINS clarified that when she called herself a physician, this was in direct reference to her practice in Arizona, where NDs are called physicians. She reported that the language

difference is unique to Alaska, and she posited that this usage restriction has been "funneled down" from MDs in the state who believe the term should only be applied to primary care providers who are MDs.

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REPRESENTATIVE SADDLER stated that he has repeatedly heard the similarity of naturopathy to other medical models. He questioned what makes naturopathy different.

DR. WIGGINS explained that the main differences are that naturopathic medicine focuses on preventative care, which involves long conversations with patients to discover and treat the root cause of disease. She observed that conventional models use faster visits, with care focused on symptom suppression. She allowed that those types of visits would address urgent medical needs quickly.

REPRESENTATIVE SADDLER shared his understanding that there was not an essential difference in terms of the disease paradigm between naturopathy and conventional medicine. He sought the confirmation that NDs are focused on addressing the cause of illness rather than the symptoms.

DR. WIGGINS confirmed this understanding.

[3:29:46 PM](#)

DR. WIGGINS, in response to a question from Vice Chair Ruffridge, stated that the other focus of NDs is addressing the root cause of a patient's symptoms instead of simply managing the symptoms.

VICE CHAIR RUFFRIDGE expressed the belief that the difference described could be applied to all medical providers. He discussed that a main difference between a physician and a medical practitioner, like a pharmacist, is that physicians have the ability to provide diagnoses, while a pharmacist does not. He asked whether NDs diagnose their patients.

DR. WIGGINS confirmed that as primary care providers, it is a necessary part of an ND's practice to diagnose.

VICE CHAIR RUFFRIDGE suggested that a NP would also work to find the underlying cause for a patient's illness, spending time on preventative care as well. He questioned the functional

difference between an ND and a conventional medical provider, such as a NP.

DR. WIGGINS replied that a large part of this comes down to time spent with patients, and she shared her experience working in Arizona with an MD who would only see a patient for up to 15 minutes at a time; therefore, this approach is focused on how to treat the symptoms. She reported that spending more time with patients allows symptoms to be filtered through to get to the underlying cause. She expressed agreement that the goal for all medical providers would be to get to the root cause of symptoms; however, the key difference is the approach to treatment. She reiterated that NDs would use a prevention model, focusing on lifestyle management, such as stress, nutrition, and sleep. She acknowledged that the prevention model is utilized in conventional medicine as well; however, she argued that NDs use this to a much greater extent. She added that in search for the least invasive and most effective treatment, NDs are trained to work with botanical medicine. She explained that in some cases of acute illness, herbal remedies would be the least invasive and most effective, but for others it would be an antibiotic [or other conventional medicine].

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VICE CHAIR RUFFRIDGE clarified his understanding that although NDs focus on alternative and botanical treatments, the process for identifying needs would be similar to other medical professionals who use many of the same tools, such as testing and physical assessment.

DR. WIGGINS concurred. She added that she did not mean to insinuate that NDs "did better" than MDs. She expressed the opinion that NDs would hold all forms of health care practitioners in high regard.

[3:35:57 PM](#)

REPRESENTATIVE SADDLER asked why patients would choose naturopaths over MDs for primary care.

DR. WIGGINS replied that patient preference and choice is a major factor because some patients have concerns about side effects from conventional medication, and they turn to naturopathy in search of treatments that would not have the same risk profile.

REPRESENTATIVE SADDLER clarified that some patients may have a predisposition on their health care when they choose an ND.

DR. WIGGINS responded in the affirmative.

[3:37:09 PM](#)

VICE CHAIR RUFFRIDGE suggested that most alternative therapies were not prescriptive in nature and already readily available to NDs. He asked why NDs would want access to prescribe other drugs if the goal of using naturopathic care is to avoid "harsher substances" that require a prescription.

DR. WIGGINS responded that, depending on the patient and his/her illness, it comes down to what treatment would be the least invasive and most effective. She added that there are times when treatment needs to be prescriptive. She gave the example of a patient with hypertension significant enough that it needed to be addressed immediately, as the condition had not responded to botanical treatments. She suggested that there is a time and place for everything, and NDs are trained in prescriptive medicines for when this time and place arises.

VICE CHAIR RUFFRIDGE requested an explanation on an ND's first, second, and third option concerning the hypertension example.

DR. WIGGINS emphasized that the naturopathic approach is very dependent on treating each patient as unique; therefore, there would be no "one-size fits all" treatment. She stated that understanding a patient's lifestyle choices, along with stress levels, sleep issues, and other components of a healthy life, are all a large part of the treatment plan. She said that if the hypertension was of a lower grade, the use of botanicals like hawthorn berry could be beneficial, as well as adding magnesium and other herbs to the patient's diet. She reiterated that these would be used in tandem with lifestyle changes, such as limiting salt intake and increasing hydration. She stated that the step progression for every patient is unique, and medications would be prescribed when needed.

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VICE CHAIR RUFFRIDGE asked for an example of a pharmaceutical that would be prescribed for hypertension and whether it would be used as a third or fourth option. He inquired about the pharmaceuticals that Dr. Wiggins had personally prescribed for hypertension.

DR. WIGGINS restated that it would depend on the patient and in some cases, medication would be the first option. In other cases, she reported that a patient may want to try other modes of treatment. Depending on the patient she may prescribe a low dose of hydrochlorothiazide, lisinopril, or beta blockers.

[3:42:24 PM](#)

CARRIE BALDWIN-SAYRE, Naturopathic Doctor, Director of Development, National University of Natural Medicine, provided invited testimony on HB 115. She testified about the education and training NDs would receive. She advised that the training would be overseen and regulated by national accreditation organizations. She reported that licensed NDs must attend an accredited natural medicine school whose accreditation is overseen by the United States Department of Education. She stated the institution she is associated with is overseen by two accreditation organizations: the Council on Naturopathic Medical Education (CNME) and the Northwest Commission on Colleges and Universities (NWCCU). She reported that CNME was the program accreditor that set the standards for curriculum delivery, performance outcomes, the financial stability of institutions, student services, and the college board of directors' functionality. She stated that NWCCU is the regional institutional accreditor which oversees many other medical schools in the region, including Oregon's allopathic medical program and the University of Alaska. She described the accreditation process as rigorous, and this includes annual reports and site visits. She stated that naturopathic medicine programs are four-year, in-person, graduate training programs, which require thousands of hours of education and over 1,200 hours of direct clinical exposure. She reported that this is comparable to the educational requirements and standards of competency for other medical providers and programs.

DR. BALDWIN-SAYRE listed other similarities between naturopathic medicine programs and other medical programs, including nearly identical pre-requisites for admission and a two-year foundation in human biology. She added that during the first two years of the ND programs, students would go through the extensive study of diagnostic measures and procedures. At the end of the second year, she reported that students would be tested with the Biomedical Science National Board exam. She described the second two years of the ND program as focusing on transferring scientific knowledge to the clinical setting. This is done through courses on cardiology, gynecology, disease management

and prevention, nutrition, life-style counseling, botanical medication and pharmaceutical prescribing, and minor surgical procedures. She reported that NUNM graduates complete nearly 1,300 hours of clinical training, with the requirement of passing 3 clinical exams. This would include a full year serving their own patient load in a primary care medical home, treating patients with complex medical needs. She added that after graduation, potential NDs must pass two national board examinations to qualify for licensure. She described licensed graduates of an accredited program as effective medical providers with the ability to assess and meet primary care needs of patients. She opined that allowing NDs to have prescriptive authority for nonscheduled medication and to administer minor in-office procedures would be low-risk and well within the confines of training. She stated that the benefits would include a reduction in the cost to the patient by eliminating duplicate visits and reducing the risk of more severe illnesses while the patients wait for a second appointment with an MD. She reiterated that in many other states, including Oregon, NDs had provided these services safely for decades.

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VICE CHAIR RUFFRIDGE noted the significant effort and energy that people put into becoming an ND. He questioned why so many states do not allow NDs prescription authority.

DR. BALDWIN-SAYRE opined that in many states powerful medical lobbyists are concerned about the competition NDs might pose. Also, she reported that there are some states with large populations of people practicing naturopathy who have not gone through an accredited program. She expressed the opinion that these people are used to practicing in an unregulated manner; therefore, this creates "a loud voice" [in opposition to instating licensure for NDs]. She said that she has seen instances where insurance companies would rather not pay for services from NDs. She described all this as examples of barriers.

VICE CHAIR RUFFRIDGE shared his awareness of the complex relationship between MDs and NDs. He questioned whether any states have a collaborative-practice arrangement that would allow NDs a limited scope of prescriptive authority.

DR. BALDWIN-SAYRE asked Vice Chair Ruffridge to clarify whether he is asking about a situation where a naturopathic practitioner could prescribe under the supervision of an MD.

VICE CHAIR RUFFRIDGE clarified his question with a hypothetical of an ND with limited need for prescribing pharmaceutical medications, and this practitioner entered into a collaborative agreement with an MD to give written authorization for the ND to prescribe specific drugs, such as antibiotics. He asked whether this practice exists in any states.

DR. BALDWIN-SAYRE expressed uncertainty concerning this specific model. She added that she is familiar with NDs and MDs working together in integrated medical practices.

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REPRESENTATIVE SADDLER asked how insurance companies generally categorize or "deal with" naturopathic care.

DR. BALDWIN-SAYRE replied that there are different models in use. She reported that Oregon has passed legislation which allows NDs to decide how they want to be categorized by insurance companies, and they can choose to be identified as either a primary care or a specialty care physician. She stated that this model allows patients to see naturopaths as options for primary care within their network. In response to a follow-up question, she stated that those who chose to be classified as a primary care physician would be covered by health insurance companies; however, this would only apply if the ND chose to be in the network. She said that if the ND chooses to operate a cash-only model, then they would be able to also choose how they categorize themselves.

REPRESENTATIVE SADDLER asked for a more general view of how insurance for NDs works across the country.

DR. BALDWIN-SAYRE said that Medicaid in several states cover NDs, but she expressed uncertainty concerning insurance policies.

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REPRESENTATIVE SADDLER asked the sponsor of the bill whether there would be an expert on national insurance coverage present in future hearings.

CHAIR PRAX responded that this has not been scheduled, but he could investigate it.

3:56:20 PM

CLYDE JENSEN, PhD, MS, Pharmacologist, Rocky Vista University, provided invited testimony on HB 115. He gave an overview of his professional background. He expressed interest in helping NDs and other medical professions practice to the full extent of their training. He opined that widening the scope of practice would be an economical and responsible decision. He shared the belief that the training in pharmacology that NDs receive is sufficient to prescribe most, if not all, prescription drugs available to other mid-level practitioners. As a pharmacology professor, he reported that the quantity, intensity, and scientific accuracy of the pharmacology training an ND would receive is the same as an MD and a Doctor of Osteopathic Medicine (DOs) would receive. He stated that NDs would receive the same content in his lectures as all types of medical students. He reported that all healthcare professional education programs have two components: preclinical lectures and clinical practice. He stated that in clinical practice MDs and DOs learn through hands-on experience in hospitals, out-patient clinics, and other care settings. During those clinical years, he asserted that students learn how to prescribe and administer many different kinds of drugs; however, he added that the naturopathic clinical experience focuses on prevention and less invasive medication. He opined that embracing preventative measures and less invasive treatments is advantageous for NDs, as they would likely follow their training and try alternative forms of medication, such as herbal remedies, which are less dangerous and costly than pharmaceuticals. He reminded the committee that he is not an ND but an advocate for all health care professionals to be able to practice in their scope. He expressed the belief that this would be in the best interest of patients, providers, and taxpayers.

4:02:20 PM

REPRESENTATIVE SADDLER suggested that naturopathic practitioners could be biased towards a certain style of medication. He asked whether most NDs would see prescribing "western" medication as a competitive model.

DR. JENSEN expressed the belief that naturopathic medicine exists on a continuum, as NDs enter the profession with the intent of practicing the best medicine possible, but with a preference for the use of noninvasive and preventative medicine. However, he asserted that any medical provider, including NDs,

would utilize other forms of medicine when it is in the best interest of the patients.

4:04:29 PM

REPRESENTATIVE SADDLER asked for the definition of the terms used to describe different medical professions, and he referenced "faith healers."

DR. JENSEN replied that the categorization of the different medical professions began at the turn of the 20th century, with practitioners being grouped into three major groups: MDs, DOs, and NDs. At that time, he suggested that these professions had an overlap. As the pharmaceutical market became more advanced, he posited that the professions have drifted apart in the use of prescription drugs, with MDs and DOs prescribing more drugs, while NDs do not. He reported that as the education for NDs advanced and the variety of drugs available has increased, there has been the movement towards utilizing the best of both worlds. He defined PAs as physicians' assistants and NPs as nurse practitioners. He reported that the NP profession was developed to broaden the scope of nurses in order to meet the health care needs of the country's growing population.

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VICE CHAIR RUFFRIDGE questioned the safety profiles of naturopathic options compared to pharmaceuticals.

DR. JENSEN responded that from his personal observation as a pharmacologist, the nutritional and herbal products used by NDs are safer in 98 percent of cases; however, he explained that natural medications could become dangerous when taken in concert with pharmaceutical drugs. Because of the potential danger in drug and herb interactions, he reported naturopaths are trained to avoid these types of unsafe interactions. He advised that the training for all medicals students on drug-herb complications have been stepped up over the past 15 years. He posited that passing HB 115 could help further avoid dangerous herb or nutrient and drug interactions. He reiterated that natural remedies are much less toxic on their own than pharmaceutical drugs.

4:12:14 PM

ROB DOWNEY, MD, Seaworthy Functional Medicine, South Peninsula Hospital, provided invited testimony on HB 115. He shared that

he is dual certified in family medicine and functional medicine. He described functional medicine as being a very similar approach to naturopathic medicine, and he has the unique opportunity of "living in both worlds." He expressed the belief that his experience has informed him on the power and safety of naturopathic medicine. He spoke about his experience with nontraditional medical practices and gave the example of a patient with an autoimmune disorder who was not responding to conventional medication; however, the patient saw drastic improvement to naturopathic treatments, such as stress management, a whole food diet, probiotics, and botanical anti-inflammatories. He reported that he worked in tandem with an ND for eight years to treat patients together in a model very similar to the one used by Cancer Treatment Centers of America. He shared that after moving to Alaska to be the medical director for the Seldovia Village Tribe Health and Wellness, he met another ND, Dr. Abby Liang. He noted that the NDs he has worked with are his "clinical heroes." This is because of their dynamic and caring approach along with the ability to solve complex clinical cases he has struggled with, even as a dual-trained physician.

DR. DOWNEY expressed the opinion that NDs are just as well trained and are perfectly positioned to meet the critical primary care deficiency in Alaska. He reiterated that NDs are trained in pharmacological agents equivalent to MDs. He expressed the belief that if HB 115 passes, it would not endanger patients. Based on 17 years of working collaboratively with NDs, he expressed the anticipation that the rest of the country would be passing similar legislation, and the public and legislative reservations about NDs' abilities would go by the wayside. Addressing the potential concern that NDs may "lose control" once given prescriptive authority, he stated that NDs, "by temperament," use medication as a last resort. He emphasized that NDs have the same clinical judgment as MDs, and they would know when a situation is an emergency and pharmaceutical medicine is necessary. He opined that the theoretical notion that NDs could collaborate with a practitioner with prescribing authority falls short, as this would only add a step in the communication chain. He continued that many studies have shown that the more steps there are, the worse the outcome. He asserted that allowing licensed NDs to have prescribing authority would get to the "heart" of Alaska's primary care shortage by meeting the need with already existing practitioners.

[4:20:41 PM](#)

VICE CHAIR RUFFRIDGE expressed the concern that there is tension between MDs and NDs. He questioned Dr. Downey's perspective as a dual trained medical practitioner.

DR. DOWNEY explained that there is heightened intensity about "doing no harm" within the medical field because people's lives are at stake. He posited that when this intensity was combined with the negativity bias, or the inherent need to focus on threats rather than abundance, NDs and MDs split paths, and the relationship between the two professions was poisoned. He shared that in medical school, he observed the consensus that anyone not trained as an MD would not be as safe in practice as a primary care physician. He expressed distress that these feelings remain intact today, especially since NDs have the same critical decision-making skillset as MDs. He described the tension between the professions as a historical artifact of misunderstandings. He asserted that collaborative work and allowing all physicians to practice to the full scope of their abilities would be the best path forward.

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REPRESENTATIVE SADDLER asked whether there was a tradition of naturopathy in the rest of the world beyond the United States.

DR. DOWNEY stated that part of the answer encompasses the previous question about the distinction between naturopathy and faith healing. He explained that the key difference would be that the treatments and practices naturopaths use are backed by clinical studies from scientific journals, and faith healing lacks this. He reported that nutrition-based, botanical remedies are used all over the world, but only the best aspects of these healing traditions are vetted by science and "pass muster" for the naturopathic practice. He gave the example of acupuncture, noting that its benefits for arthritis and other ailments have been well studied, and it has been shown as effective on both humans and animals. He reiterated that in the United States, the naturopathic and functional medicine communities make sure only the "best of the best" of the many alternative remedies are selected.

REPRESENTATIVE SADDLER referenced that most herbal supplements are labeled not Federal Drug Administration (FDA) approved, and he suggested that this leads to the assumption these methods are not scientifically valid. He questioned whether naturopathic

medicines would be of the same quality as FDA approved pharmaceuticals.

DR. DOWNEY commented that during his 17 years in the field he has experienced the public's issues with supplements and the scientific background of naturopathy. To prove that there is a scientific basis to naturopathy and supplements, he used the example of scientific studies showing that turmeric's high level of curcumin reduces inflammation in the same way as the common anti-inflammatory pharmaceutical prednisone. He said that because these supplements were not regulated or approved by the FDA, naturopaths and functional medicine practitioners rely on companies to impose standards when creating pharmaceutical grade medication. He posited that the public has confused the high quality of supplements that NDs use with the supplements available at the store, many of which have gone through nationwide recalls because of contaminated ingredients. He expressed the belief that this conflation has led to the negative connotation with the botanical treatments used by NDs because they are not FDA approved. He explained that the NDs and functional medicine practitioners source supplements from companies that utilize third-party testing of products, and this creates a domain of safe supplements for practitioners to use. He reiterated that the issues with supplements "on the shelves" are unfairly associated with the naturopathic practice.

[4:30:42 PM](#)

VICE CHAIR RUFFRIDGE commented that he has encountered this issue often in his profession [as a pharmacist] and added that a law in the 1990s required nutritional supplements to have a "not approved by the FDA" label.

[4:31:50 PM](#)

SCOTT LUPER, Naturopathic Doctor, Alaska Association of Naturopathic Doctors, stated that he does not have a prepared testimony but is available for questions. He gave a brief professional history, stating that he was a teacher before becoming a doctor, and he has worked at the Southwest College of Naturopathic Medicine as the chairman of diagnostics. While he was at the college, he shared that he oversaw the second year of education, which he described as "the year you became a doctor" by learning how to run diagnostics, conduct a physical exam, and use other common clinical tools. He stated that he moved to Alaska and continued to teach young doctors through the residency program. He stated that he would be able to address

the question concerning a collaborative prescribing system between NDs and MDs, and he could also speak to the naturopathic approach to treatment of a condition, such as hypertension.

REPRESENTATIVE SADDLER questioned what the current structure of regulation is for NDs in Alaska.

DR. LUPER replied that NDs are regulated through the Division of Corporations, Business and Professional Licensing, and the division accepts applications and investigates any complaints about an ND through the use of an ad hoc advisory committee. He reported that complaints are rare, only occurring once every few years. He noted the efforts by NDs to make the process more formal through the introduction of an advisory board.

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REPRESENTATIVE SADDLER sought to confirm whether it would be an advisory board or a licensing board.

DR. LUPER confirmed that it would be an advisory board rather than a regulatory board, and it would be overseen by the division. He argued that the current system works and is inexpensive, so rather than "fix something that isn't broken" by instating a new system with a regulatory board, he opined that a proposed advisory board would make slight improvements to an already working system.

[4:37:38 PM](#)

VICE CHAIR RUFFRIDGE asked whether a collaborative practice between MDs and NDs for prescribing authority has occurred in other states.

DR. LUPER responded that the current law in California requires an ND to have a collaborative practice with an MD for prescriptions. However, he stated that there have been issues putting this policy into practice, with the main problem being that the collaboration had to be voluntary, and it has been difficult for NDs to find practitioners who are willing to take the time out of their busy workloads.

VICE CHAIR RUFFRIDGE commented that he has been interested in the possibility of a collaborative approach after hearing from Dr. Downey about the synergy that could be achieved between NPs and MDs working together and teaching each other.

DR. LUPER stated that naturopathy is in its essence collaborative, and in order to be a good doctor, especially in Alaska, knowing when to refer patients is essential. He noted that not every doctor can be an expert in every area. He gave an example of a recent patient he treated who was going through chemotherapy. The patient came to see him to treat many of the symptoms associated with the chemotherapy. He reported that the side effects are often hard on the body, and patients often must stop the chemotherapy to stay alive. He asserted that his knowledge of herbs and alternative treatments have allowed patients to stay healthy enough to continue cancer treatments. He reported that doctors in cancer centers he has worked with have voiced appreciation of his training because of the overall success of patients. He expressed the opinion that more people are alive today because of the combination of care. He acknowledged that there has been an increase of appreciation for NDs as the result of collaboration, but he advised that many MDs will still not work with NDs. He posited that this is because of ignorance of [exactly what NDs do]. He expressed the belief that collaboration will grow with time, and the passage of HB 115 would assist this goal by allowing NDs to practice to their full extent of training, as this in turn would make the teams stronger.

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REPRESENTATIVE SADDLER questioned whether an ND could become licensed as a PA in order to obtain prescriptive authority.

DR. LUPER expressed uncertainty concerning any practitioners who have both a PA and ND license, but he acknowledged that it is possible, as he knows an ND who is also licensed as a NP; therefore, this person has prescriptive authority. He mentioned that he had considered becoming dual licensed; however, he was not able to justify stopping practice for four years to go back to school, and this is why there is a push from the ND profession to change the law.

REPRESENTATIVE SADDLER stated that he was unaware there would be a four-year schooling requirement associated with dual licensure.

DR. LUPER commented that it would depend on the degree the practitioner wishes to pursue.

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GLENN SAVIERS, Deputy Director, Department of Commerce, Community, and Economic Development, Division of Corporations, Business and Professional Licensing stated that she was available for questions.

[4:47:09 PM](#)

REPRESENTATIVE SADDLER inquired how a naturopathy advisory board would be different in its authority and activities than a licensing board.

MS. SAVIERS reported that this would be the division's first advisory board, and it is envisioned as splitting the difference between having a regulatory board and no board at all. She stated that it would offer an organized structure for the division to accept expertise from licensed members while avoiding the expense of a full regulatory board. She advised that this would be important for a small pool of licensees, like naturopaths. She stated that adding a regulatory board would complicate licensure, while an advisory board would allow the division to continue implementing the actual licensing process with the option to confer with experts when an issue arises.

REPRESENTATIVE SADDLER questioned whether advisory boards are used in other states.

MS. SAVIERS expressed uncertainty and offered to report back to the committee.

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CHAIR PRAX commented that in any complex situation, people often view stressful issues through a binary. He expressed the importance of expanding the view on the different ways to do things. He argued that the point of the bill is to allow people to do more. He gave a personal anecdote about his experiences looking at alternate treatment options when his mother had cancer many years ago. He stated that after trying traditional radiation therapy, his mother was treated in Mexico with an experimental treatment, and it worked for her. He opined that medical treatments should focus on the betterment of an individual's life rather than "success." He stated that the proposed bill would allow NDs to provide more services, giving power back to the consumer.

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VICE CHAIR RUFFRIDGE announced HB 115 was held over.

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ADJOURNMENT

There being no further business before the committee, the House Health and Social Services Standing Committee meeting was adjourned at 4:52 p.m.