

ALASKA STATE LEGISLATURE
HOUSE HEALTH AND SOCIAL SERVICES STANDING COMMITTEE

April 11, 2023

3:04 p.m.

MEMBERS PRESENT

Representative Mike Prax, Chair
Representative Justin Ruffridge, Vice Chair
Representative CJ McCormick
Representative Dan Saddler
Representative Jesse Sumner
Representative Zack Fields
Representative Genevieve Mina

MEMBERS ABSENT

All members present

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

HOUSE BILL NO. 96

"An Act relating to licensing and registration requirements for certain wholesale drug distributors; and providing for an effective date."

- MOVED CSHB 96 (HSS) OUT OF COMMITTEE

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
03/25/23	(H)	Heard & Held

03/25/23 (H) MINUTE (HSS)
04/06/23 (H) HSS AT 3:00 PM DAVIS 106
04/06/23 (H) Heard & Held
04/06/23 (H) MINUTE (HSS)
04/11/23 (H) HSS AT 3:00 PM DAVIS 106

BILL: HB 96

SHORT TITLE: LICENSING:DRUGS/DEVICES FOR HOME DIALYSIS
SPONSOR(S): REPRESENTATIVE(S) PRAX

03/06/23 (H) READ THE FIRST TIME - REFERRALS
03/06/23 (H) HSS, L&C
03/30/23 (H) HSS AT 3:00 PM DAVIS 106
03/30/23 (H) Heard & Held
03/30/23 (H) MINUTE (HSS)
04/06/23 (H) HSS AT 3:00 PM DAVIS 106
04/06/23 (H) Heard & Held
04/06/23 (H) MINUTE (HSS)
04/11/23 (H) HSS AT 3:00 PM DAVIS 106

WITNESS REGISTER

SYLVAN ROBB, Director
Division of Corporations, Business and Professional Licensing
Department of Community, Commerce, and Economic Development
Juneau, Alaska

POSITION STATEMENT: Answered questions on amendments to HB 115.

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

POSITION STATEMENT: Answered questions on amendments to HB 115.

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

POSITION STATEMENT: Answered questions on amendments to HB 115.

ELIZABETH STOLL, Director
State Government Affairs
Baxter Health Care
Atlanta, Georgia

POSITION STATEMENT: Answered questions on HB 96.

ACTION NARRATIVE

[3:04:07 PM](#)

CHAIR MIKE PRAX called the House Health and Social Services Standing Committee meeting to order at 3:04 p.m. Representatives Ruffridge, McCormick, Saddler, Sumner, Fields, Mina, and Prax were present at the call to order.

HB 115-NATUROPATHS: LICENSING; PRACTICE

[3:05:02 PM](#)

CHAIR PRAX announced that the first 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."

[CHAIR PRAX passed the gavel to Vice Chair Ruffridge.]

[3:06:54 PM](#)

CHAIR PRAX moved to adopt Amendment 1 to HB 115, labeled 33-LS0631\A.1, Bergerud, 4/7/23, to HB 115, which read as follows:

Page 3, line 4, following "department":
Insert "and"

Page 3, lines 5 - 9:
Delete all material.

Renumber the following paragraph accordingly.

Page 5, line 24, following "patient;":
Insert "and"

Page 5, line 25:
Delete "; and"
Insert "."

Page 5, lines 26 - 30:
Delete all material.

Page 14, line 6, through page 16, line 10:
Delete all material.

Renumber the following bill sections accordingly.

Page 16, line 14:
Delete "secs. 1 - 18"
Insert "secs. 1 - 17"

Page 16, line 15:
Delete "secs. 1 - 18"
Insert "secs. 1 - 17"

Page 16, line 17:
Delete "secs. 1 - 18"
Insert "secs. 1 - 17"

Page 16, line 18:
Delete "secs. 1 - 18"
Insert "secs. 1 - 17"

Page 16, line 25:
Delete "20"
Insert "19"

Page 16, line 26:
Delete "sec. 21"
Insert "sec. 20"

CHAIR PRAX explained that Amendment 1 would remove the requirement for naturopaths to have criminal background checks and fingerprints taken. He stated this requirement is imposed on naturopaths but not on other practitioners under Title 8.

[3:08:01 PM](#)

The committee took an at-ease from 3:08 p.m. to 3:12 p.m.

[3:12:37 PM](#)

REPRESENTATIVE FIELDS questioned whether the amendment would delete the fingerprint and fees required by the Department of Public Safety (DPS).

SYLVAN ROBB, Director, Division of Corporations, Business and Professional Licensing (CBPL), Department of Community, Commerce, and Economic Development (DCCED), concerning Amendment 1 to HB 115, responded that for background checks DCCED would collect fingerprint cards and send them to DPS. She stated that entities which are subjected to background checks are listed in

the DPS statute. She stated that [HB 115] required this [for naturopaths], but the amendment would be taking it out.

[3:13:19 PM](#)

REPRESENTATIVE FIELDS questioned whether collecting fingerprints is standard for occupations like naturopaths. He requested some context about the process as a safety mechanism.

MS. ROBB responded that currently naturopaths are not required to provide fingerprints to be licensed. She stated that only a handful of professions require fingerprint-based background checks, with nurses being the largest group.

MS. ROBB, in response to a series of follow-up questions, answered that advanced nurse practitioners are required to be licensed registered nurses, and registered nurses would require a fingerprint-based background check. She answered that physician assistants are not required to have a fingerprint-based background check. In response to the final follow-up question, she answered that licensee applications have questions concerning an individual's criminal record. She stated that occasionally background checks have revealed things which were not disclosed on the application, but this is rare.

[3:15:49 PM](#)

REPRESENTATIVE SUMNER questioned whether professions with prescriptive authority would typically have fingerprint-based background checks. He questioned whether physician assistants would have prescriptive authority.

MS. ROBB responded that the professions covered by the State Medical Board would not be required to have background checks, and this would include physicians and physician assistants.

[3:16:19 PM](#)

REPRESENTATIVE MINA questioned whether physicians, osteopaths, and physician assistants would have other background-check mechanisms which do not require fingerprints.

MS. ROBB responded that there is no background check required for these providers.

[3:16:49 PM](#)

VICE CHAIR RUFFRIDGE suggested that requiring background checks could add time to the licensing process. Concerning which health care professions are required to have a background check, he suggested that it "seems to be split."

MS. ROBB responded that currently professions which require background checks include nurses, nursing assistants, massage therapists, and registered guide outfitters. She stated that the majority of the professions licensed by the division do not require fingerprint-based background checks.

[3:18:04 PM](#)

REPRESENTATIVE SADDLER, for clarification, stated that only a few professions require a fingerprint-based background check, and all licenses governed by the State Medical Board to not require a fingerprint-based background check.

MS. ROBB responded in the affirmative.

[3:18:33 PM](#)

VICE CHAIR RUFFRIDGE removed his objection. There being no further objection, Amendment 1 to HB 115 was adopted.

[Vice Chair Ruffridge passed the gavel to Chair Prax.]

[3:19:08 PM](#)

REPRESENTATIVE RUFFRIDGE moved to adopt Amendment 2 to HB 115, as amended, labeled 33-LS0631\A.2, Bergerud, 4/10/23, to HB 115, as amended, which read as follows:

Page 1, line 1:
Delete "**Advisory**"

Page 2, line 16:
Delete "**Advisory**"
Delete "Advisory"

[3:19:21 PM](#)

CHAIR PRAX objected for the purpose of discussion.

[3:19:27 PM](#)

The committee took a brief at-ease at 3:19 p.m.

[3:19:43 PM](#)

REPRESENTATIVE RUFFRIDGE, speaking to Amendment 2, stated that it is a simple amendment; however, it may have further reaching consequences. In the realm of medical practice, he said, every medical care profession with prescriptive authority has a board governing its actions. He stated that the proposed bill calls for an advisory board. He offered the understanding that an advisory board would be middle ground between an actual board and not having a board at all. He stated that the amendment would create an "actual" board for naturopaths. He named the seven license types with boards, as the amendment would align naturopaths with these.

[3:21:24 PM](#)

REPRESENTATIVE RUFFRIDGE, in response to Representative Saddler, stated that the meeting schedule for boards is set through regulation or statute. He stated that the newly created board would have regulations to pursue; however, he expressed the opinion that the language [in HB 115, on page 1], lines 18-21, requiring the board to meet one time per year, would be unnecessarily prescriptive.

[3:23:07 PM](#)

REPRESENTATIVE SADDLER questioned the effect of removing the word "advisory" from the description of the proposed Naturopathy Advisory Board.

MS. ROBB responded that it would not be an advisory board. She continued that most regulatory boards have statutory language which delegates the duties for the board. She recognized that there is interplay between the amendments being offered to HB 115, and the duties delegated would depend on which amendments are passed.

[3:24:25 PM](#)

CHAIR PRAX stated this would be different for naturopaths, as opposed to others regulated by the State Medical Board. He questioned whether [an advisory board] would work.

MS. ROBB responded that all of the state's 21 boards are regulatory, and there are no advisory boards. She stated that regulatory boards have some expense for the licensees. She

explained that a profession with a small number of licensees would spread the expense across a small pool of people, and this could raise some concern. She reasoned, in this case, having an advisory board would be a good middle ground; the board would be a standing panel of experts to offer advice without having an extra cost to the licensees.

[3:26:05 PM](#)

CHAIR PRAX questioned the number of individuals regulated under a board.

MS. ROBB answered this would vary by profession. She stated that, for example, there are over 20,000 licensed nurses, over 6,000 licensed pharmacy facilities, and the State Medical Board covers 8,200 licensees. She stated that there are several small boards, such as the Board for Direct-Entry Midwives, which has less than 30 licensees. She stated that this board has found challenges with the costs and the small pool for board appointees.

[3:28:02 PM](#)

REPRESENTATIVE MINA questioned whether naturopaths with prescriptive authority in other states would be under a governing board or an advisory board.

SCOTT LUPER, ND, Alaska Association of Naturopathic Doctors, responded that they would be under a board, but not an advisory board. He expressed the opinion that no other state has an advisory board for neuropathy. He stated that there has been discussion in other states, and he expressed the belief that North Dakota may have recently adopted an advisory board. He reiterated that most states use a regulatory board.

[3:29:26 PM](#)

REPRESENTATIVE RUFFRIDGE, in response to Representative Saddler, stated that the amendment is the mechanism for the discussion concerning whether or not the proposed Naturopathy Advisory Board would be an advisory board or a [regulatory] board. Once this is decided, he said, in conjunction with naturopaths and the department, the board's makeup would be determined. He suggested that this may need some clarifying amendments. He expressed uncertainty concerning the sustainability of the cost of having a full regulatory board. He expressed the opinion that if the discussion results in a full regulatory board for

naturopaths, all other entities with prescriptive authority should have a full regulatory board. He said, "What we heard in testimony was the desire for naturopathic providers ... to be on somewhat of an equal playing field, and already it seems like in this legislation we are treating them a little differently."

[3:32:36 PM](#)

REPRESENTATIVE SADDLER moved to table Amendment 2 until after the discussion of Amendment 14. There being no objection, Amendment 2 was tabled.

[3:32:58 PM](#)

REPRESENTATIVE RUFFRIDGE moved to adopt Amendment 14 to HB 115, as amended, labeled 33-LS0631\A.14, Bergerud, 4/10/23, which read:

Page 1, line 1:
Delete "**Advisory**"

Page 2, line 16:
Delete "**Advisory**"
Delete "Advisory"

Page 2, lines 18 - 21:
Delete all material.

Reletter the following subsections accordingly.

Page 2, lines 22 - 23:
Delete "and serve at the pleasure of the commissioner"
Insert "the governor"

Page 2, lines 29 - 30:
Delete all material.

Page 6, lines 15 - 17:
Delete all material and insert:
"(E) drugs under a collaborative agreement adopted under AS 08.45.057, except as prohibited under AS 08.45.050, if the naturopath has passed the elective pharmacology examination portion of the Naturopathic Physicians Licensing Examination;"

Page 7, line 4, following "(1)":

Insert "notwithstanding AS 08.45.057,"

Page 8, following line 17:

Insert a new section to read:

"Sec. 08.45.057. Naturopath collaborative practice authority. (a) The State Medical Board and the Naturopathy Board may jointly approve a collaborative agreement between a naturopath and an authorizing health care provider who is authorized to prescribe drugs under AS 08 if the agreement meets the requirements of (b) of this section and the agreement is submitted to both boards.

(b) A collaborative agreement must include

(1) an authorization by the authorizing health care provider for the naturopath to initiate or modify drug therapy in accordance with the terms of the collaborative agreement;

(2) a statement identifying each health care provider and naturopath who is a party to the collaborative agreement;

(3) the time period of the collaborative agreement, not to exceed two years;

(4) the types of decisions that a naturopath is authorized to make, including

(A) the types of diseases a naturopath may treat, the types of drugs or drug categories that the naturopath may administer or dispense, and the types of care decisions the naturopath may make; and

(B) procedures, decision criteria, or plans a naturopath must follow when making therapeutic decisions;

(5) activities a naturopath must follow in the course of exercising collaborative authority, including documenting decisions made by the naturopath, and a plan for communicating with and receiving feedback from the authorizing health care provider concerning specific decisions made by the naturopath;

(6) a list of the specific types of patients eligible to receive services under the collaborative agreement;

(7) a plan for the authorizing health care provider to review the decisions made by the naturopath at least once every three months;

(8) a plan for providing the authorizing health care provider with each patient record created under the collaborative agreement;

(9) a prohibition on the administration or dispensing of a schedule I, II, III, or IV controlled substance by a naturopath; and

(10) an acknowledgment that the authorizing health care provider will not receive any compensation from a naturopath as a result of the care or treatment of a patient under the collaborative agreement.

(c) To enter into a collaborative agreement under this section, an authorized health care provider must be licensed and in active practice, and the authority granted to the naturopath under the collaborative agreement must be within the scope of the health care provider's license and practice.

(d) Before approving a collaborative agreement, the State Medical Board and the Naturopathy Board shall ensure that the naturopath has been adequately trained in the procedures outlined in the collaborative agreement. If the naturopath is not adequately trained, the boards shall specify and require completion of additional training that covers those procedures before issuing approval of the collaborative agreement.

(e) The State Medical Board and the Naturopathy Board shall maintain documentation related to a collaborative agreement for at least two years.

(f) A collaborative agreement may be terminated upon written notice by the authorizing health care provider or the naturopath. The naturopath shall notify the State Medical Board and the Naturopathy Board in writing within 30 days after the collaborative agreement is terminated.

(g) Any modification to a collaborative agreement must be jointly approved by the State Medical Board and the Naturopathy Board as required by this section for a new collaborative agreement.

(h) A signed copy of the approved collaborative agreement must remain at the naturopath's practice location at all times."

REPRESENTATIVE FIELDS objected for the purpose of discussion.

[3:33:10 PM](#)

REPRESENTATIVE RUFFRIDGE, speaking to Amendment 14, said it would add the same language [as Amendment 2], but it would accomplish more. He stated the amendment would remove the word "advisory" and create a full board, which would be appointed by

the governor. He pointed out it would make substantive changes beginning on page 6 of the bill, and a new section would be added on page 8 addressing collaborative authority for naturopaths. He explained that the amendment would address the continuing education language in the proposed legislation. He directed attention to page 5, line 4, which relates that the continuing education requirements for a naturopath must be equivalent to those of a physician assistant. He stated that physician assistants have collaborative practices for their prescriptive authority. He reasoned that since they have similar requirements, the prescriptive authorities should match. In other words, a naturopath wishing to prescribe medications would need to have a collaborative agreement between the State Medical Board and the proposed Naturopathy Advisory Board.

[3:35:26 PM](#)

REPRESENTATIVE MINA questioned a breakdown between licensed providers who have prescriptive authority under a collaborative agreement and those who practice by themselves.

REPRESENTATIVE RUFFRIDGE expressed the understanding that a collaborative practice agreement is in place for physician assistants, while pharmacists have a limited collaborative practice authority for prescriptions.

[3:36:20 PM](#)

REPRESENTATIVE RUFFRIDGE, in response to Representative Saddler, explained that collaborative practice authority allows a licensed individual to obtain written permission for prescriptive authority from another individual who is, for example, licensed through the medical board. He stated that the written agreement would determine the prescriptive authority, and, depending on what the boards agree to, the agreement could be versatile. He conveyed that naturopaths have said they would have few prescription requests. He gave examples of antibiotics and hormone replacement. Because there has to be a relationship with the individual with authority, he said, the practice would have limitations. The providers giving the authority would have oversight, which fits with the limited amount of prescribing a naturopath would do. He advised that naturopaths are not requesting the ability to prescribe an abundance of medications, rather they are requesting the option of having a collaborative practice with an overseeing provider. He stated that this is the reason he brought the amendment forward.

REPRESENTATIVE SADDLER compared the collaborative practice with someone cosigning on a loan.

REPRESENTATIVE RUFFRIDGE responded that the analogy is reasonable. He continued that both parties would have some sort of authority, but ultimately there would be the discussion of what is being prescribed and why. He stated that the agreement can be narrow or broad.

[3:39:56 PM](#)

REPRESENTATIVE FIELDS withdrew his objection.

[3:40:13 PM](#)

CHAIR PRAX objected. He expressed the understanding that naturopaths receive the equivalent training in pharmacology as other medical providers who have prescriptive authority. He reasoned that because of this the amendment is not necessary. He suggested that medical professionals with prescriptive authority would not collaborate with a naturopath unless the naturopath had training. Furthermore, he expressed the opinion that naturopaths would not rely on allopathic medications, as it would be inconsistent with their philosophy of practice. He expressed the opinion that because naturopaths are required to go to an accredited institution, there would be fewer risks.

[3:42:58 PM](#)

REPRESENTATIVE RUFFRIDGE responded that these are valid points; however, he explained, because allopathic providers regularly prescribe pharmaceutical-grade medications, they would have a higher level of understanding and proficiency than a naturopathic provider. He stated that his concern is not with the training, rather his concern is that naturopaths do not use pharmaceutical-grade medications on a regular basis. In addition, he argued that in the construction of the advisory or regulatory board there would be different types of providers. He suggested that two naturopaths, one pharmacist, and one physician would be a "strange makeup" of a board. He stated that a board typically is made up of one group; for example, a nursing board would be made up of all nurses. He stated that a concession is being made with the design of the proposed Naturopathy Advisory Board, as it would be a collaborative effort.

[3:45:53 PM](#)

REPRESENTATIVE SUMNER moved to adopt Conceptual Amendment 1 to Amendment 14, to delete all material on page 6, line 7, [as numbered on Amendment 14], and insert "(B) a poison".

[3:46:13 PM](#)

REPRESENTATIVE FIELDS objected.

[3:46:24 PM](#)

The committee took an at-ease from 3:46 p.m. to 3:56 p.m.

[3:56:08 PM](#)

REPRESENTATIVE SUMNER withdrew the motion to adopt Conceptual Amendment 1 to Amendment 14.

[3:56:35 PM](#)

REPRESENTATIVE MINA pointed out the collaborative authority for pharmacists and physician assistants are defined by regulation, not statute. In consideration of aligning authority, she suggested that the collaborative authority for the naturopathy board should be in regulation. She requested that CBPL speak to this.

REPRESENTATIVE RUFFRIDGE concurred with the assessment. He advised that a conversation needs to be had concerning the board type.

[3:57:51 PM](#)

GLENN SAVIERS, Deputy Director, Division of Corporations, Business and Professional Licensing, Department of Commerce, Community, and Economic Development, for clarification, questioned whether the State Medical Board or the proposed Naturopathy Advisory Board would establish the regulations.

[3:58:10 PM](#)

REPRESENTATIVE MINA responded that it would be the naturopathy board.

[3:58:18 PM](#)

GLENN SAVIERS commented that anytime something is put into regulation, it is easier for the board to make the amendment, but this would be a policy call.

[3:58:31 PM](#)

MS. SAVIERS, in response to Representative Saddler, stated that she could speak only to the boards under CBPL, and these would all be appointed by the governor. She said she would follow up as to whether the language in statutes say, "serve at the pleasure of the governor".

[3:59:48 PM](#)

REPRESENTATIVE SUMNER questioned whether the prescription of controlled substances would be disallowed [for naturopaths] in a collaborative agreement.

REPRESENTATIVE RUFFRIDGE responded that the question is "tough" [to answer]. He expressed the belief that the prescription of controlled substances would not need to be restricted, as a U.S. Drug Enforcement Administration license would need to be obtained. He expressed uncertainty that naturopaths would be able to obtain this, and he suggested this should be addressed.

[4:00:58 PM](#)

REPRESENTATIVE SADDLER requested an explanation of the origins of the language on pages 2-4 of Amendment 14. He questioned whether the language is similar to language elsewhere in state statute.

REPRESENTATIVE RUFFRIDGE responded that the language came from Legislative Legal Services and is a blend from the current collaborative-practice authority language for pharmacy licensees and physician assistants.

[4:02:15 PM](#)

REPRESENTATIVE MINA related that the regulation for pharmacists is found in 12 AAC 52.240, and the regulation for physician assistants is found in 12 AAC 40.410.

REPRESENTATIVE RUFFRIDGE clarified that there is corresponding language for the State Medical Board, as well.

[4:03:01 PM](#)

REPRESENTATIVE MINA directed attention to page 2, line 11, of Amendment 14, which authorizes a health care provider to prescribe drugs. She questioned whether this would concern physicians, physician assistants, and nurse practitioners, or just physicians.

REPRESENTATIVE RUFFRIDGE responded that all of the mentioned licensed types would be included. Addressing Representative Sumner's earlier question, he stated that the amendment would prohibit naturopaths from dispensing scheduled drugs. He suggested that if the conversation needs to happen at a later time, this will need to be taken out of the amendment.

[4:04:09 PM](#)

REPRESENTATIVE SADDLER pointed to page 3, lines 17-22 of Amendment 14. He stated that this would give the State Medical Board and the proposed Naturopathy Advisory Board the authority to require adequate training before approving a collaborative agreement. He expressed concern that [training] could be "limitless." He suggested that the ability of naturopaths to practice could be narrowed "if they have to chase an undefined standard of training." He requested a comment to ensure this would not be an impediment.

REPRESENTATIVE RUFFRIDGE responded that he has been in a collaborative practice agreement, and from this experience he is able to have a conversation at a "little higher level." He stated that Representative Saddler's assessment is "astute." As far as training is concerned, he stated that this language would prevent any type of licensee in a collaborative practice agreement from engaging in activities outside their scope of practice. In example, he stated that under a collaborative practice agreement [without a training requirement] a pharmacist may decide to do surgery. He offered the opinion that a training requirement would not be an insurmountable barrier. He reiterated that the training requirement would narrow the ability of "carte blanche" authority.

[4:07:15 PM](#)

CHAIR PRAX maintained his objection. He expressed the opinion that in practice, care providers would go beyond the minimum requirement. He argued that training and testing are the same for naturopaths as other medical professionals. He went on to say specialists tend not to prescribe drugs outside of their

specialty. He said, "I think we're more concerned at the governing level than we need to be. I think that this works itself out in practice without being overly prescriptive or overly restrictive." He added that this would need approval from both the State Medical Board and the proposed Naturopathy Advisory Board. He suggested that scheduling the board meetings would be a significant barrier.

[4:09:20 PM](#)

REPRESENTATIVE RUFFRIDGE pointed out that the amendment is large. He questioned whether committee members had time to fully vet the amendment.

[4:10:16 PM](#)

A roll call vote was taken. Representatives McCormick, Ruffridge, Saddler, Sumner, and Fields voted in favor of Amendment 14 to HB 115, as amended. Representatives Mina and Prax voted against it. Therefore, Amendment 14 was adopted by a vote of 5-2.

[4:11:24 PM](#)

The committee took an at-ease from 4:11 p.m. to 4:12 p.m.

[4:12:30 PM](#)

REPRESENTATIVE RUFFRIDGE moved to adopt Amendment 7 to HB 115, as amended, labeled 33-LS0631\A.7, Bergerud, 4/10/23, which read as follows:

Page 5, lines 8 - 15:
Delete all material.

CHAIR PRAX objected for the purpose of discussion.

[4:12:43 PM](#)

REPRESENTATIVE RUFFRIDGE [rhetorically] questioned why the proposed legislation would have the department exempt naturopaths from continuing education requirements. He questioned the intention of this section in the proposed legislation, arguing that if there is continuing education, a standard should be set. He added that this is the reason for the amendment.

[4:13:45 PM](#)

REPRESENTATIVE SUMNER stated that he supports the amendment; however, he expressed confusion concerning educating naturopaths in pain management when they are unable to prescribe these drugs.

REPRESENTATIVE RUFFRIDGE responded that Amendment 15 would address the question.

[4:14:43 PM](#)

CHAIR PRAX, in reference to the proposed Naturopathy Advisory Board being a regulatory board, questioned whether DCCED would be required to make any decisions concerning naturopaths.

REPRESENTATIVE RUFFRIDGE responded that the department would not. He stated that the board would establish the continuing education requirements licensees would have to meet. He continued that the department would play a major role in the renewal of licenses, which would ensure continuing education requirements are met. He stated that he cannot speak to the exact mechanism for the continuing education aspect.

[4:16:25 PM](#)

MS. SAVIERS, in response to Chair Prax, stated she would need to look at each program to understand whether there are [continuing education] exemptions for other professions. She stated this is not a common practice, but she would research and provide a follow-up answer to the committee.

[4:17:27 PM](#)

REPRESENTATIVE SADDLER questioned whether requiring continuing education for naturopaths would be difficult, as opposed to physician assistants.

MS. SAVIERS responded that because naturopaths currently do not have continuing education, she cannot speak to this. She stated that the proposed legislation, in its current form, would set the same medical board standards for naturopaths as for physician assistants.

REPRESENTATIVE SADDLER expressed the concern that translating the requirements from physician assistants to naturopaths would be difficult.

[4:18:56 PM](#)

CHAIR PRAX objected to Amendment 7. He expressed the opinion that statutes should not be overly prescriptive, as extenuating circumstances cannot be known. He expressed trust in both the department and the board to make good judgments.

[4:19:43 PM](#)

A roll call vote was taken. Representatives Mina, McCormick, Ruffridge, Saddler, Sumner, and Fields voted in favor of Amendment 7 to HB 115, as amended. Representative Prax voted against it. Therefore, Amendment 7 was adopted by a vote of 6-1.

[4:20:24 PM](#)

REPRESENTATIVE RUFFRIDGE moved to adopt Amendment 8 to HB 115, as amended, labeled 33-LS0631\A.8, Bergerud, 4/10/23, which read as follows:

Page 5, line 24, following "patient;":
Insert "and"

Page 5, line 25:
Delete all material.

Renumber the following paragraph accordingly.

[4:20:32 PM](#)

CHAIR PRAX objected for the purpose of discussion.

REPRESENTATIVE RUFFRIDGE stated that the current version of HB 115 would require naturopaths to have a current cardio pulmonary resuscitation (CPR) certification when renewing licenses. He voiced that naturopaths are well-trained care providers and would not need a requirement in statute in order to be trained in CPR. He stated that Amendment 8 would remove this language.

[4:21:30 PM](#)

MS. SAVIERS, in response to Representative Mina, stated that dentists are required by statute to be trained in CPR; however, dentistry is a different type of profession. She stated that

there are no other requirements in statute for health care professionals of this type.

[4:22:37 PM](#)

CHAIR PRAX removed his objection. There being no further objection, Amendment 8 was adopted.

[4:23:16 PM](#)

The committee took an at-ease from 4:23 p.m. to 4:24 p.m.

[4:24:23 PM](#)

REPRESENTATIVE RUFFRIDGE moved to adopt Amendment 9 to HB 115, as amended, labeled 33-LS0631\A.9, Bergerud, 4/10/23, which read as follows:

Page 6, line 8:

Delete "whole gland substances,"

CHAIR PRAX objected for the purpose of discussion.

REPRESENTATIVE RUFFRIDGE stated that Amendment 9 would delete "whole gland substances" in regard to prescribing and administering preventative treatment in the practice of naturopathy. He requested an explanation of this language for the committee.

[4:25:16 PM](#)

DR. LUPER responded that whole gland medications are glands which were processed in their entirety, then incapsulated. He gave the example of Armor Thyroid. He stated that a thyroid gland from a pig is processed, and a dosage is standardized. He stated that this is used to treat hypothyroidism.

[4:26:16 PM](#)

REPRESENTATIVE RUFFRIDGE stated that removing "whole gland substances" would clean up the language in HB 115, better aligning the collaborative practice agreements for prescriptions.

[4:26:59 PM](#)

REPRESENTATIVE SADDLER suggested that if Amendment 15 were passed, the language would not present a problem. He questioned whether glandular medications are esoteric or standardized medicine.

REPRESENTATIVE RUFFRIDGE responded that Section 8 of the proposed bill lists some of the things which would not fall under a collaborative practice agreement for naturopaths. He stated that if the language "whole gland substances" stays, it would not be included in the collaborative authority language in Amendment 15. Since whole gland substances and other examples are not prescription drugs, he said, if Amendment 15 moves forward, then these nonprescription medications should be stricken from being under authority, instead of having a special distinction.

[4:29:16 PM](#)

REPRESENTATIVE SADDLER, seeking confirmation of the reasoning, surmised that "whole gland substances" would be covered under other prescriptive authority, so they would not need to be pointed out.

REPRESENTATIVE RUFFRIDGE responded in the affirmative.

[4:29:50 PM](#)

CHAIR PRAX questioned the distinction between whole gland substances from a live animal and the prescription drug version.

REPRESENTATIVE RUFFRIDGE responded that while Armor Thyroid is an example, the whole gland of a pig thyroid can be used in a number of ways. It can be used as a prescription tablet or in powder form in pharmaceutical compounding.

[4:32:01 PM](#)

A roll call vote was taken. Representatives Fields, Mina, McCormick, Ruffridge, Saddler, and Sumner voted in favor of Amendment 9 to HB 115, as amended. Representative Prax voted against it. Therefore, Amendment 9 was adopted by a vote of 6-1.

[4:32:38 PM](#)

REPRESENTATIVE RUFFRIDGE moved to adopt Amendment 10 to HB 115, as amended, labeled 33-LS0631\A.10, Bergerud, 4/10/23, to HB 115, as amended, which read as follows:

Page 6, line 13, following "vaccines;":
Insert "and"

Page 6, line 14:
Delete all material.

Reletter the following subparagraph accordingly.

REPRESENTATIVE FIELDS objected for the purpose of discussion.

REPRESENTATIVE RUFFRIDGE pointed out that, following the same reasoning as the previous amendment, Amendment 10 would remove the language "devices for contraception" from the proposed legislation.

[4:33:45 PM](#)

REPRESENTATIVE RUFFRIDGE, in response to Representative Fields, stated that "devices for contraception" would be covered under shared authority.

[4:34:46 PM](#)

REPRESENTATIVE FIELDS removed his objection.

CHAIR PRAX objected to Amendment 10. He expressed disagreement with using statutes to make requirements. He maintained that the manufacturer of the contraceptive would require training, and this control, along with other training, would be adequate.

[4:35:48 PM](#)

REPRESENTATIVE SADDLER questioned what would constitute a contraceptive device.

REPRESENTATIVE RUFFRIDGE responded that the most common example would be an intrauterine device (IUD). He stated that there can be a variety of types, which can be prescribed in an office setting or through a pharmacy.

REPRESENTATIVE SADDLER clarified that this would be a mechanical device, as opposed to a biological treatment. He expressed the

opinion that naturopaths would not need to prescribe this, so it should not be excluded.

REPRESENTATIVE RUFFRIDGE responded that it is not the intent of any of the amendments to prohibit naturopaths from the ability to prescribe. He stated that collaborative practice agreements may narrow their ability; however, he reiterated that the authority can be broad or narrow, whatever the agreement determines. He stated that if this is included in the collaborative practice agreement, then it would stand.

[4:37:58 PM](#)

REPRESENTATIVE SADDLER expressed the opinion that if every aspect of practice is going to be governed by the collaborative agreement, then the discussion would never end. He gave the example of vaccines.

REPRESENTATIVE RUFFRIDGE responded that a few things can already be prescribed, administered, and dispensed by naturopaths. He stated that vaccines are an interesting dilemma. Although vaccines are prescribed, he explained that in many cases they are under a large collaborative practice. He stated that vaccines are different from a true-prescriptive entity, and Representative Saddler's argument is a valid one.

[4:39:29 PM](#)

REPRESENTATIVE FIELDS pointed out that naturopaths do "superficial" procedures. He voiced that an IUD insertion would not be considered "superficial." He stated that if this is not within the scope of a naturopath's practice, then it should be eliminated.

[4:40:04 PM](#)

REPRESENTATIVE MINA commented that Nexplanon is superficially inserted in the arm. She stated that IUD manufacturers do not allow unlicensed individuals to do the insertion. She stated that naturopath training includes gynecological training, which would be the same for other care professionals who do IUD insertions. She offered the opinion that a collaborative agreement would create a middle ground for this.

[4:41:17 PM](#)

REPRESENTATIVE FIELDS withdrew his objection.

CHAIR PRAX objected to Amendment 10.

[4:41:31 PM](#)

A roll call vote was taken. Representatives Sumner, Fields, Mina, McCormick, Ruffridge, and Saddler voted in favor of Amendment 10 to HB 115, as amended. Representative Prax voted against it. Therefore, Amendment 10 was adopted by a vote of 6-1.

[4:42:07 PM](#)

REPRESENTATIVE RUFFRIDGE moved to adopt Amendment 12 to HB 115, as amended, labeled 33-LS0631\A.12, Bergerud, 4/10/23, which read as follows:

Page 7, lines 1 - 10:
Delete all material.

Renumber the following bill sections accordingly.

Page 16, line 14:
Delete "secs. 1 - 18"
Insert "secs. 1 - 17"

Page 16, line 15:
Delete "secs. 1 - 18"
Insert "secs. 1 - 17"

Page 16, line 17:
Delete "secs. 1 - 18"
Insert "secs. 1 - 17"

Page 16, line 18:
Delete "secs. 1 - 18"
Insert "secs. 1 - 17"

Page 16, line 25:
Delete "Section 20"
Insert "Section 19"

Page 16, line 26:
Delete "sec. 21"
Insert "sec. 20"

CHAIR PRAX objected for the purpose of discussion.

REPRESENTATIVE RUFFRIDGE stated that Amendment 12 would delete Section 9 of the proposed legislation. He stated that if there is a collaborative practice agreement in place, the section would not be needed.

[4:43:12 PM](#)

REPRESENTATIVE MINA questioned the elimination of the restriction on the use of the word "physician" in the proposed legislation.

REPRESENTATIVE RUFFRIDGE responded that this is in the proposed legislation for no reason other than "there is already, through some of these amendments, a large number of somewhat naturally occurring restrictions." He stated that if there is a particular concern about the use of the word "physician" in the amendment, this could be changed.

[4:44:30 PM](#)

REPRESENTATIVE FIELDS moved to adopt Conceptual Amendment 1 to Amendment 12. He stated that the conceptual amendment would address line 1 of Amendment 12, changing the language "page 7, lines 1 - 10" to "page 7, lines 1 - 9". He expressed support for the amendment, in that it achieves conformity with previously adopted amendments; however, for clarity to consumers, physicians have voiced support for the prohibition of the use of the term "physician", and Conceptual Amendment 1 would leave this prohibition in the proposed legislation.

REPRESENTATIVE SUMNER objected to Conceptual Amendment 1. He recommended that to achieve this intent, lines 1-3 should not be deleted.

REPRESENTATIVE FIELDS interjected that Conceptual Amendment 1 would instead change "page 7, lines 1 - 10" to "page 7, lines 4 - 9". He opined that this would have the effect of applying restrictions only on the practicing naturopaths, disallowing the word "physician" in their title. He continued that the remainder of the language would be stricken in conformity with previously adopted amendments.

[4:46:09 PM](#)

REPRESENTATIVE SADDLER pointed out the "double negatives" in the language. He stated that currently the language in the proposed

legislation directs that a naturopath is prohibited from engaging in surgery. By deleting this language, he questioned whether naturopaths would be allowed to engage in surgery.

REPRESENTATIVE RUFFRIDGE, in response, pointed out that what a naturopath is allowed to do is listed on page 6, line 18 of the proposed legislation. He continued that line 21 relates the procedures naturopaths are not allowed to do. He stated that the language in the new section already includes the language from amended Section 9. In response to a follow up, he stated that on line 8 of Amendment 14, controlled substances are prohibited in a collaborative agreement.

[4:49:18 PM](#)

REPRESENTATIVE SUMNER withdrew his objection. There being no further objection, Conceptual Amendment 1 to Amendment 12 was adopted.

[4:49:49 PM](#)

CHAIR PRAX withdrew his objection to Amendment 12, as amended. There being no further objection, Amendment 12, as amended, was adopted.

[4:50:15 PM](#)

The committee took an at-ease from 4:50 p.m. to 4:51 p.m.

[4:51:23 PM](#)

REPRESENTATIVE RUFFRIDGE moved to adopt Amendment 15 to HB 115, as amended, labeled 33-LS0631\A.15, Bergerud, 4/10/23, which read as follows:

Page 5, lines 3 - 7:

Delete "Continuing education requirements must be equivalent to the continuing education requirements of a physician assistant under AS 08.64.107 and must also include a requirement that not less than two hours of education in pain management and opioid use and addiction be completed not more than two years before the application for renewal"

Insert "The continuing education requirements adopted by the department must include a requirement that a licensee complete not less than 50 hours of continuing education approved by the department within

the two-year period immediately preceding the application for renewal"

CHAIR PRAX objected for the purpose of discussion.

REPRESENTATIVE RUFFRIDGE stated that Amendment 15 addresses the continuing education requirements for naturopaths. He stated that currently the continuing education requirements in the proposed legislation are equivalent to the requirements for physician assistants. He stated that the amendment would align this with language adopted by the State Medical Board. He stated that the licensee would be required to complete not less than 50 hours every 2 years in continuing education. He stated that the amendment would direct the department to adopt these requirements.

[4:52:55 PM](#)

REPRESENTATIVE RUFFRIDGE, in response to Representative Saddler, stated that continuing education requirements were discussed in regard to [Amendment 7]; however, Amendment 15 would remove the language concerning the education in pain management and opiate use and insert new language concerning the education requirements. In response to a follow-up question, he expressed the understanding that the effect would increase the education requirements.

[4:54:17 PM](#)

REPRESENTATIVE MINA questioned the continuing education requirements for other relevant health care providers. She questioned whether these requirements would be in statute or regulation.

MS. SAVIERS responded that the continuing education requirements are set by the board in regulation. Because the advisory board was changed to a regulatory board, the continuing competency requirements would be in regulation, as with the Board of Nursing. She stated that the statute directs the board to establish these in regulation.

[4:55:28 PM](#)

CHAIR PRAX referenced the statute on continuing education standards for physician assistants. He stated that there is no set amount of hours of education established in regulation,

rather it is left to the National Commission on Certification of Physician Assistants.

REPRESENTATIVE SADDLER clarified that the effect of the amendment would be to establish 50 hours of continuing education for naturopaths. He stated that the department would set this regulation. He questioned whether opioid use, pain management, and addiction issues would be part of the continuing education.

REPRESENTATIVE RUFFRIDGE responded that, through this amendment process, naturopaths would not be prescribing controlled substances. He stated that the intent in the amendment "was to say exactly as you said earlier, 'Why would we have someone trained in opiates that does not prescribe opiates?'" However, he stated that a "great" point was brought up regarding the difference between an advisory and regulatory board, as some things are better suited to be handled by regulation. He suggested that the committee look at a regulatory board versus an advisory board in regard to this amendment and potentially other changes to HB 115, as amended.

[4:58:18 PM](#)

REPRESENTATIVE MINA questioned the requirements for continuing education for the American Association of Naturopathic Physicians.

DR. LUPER responded that the State of Oregon requires 35 hours a year of continuing education. He stated that Arizona and Washington require less than this. He continued that the hours being discussed for Alaska are close to what these states require.

[4:59:16 PM](#)

CHAIR PRAX proffered that Arizona has a 30-hour requirement.

[4:59:56 PM](#)

REPRESENTATIVE SADDLER questioned whether the language "adopted by the department" in the amendment would imply regulations. He acknowledged an affirmative response from Ms. Saviors.

[5:00:25 PM](#)

REPRESENTATIVE MINA commented that continuing education requirements would be more appropriate in regulation, not statute.

[5:01:07 PM](#)

REPRESENTATIVE MINA objected to Amendment 15.

[5:01:12 PM](#)

A roll call vote was taken. Representatives Saddler, Sumner, Fields, McCormick, Ruffridge, and Prax voted in favor of Amendment 15. Representative Mina voted against it. Therefore, Amendment 15 was adopted by a vote of 6-1.

[5:02:10 PM](#)

CHAIR PRAX observed that Amendment 2 was "no longer needed." [Amendment 2 was withdrawn.]

[5:02:29 PM](#)

CHAIR PRAX announced that HB 115, as amended, was held over.

[5:03:21 PM](#)

The committee took an at-ease from 5:03 p.m. to 5:05 p.m.

HB 96-LICENSING:DRUGS/DEVICES FOR HOME DIALYSIS

[5:05:23 PM](#)

CHAIR PRAX passed the gavel to Vice Chair Ruffridge.

VICE CHAIR RUFFRIDGE announced that the final order of business would be HOUSE BILL NO. 96, "An Act relating to licensing and registration requirements for certain wholesale drug distributors; and providing for an effective date."

CHAIR PRAX moved to adopt Amendment 1 to HB 96, labeled 33-LS0426\A.1, Bergerud, 4/05/23, which read:

Page 2, line 8:

Delete ", drug,"

Insert "drug composed solely of fluids, electrolytes, and sugars"

Page 2, line 13:

Delete the second occurrence of "and"

Page 2, lines 14 - 16:

Delete all material and insert:

"(B) the wholesale drug distributor
(i) delivers the dialysate drug or device
directly to a patient with end-stage renal disease, or
to the patient's designee, for the patient's self-
administration of dialysis therapy;
(ii) uses a bar code scanning and
verification system confirming that the dialysate drug
or device selected to fill the patient-specific order
matches the information on the patient-specific label;
and
(iii) has additional secondary accuracy and
delivery checks in place; and
(C) a licensed pharmacist serves as a
consultant to the wholesale drug distributor to
(i) conduct a retrospective audit of 10
percent of the dialysate drug and device orders
provided directly to patients processed by the
wholesale drug distributor every month; and
(ii) perform assessments at least twice
monthly to ensure quality of product storage,
handling, and distribution by the wholesale drug
distributor;"

[5:05:56 PM](#)

The committee took an at-ease from 5:05 p.m. to 5:06 p.m.

[5:06:25 PM](#)

VICE CHAIR RUFFRIDGE announced there being no objection, Amendment 1 was adopted.

[5:06:49 PM](#)

CHAIR PRAX spoke to the [adopted] Amendment 1.

[5:08:13 PM](#)

The committee took an at-ease from 5:08 p.m. to 5:09 p.m.

[5:09:04 PM](#)

CHAIR PRAX moved to report HB 96, as amended, out of committee with individual recommendations and the accompanying fiscal notes.

REPRESENTATIVE SADDLER objected. He requested clarification on the language "delivered in its original sealed and labeled packaging". He questioned whether the package would be delivered to the patient from the wholesaler as a pallet, without being broken down into individual units.

CHAIR PRAX deferred to a representative from Baxter Health Care.

[5:10:49 PM](#)

ELIZABETH STOLL, Director, State Government Affairs, Baxter Health Care, stated that the word "pallet" would not be the correct terminology. She stated that the bags of solution are packed into boxes at the manufacturing facility, labeled, sealed, and sent to Anchorage. She continued that the boxes would remain unopened since packed initially. Once in Anchorage, they would be stored at the wholesale warehouse where they would be labeled, and then they would be delivered to the patient. She stated that there would never be any mixing of sizes or solutions. She maintained that once the solution is packed, the box would remain unopened until the patient unpacks it.

[5:12:21 PM](#)

REPRESENTATIVE SADDLER questioned whether the language "patient's designee" refers to a third-party distributor which would deliver to the patient.

MS. STOLL responded that this is the standard language accepted across the country. She stated that when the solution is shipped, the patient or their designee will receive the shipment. She stated that the designee would be the person at the home of the patient, such as a spouse. She stated that the wholesale distributor would deliver the package directly to the patient or patient's designee.

REPRESENTATIVE SADDLER clarified that the package would go from the manufacturer directly to the patient or designee. He questioned whether there would be any other intermediary.

MS. STOLL responded that there is no intermediary distributor. She stated that sometimes contractors are used for delivery,

especially in Alaska, but Baxter Health Care is in complete ownership and control of the drug until it reaches the patient's home.

[5:14:37 PM](#)

REPRESENTATIVE SADDLER removed his objection. There being no further objection, CSHB 96(HSS) was reported out of the House Health and Social Services Standing Committee.

[5:14:49 PM](#)

ADJOURNMENT

There being no further business before the committee, the House Health and Social Services Standing Committee meeting was adjourned at 5:15 p.m.