

ALASKA STATE LEGISLATURE
HOUSE HEALTH AND SOCIAL SERVICES STANDING COMMITTEE

April 22, 2025

3:05 p.m.

MEMBERS PRESENT

Representative Genevieve Mina, Chair
Representative Andrew Gray
Representative Zack Fields
Representative Donna Mears
Representative Mike Prax
Representative Justin Ruffridge
Representative Rebecca Schwanke

MEMBERS ABSENT

All members present

COMMITTEE CALENDAR

HOUSE BILL NO. 147

"An Act relating to the practice of naturopathy."

- HEARD & HELD

HOUSE BILL NO. 52

"An Act relating to the rights of minors undergoing evaluation or inpatient treatment at psychiatric hospitals; relating to the use of seclusion or restraint of minors at psychiatric hospitals; relating to a report published by the Department of Health; relating to inspections by the Department of Health of certain psychiatric hospitals; and providing for an effective date."

- HEARD & HELD

HOUSE BILL NO. 141

"An Act relating to universal changing facilities in public buildings."

- BILL HEARING CANCELED

PREVIOUS COMMITTEE ACTION

BILL: HB 147

SHORT TITLE: PRACTICE OF NATUROPATHY

SPONSOR(s) : REPRESENTATIVE(s) PRAX

03/21/25	(H)	READ THE FIRST TIME - REFERRALS
03/21/25	(H)	HSS, L&C, FIN
04/15/25	(H)	HSS AT 3:15 PM DAVIS 106
04/15/25	(H)	-- MEETING CANCELED --
04/22/25	(H)	HSS AT 3:15 PM DAVIS 106

BILL: HB 52

SHORT TITLE: MINORS & PSYCHIATRIC HOSPITALS

SPONSOR(s) : REPRESENTATIVE(s) DIBERT

01/22/25	(H)	READ THE FIRST TIME - REFERRALS
01/22/25	(H)	HSS, L&C
03/25/25	(H)	HSS AT 3:15 PM DAVIS 106
03/25/25	(H)	Heard & Held
03/25/25	(H)	MINUTE (HSS)
04/03/25	(H)	HSS AT 3:15 PM DAVIS 106
04/03/25	(H)	Heard & Held
04/03/25	(H)	MINUTE (HSS)
04/22/25	(H)	HSS AT 3:15 PM DAVIS 106

WITNESS REGISTER

REPRESENTATIVE MIKE PRAX
Alaska State Legislature
Juneau, Alaska

POSITION STATEMENT: As prime sponsor, presented HB 147.

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

POSITION STATEMENT: On behalf of Representative Prax, prime sponsor, presented the sectional analysis of HB 147.

LAURA CULBERSON FARR, Executive Director
American Association of Naturopathic Physicians
Washington, D.C.

POSITION STATEMENT: Testified in support of HB 147.

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

POSITION STATEMENT: Gave invited testimony in support of HB 147.

CLYDE JENSEN, PhD, Professor
National University of Natural Medicine
Happy Valley, Oregon

POSITION STATEMENT: Testified in support of HB 147.

SHANNON BRADEN, ND, Board Member
The Federation of Naturopathic Medicine Regulatory Authorities
Portland, Oregon

POSITION STATEMENT: Testified in support of HB 147.

NATALIE WIGGINS, ND, Board Member
Alaska Association of Naturopathic Doctors
Anchorage, Alaska

POSITION STATEMENT: Gave invited testimony in support of HB 147.

REPRESENTATIVE MAXINE DIBERT
Alaska State Legislature
Juneau, Alaska

POSITION STATEMENT: As prime sponsor, presented HB 52.

MATTIE HULL, Staff
Representative Maxine Dibert
Juneau, Alaska

POSITION STATEMENT: On behalf of Representative Dibert, prime sponsor, answered questions regarding HB 52.

ROBERT NAVE, Operations Manager
Division of Health Care Services
Department of Health
Anchorage, Alaska

POSITION STATEMENT: Answered questions regarding HB 52.

ACTION NARRATIVE

[3:49:28 PM](#)

CHAIR GENEVIEVE MINA called the House Health and Social Services Standing Committee meeting to order at 3:49 p.m. Representatives Mears, Schwanke, Ruffridge, Prax, and Mina were present at the call to order. Representatives Gray and Fields arrived as the meeting was in progress.

HB 147-PRACTICE OF NATUROPATHY

[3:50:05 PM](#)

CHAIR MINA announced that the first order of business would be HOUSE BILL NO. 147, "An Act relating to the practice of naturopathy."

3:50:28 PM

REPRESENTATIVE MIKE PRAX, Alaska State Legislature, as prime sponsor, read the sponsor statement [hard copy included in the committee file] for HB 147, which read as follows [original punctuation provided]:

House Bill 147 allows licensed Alaska naturopathic doctors to apply for a temporary endorsement to practice closer to their level of education and training. This will enable Alaskans to choose their preferred healthcare style and help alleviate the shortage of primary care providers in the state. Approximately 50 licensed naturopaths provide effective care for thousands of Alaskans with chronic diseases like obesity, diabetes, and hypertension in an overburdened healthcare system. However, current limitations on naturopathic care require patients to schedule duplicate appointments for prescriptions increasing healthcare congestion and costs.

HB 147 allows licensed naturopaths to obtain a temporary license endorsement through a written agreement with a supervising physician. This endorsement prohibits the prescription of controlled substances, chemotherapy drugs, antipsychotic drugs, radioactive substances, and performing invasive surgeries. After one year under this agreement, licensed Alaska naturopaths may get an ongoing endorsement linked to the regular licensing renewal process.

The legislation requires all licensed Alaska naturopaths to complete sixty hours of continuing education every two years, including twenty hours in pharmacotherapy.

HB 147 authorizes state licensing personnel to suspend or revoke an endorsement after investigating a complaint against a licensed naturopath. The legislation also makes prescribing medicine without an

endorsement illegal and addresses fraudulent actions to obtain an endorsement.

Naturopathic education emphasizes holistic disease prevention rather than simply treating symptoms. In the long term, naturopathic care offers affordable and enhanced health outcomes for patients, insurers, and the state, while providing Alaskans the opportunity to select the type of healthcare that best suits their needs.

Please join me in supporting House Bill 147.

[3:55:23 PM](#)

RILEY NYE, Staff, Representative Mike Prax, on behalf of Representative Prax, prime sponsor, gave the sectional analysis [included in the committee file] for HB 147, which read as follows [original punctuation provided]:

Section 1 adds new sections AS 08.45.033 (Issuance of Temporary Endorsement) and AS 08.45.034 (Issuance of Endorsement)

Creates a new section of Alaska law to allow licensed Alaska naturopaths to apply for a temporary endorsement to prescribe a limited range of prescription medications upon showing they have:

- passed the pharmacology portion of the Naturopathic Physicians Licensing Exam or equivalent test, and
- meet other applicable requirements established by the Division of Corporations, Business and Professional Licensing (DCBPL or Division).

Naturopaths holding a valid temporary endorsement may prescribe a limited range of prescription medications under a written collaborative agreement with a licensed Alaska physician who has been prescribing and administering prescription drugs for at least five years. The collaborative physician will evaluate the naturopath's prescriptive practice and provide feedback. The temporary endorsement must be in place for a minimum of twelve months and the collaborative oversight must be reported on a form approved by DCBPL. At the conclusion of the twelve-month period, the collaborative physician is required to recommend to DCBPL whether the naturopath should receive further

supervision, be issued an endorsement, or be denied an endorsement. The temporary endorsement terminates on the date a naturopath is issued, or denied, an endorsement to prescribe. After considering the recommendation of a collaborative physician, DCBPL will determine whether to issue, or deny, an endorsement to a naturopath or require further prescriptive supervision. A naturopath who receives an endorsement to prescribe and administer may do so under the limitation of AS 08.45.050.

Section 2 adds new sections AS 08.45.037 (Continuing Education Requirements) and AS 08.45.038 (Standards for License Renewal) Creates a new requirement for all licensed naturopaths in Alaska to provide proof of completing sixty hours of division-approved continuing education as part of their biannual license renewal process. The required sixty hours must include a minimum of twenty hours of continuing education focused on pharmacotherapy. DCBPL may exempt a naturopath from a portion of this ongoing training for extenuating circumstances. However, DCBPL may not grant an exemption for more than fifteen hours total in a fouryear period. This partial waiver provision is similar to statutory provisions for other medical professionals in Alaska that acknowledge the potential for serious illness, military service, family emergencies or natural disasters to limit an ability to complete some continuing medical education. This section also establishes standards for license renewal that require naturopaths to pay an appropriate fee, show they meet the continuing education requirements, disclose whether they have been found to have perpetrated a crime that adversely reflects on their ability to practice safely and have a current cardiopulmonary resuscitation certificate.

Section 3 amends AS 08.45.050 (Restrictions on Practice of Naturopathy) Amends existing law to clarify that naturopaths prescribing and administering medications under a temporary, or ongoing, prescription endorsement may NOT prescribe:

1. a prescription drug except as allowed under their temporary or ongoing prescriptive endorsement,
2. a poison,
3. a chemotherapy drug
4. an antipsychotic drug, or

5. administer a therapeutic ionizing radiation or radioactive substance. In addition, existing statutory prohibitions against a naturopath engaging in surgery or using the word "physician" in the person's title are preserved in law.

Section 4 amends AS 08.45.060 (Grounds for Suspension, Revocation, or Refusal to Issue a License) Expands existing Alaska law to clarify that DCBPL has full authority to take disciplinary action against a temporary, or ongoing, prescriptive endorsement held by a licensed Alaskan naturopath if the division determines the endorsement was secured through deceit, fraud, or intentional misrepresentation.

Section 5 amends AS 08.45.070(a) (Disciplinary Sanctions) Expands existing Alaska law to clarify that DCBPL can exercise the same disciplinary authority over a naturopath's temporary, or ongoing, prescriptive endorsement as it does over a naturopath's license to practice. This authority allows the division to revoke, suspend, censure or reprimand the licensee as well as place them on probation that limits their practice or requires additional professional training and reporting.

Section 6 amends AS 08.45.070(c) (Disciplinary Sanctions) Expands existing Alaska law to clarify that DCBPL can summarily suspend a temporary, or ongoing, prescriptive endorsement during a final hearing or appeals process if the division determines doing otherwise would endanger the public health.

Section 7 amends AS 08.45.080 (Unlicensed Practice a Misdemeanor) Expands existing Alaska law to clarify that a licensed Alaska naturopath is guilty of a class A misdemeanor if they are found to have prescribed a prescription medication without having a valid temporary, or ongoing, endorsement to do so.

Section 8 amends AS 08.45.090 (Fraudulent License) Expands existing Alaska law to clarify that a naturopath who obtains, or attempts to obtain, a temporary endorsement to prescribe prescription medications fraudulently is punishable by a fine of not more than five hundred dollars or by imprisonment for not more than six months, or both.

[4:02:06 PM](#)

REPRESENTATIVE GRAY raised concern about excluding chemotherapy and antipsychotic drugs from the scope of naturopaths. He said that it would be beneficial for these physicians to be allowed to prescribe these drugs as they serve purposes outside of their original intended use.

[4:03:28 PM](#)

REPRESENTATIVE PRAX deferred to an expert on pharmacy to answer that question.

[4:04:13 PM](#)

CHAIR MINA announced invited testimony.

[4:04:55 PM](#)

LAURA CULBERSON FARR, Executive Director, American Association of Naturopathic Physicians, testified in support of HB 147. She explained that naturopathic doctors (NDs) have prescribing authority in 15 jurisdictions and in some states NDs have nearly if not equal prescribing authority as medical doctors (MDs). She emphasized that HB 147 would not be an "experiment" for NDs in the country. She said that many NDs have more pharmacology course hours than others with prescribing authority, stating that that hour comparison is not enough to determine prescription authority. She said that while NDs do not have a residency requirement, residencies do not equate to prescribing authority, as other states allow certain occupations to prescribe drugs without residencies, such as physician assistants. She emphasized the history of safe prescriptions by NDs in other states.

[4:10:19 PM](#)

REPRESENTATIVE SCHWANKE asked about the history of ND's full prescriptive authority in Vermont.

MS. FARR responded that Vermont passed their prescribing authority legislation in 2012, a bill which HB 147 is modeled after. She said that since 2012, ND prescription has gone smoothly with no restrictions.

[4:12:26 PM](#)

REPRESENTATIVE GRAY described his prescribing authority as a physician's assistant (PA) and said HB 147 does not ask for that much; it is "a modest bill."

REPRESENTATIVE SCHWANKE asked what would happen if a supervising MD requested that the ND under their supervision does not utilize their prescribing authority.

[4:14:05 PM](#)

GLENN SAVIERS, Deputy Director, Division of Corporations, Business, and Professional Licensing, Department of Commerce, Community & Economic Development, responded that the particular circumstances would need to be considered. She explained that there would be an investigation, and each case would be treated individually.

[4:15:11 PM](#)

CLYDE JENSEN, PhD, Professor, National University of Natural Medicine, testified in support of HB 147. He spoke from his own experience to compare the pharmacology education NDs and MDs receive, explaining they are held to the same standards of care and require the same number of classroom hours. He stated that NDs are supervised by other NDs, who have experience also prescribing treatments other than drugs, while MDs are often expected to prescribe drugs as treatments. He stated that ongoing education is expected of all physicians across the country and emphasized that NDs are equally educated and qualified to prescribe drugs.

[4:20:27 PM](#)

MR. JENSEN spoke to Representative Gray's previous question regarding drugs that could be useful for NDs to be allowed to prescribe but would be excluded from their prescriptive authority under HB 147. He said that NDs have always faced opposition from "conventional medical professions" when seeking prescriptive authority and he believes the intent of HB 147 would be to reduce the opportunity for opposition or debate.

[4:21:20 PM](#)

SHANNON BRADEN, ND, Board Member, Federation of Naturopathic Medicine Regulatory Authorities (FNMRA), provided an overview of the federation and its disciplinary authorities regarding NDs.

She stated that the FNMRA supports HB 147. She said that in Oregon over the past 7 years, NDs received far fewer disciplinary actions compared to MDs and other physicians. She said that between 2010-2024, in states where NDS have broad prescriptive rights, there were zero disciplinary actions taken against NDs for inappropriate prescribing. She emphasized that similar results would be expected in Alaska under HB 147.

[4:26:54 PM](#)

NATALIE WIGGINS, ND, Board Member, Alaska Association of Naturopathic Doctors, testified in support of HB 147.. She began by describing the healthcare crisis in Alaska, attributing such high costs to the limited access to care in the state. She stated that NDs are ready and able to fill that gap but are prohibited by their limited scope of practice. She described the rigorous education and training required by NDs, including their education in pharmacology and medication management. While some argue that this training does not equate to residency experience, she argued that residency experience does not equate to safe prescriptions. Dr. Wiggins stated that HB 147 would be a cautious and reasonable step forward for NDs. She explained that limiting the prescriptive authority of NDs places a burden on patients, often requiring additional appointments to receive necessary prescriptions from other physicians.

[4:33:41 PM](#)

REPRESENTATIVE GRAY offered his experience in emergency care and the demand he faced from patients to prescribe medications. He stated that he believes people who visit a naturopath are less likely to ask for prescription medications. He asked if any testifiers could speak to that point.

[4:35:38 PM](#)

DR. WIGGINS responded that there is a very thoughtful process NDs take when making prescriptions, which includes taking the time to consider non-medication treatment options.

[4:36:41 PM](#)

REPRESENTATIVE SCHWANKE spoke about people self-diagnosing and getting medication online and asked whether HB 147 would encourage those people to seek care from NDs instead.

DR. WIGGINS answered that that is absolutely true.

[4:38:50 PM](#)

CHAIR MINA announced that HB 147 was held over.

HB 52-MINORS & PSYCHIATRIC HOSPITALS

[4:38:55 PM](#)

CHAIR MINA announced that the final order of business would be HOUSE BILL NO. 52, "An Act relating to the rights of minors undergoing evaluation or inpatient treatment at psychiatric hospitals; relating to the use of seclusion or restraint of minors at psychiatric hospitals; relating to a report published by the Department of Health; relating to inspections by the Department of Health of certain psychiatric hospitals; and providing for an effective date."

[4:39:22 PM](#)

REPRESENTATIVE GRAY moved to adopt the proposed committee substitute (CS) for HB 52, Version 34-LS0399\I, Radford, 4/12/25, as the working document.

CHAIR MINA objected for the purpose of discussion.

[4:39:49 PM](#)

REPRESENTATIVE MAXINE DIBERT, Alaska State Legislature, as prime sponsor, provided a brief recap of HB 52 and thanked the committee for the support she has seen for the bill so far. She emphasized that the goal of HB 52 is to protect the state's most vulnerable youth receiving care from psychiatric facilities, while also protecting the rights of their guardians.

[4:42:01 PM](#)

MATTIE HULL, Staff, Representative Maxine Dibert, on behalf of Representative Dibert, prime sponsor, read the summary of changes from the original bill version to Version I of HB 52 [included in the committee file], which read as follows [original punctuation provided]:

Section 1

Page 2, line 1

Following charge. Inserts: The minor, the minor's parent or legal guardian, or another adult approved by

the professional person in charge may request the confidential communication.

Page 2, line 4:

Following Communication. Deletes "May place reasonable limits on the number of calls permitted,"

Section 4

Page 3, line 13:

Following subsection. Inserts: Unless the department of health requests staff presence during the interview to ensure safety.

Section 5

Page 3, line 19

Inserts 72 hours as a replacement for "one business day", which is deleted.

Section 6

Inserts: AS 47.32.900 Is amended by adding a new paragraph to read:

(22) "chemical restraint" means a psychopharmacologic drug that is used on a patient for restraint, discipline, or convenience and that is not required to treat a medical symptom.

Section 7

Page 3, Line 27:

Inserts "2026" as a replacement for 2025 which is deleted.

[4:44:33 PM](#)

REPRESENTATIVE GRAY, referring to page 3, lines 25-26, in Section 6 of HB 52, Version I, pointed to the language "that is not required to treat a medical symptom". He said that increasing the dosage of a medication that is already prescribed to a child could be used as a restraint. He asked if this language would create a loophole to inappropriately administer an already prescribed drug.

[4:45:20 PM](#)

MR. HULL responded that there must be "an assumption of good faith" for these institutions and he was advised by Legislative Legal Services to finalize this language.

[4:46:08 PM](#)

REPRESENTATIVE RUFFRIDGE asked about other legislation that already governs the use of psychotropic medications in crisis situations. He asked if HB 52 and that existing legislation would conflict with each other.

[4:48:17 PM](#)

MR. HULL responded that HB 52 would require the reporting of chemical restraint usage but would not prohibit institutions from providing care. He said that the usage of chemical restraints would need to be reported under HB 52, even if used in a crisis situation.

[4:49:01 PM](#)

REPRESENTATIVE FIELDS asked about the difference between requiring one hour versus two hours of communication between a patient and their legal guardian.

[4:50:04 PM](#)

MR. HULL responded that HB 52 would create a minimum requirement for communication allowed but would not create a maximum requirement.

[4:51:04 PM](#)

CHAIR MINA asked how that hour of communication would be monitored or recorded. She asked if that would be done by the facility or by the Division of Health Services.

MR. HULL offered his understanding that it would be monitored by the hospital.

[4:52:06 PM](#)

ROBERT NAVE, Operations Manager, Division of Health Care Services, Department of Health, responded that the hospital would track the one-hour time limit.

[4:52:38 PM](#)

REPRESENTATIVE GRAY explained that sometimes requiring a young child to talk on the phone for even five minutes can be very difficult. He asked about the possibility of a phone call

including that child engaging in their own activities while their guardian simply stays connected on the line.

[4:53:17 PM](#)

REPRESENTATIVE RUFFRIDGE asked about the purpose of a psychiatric hospital notifying the Department of Health (DOH) of any use of chemical restraint. He said he does not know the case of another healthcare entity that is required to report their administered healthcare to DOH. He asked what DOH would do with that reported information.

[4:55:09 PM](#)

MR. HULL responded that psychiatric hospitals have shown a history of abuse of children in their facilities. He said that HB 52, at its core, would seek more transparency from psychiatric facilities.

[4:56:41 PM](#)

REPRESENTATIVE DIBERT added that she would often see the nurses in her own schools writing up reports to send on to higher supervision, creating transparency. She also stated that requiring reports would create more timely responses to inappropriate administration of chemical restraints.

REPRESENTATIVE RUFFRIDGE agreed that the timeliness of this reporting, especially to the patient's family, is extremely important. He asked what DOH is going to do with this information. He asked how this reporting to DOH accomplishes the intended goal of HB 52.

[4:59:31 PM](#)

CHAIR MINA clarified that DOH would be required to submit their report to the legislature, which would also become available online.

[4:59:54 PM](#)

REPRESENTATIVE GRAY, in response to Representative Ruffridge's question, discussed his experience reporting patient treatment to DOH, adding that there is typically some level of follow-up from DOH. He said that he believes requiring the report itself may reduce the use of chemical restraints. He agreed that the committee should consider who this report would be submitted to.

[5:02:12 PM](#)

MR. NAVE responded that currently when DOH receives reports of chemical restraint usage, it determines whether that restraint was justified or unjustified. He said if the determines that the restraint was unjustified, it conducts an unannounced investigation.

[5:03:22 PM](#)

REPRESENTATIVE PRAX asked about the requirement to notify guardians of chemical restraint use within 72 hours. He said that guardians may want to know more immediately than that. He asked about unintended consequences of this 72-hour requirement and about how DOH responds to these notifications.

MR. NAVE responded that DOH triages the reports it receives to determine the priority of conducting on-site investigations.

REPRESENTATIVE DIBERT clarified that HB 52 originally asked for a report within 24 hours of chemical restraint usage, but one psychiatric hospital asked for 7 days, so 72 hours was a compromise.

REPRESENTATIVE PRAX asked if DOH agrees that this timeframe would be a reasonable compromise.

MR. NAVE responded that 72 hours is a reasonable timeline.

[5:08:14 PM](#)

CHAIR MINA removed her objection to the motion to adopt the proposed CS for HB 52, Version 34-LS0399\I, Radford, 4/12/25, as the working document. There being no further objection, Version I was before the committee.

[HB 52 was held over.]

[5:08:51 PM](#)

ADJOURNMENT

There being no further business before the committee, the House Health and Social Services Standing Committee meeting was adjourned at [5:09] p.m.