

SB

306

ALASKA STATE LEGISLATURE

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Rep. Tom Anderson, Vice-Chair
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House Judiciary Committee

Memorandum

To: Jean Mischel, Leg. Legal
From: Vanessa Tondini, Committee Aide
House Judiciary Committee
Date: May 9, 2004
Re: CS Request

Please create a work draft House Judiciary Committee Substitute for work order # 23-LS1572\U. A, SB 306, basically deleting all of the text in the bill and inserting language creating a task force in the legislative branch on the scope of practice of naturopathy substantively based on the attached language, but modeling it (conforming the structure) after other legislation creating task forces (see attached CSHB 180 (JUD) from the 22nd Leg.). I know this is a huge request, but the bill is scheduled to be heard in committee tomorrow, May 10 at 11:00 a.m. Use your best judgment if you have any questions on the specifics.

If you have any questions, please call me at 4990. Thank you!

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The legislature finds that the access to medical care in the state is limited.

Naturopaths have proposed that they can meet the needs of more patients.

In order to better understand issues relating to safety and scope of practice of naturopathy, the legislature hereby creates the Task Force on Naturopathic Scope of Practice.

The task force shall be co-chaired by the Chairs of the House and Senate Health, Education, and Social Services Committees. Members shall include: one member of a trade association of naturopaths; one member of the state medical association; one member of the state pharmacy association; one advanced nurse practitioner; a lay member of the state medical board.

The task force shall meet at least three times; participation may be telephonic, if necessary.

The task force shall address the following issues: comparable levels of education and training between naturopaths and medical doctors; appropriate scope of practice relating to the use of legend drugs by naturopaths; appropriate scope of practice for non-pharmacological treatments by naturopaths (e.g. minor surgery); structure and operations of collaborative protocols; issues relating to joint liability between collaborating practitioners, and other issues as members of the task force deem necessary.

The task force shall submit a report of their findings to the legislature by February 1, 2005.

THE
FOLLOWING
DOCUMENT(S)
ARE
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XXIV. Prescribing Authority (cont.)

State	Midwife	Optometrist	Emergency Medical Technician Paramedic	Naturopathic Doctor
Alabama	E	H	C	D
* Alaska	C, E	F, H	C	E
Arizona	E	A - Limited	E	H
Arkansas	E	A - Limited	E	E
California	E	H	C	E
Colorado	E	H*	E	E*
Connecticut	E	A	E	E
Delaware	E	A, G, H*	E	D
District of Columbia	B	A	C	E
Florida	E	A - Ltd. formulary	E	A*
Georgia	E	A - Ltd. formulary*	E	E
Guam	H*	H*	E	E
Hawaii	E	C, F, G	E	H*
Idaho	E	A	C	D
Illinois	D	F, G, H	E	E
Indiana	E	H - Ltd. formulary*	E	E
Iowa	E	A*	E	D
Kansas	E	H*	C	B
Kentucky	E	H*	C	E
Louisiana	H	H	E	D
Maine	A	H	C	H
Maryland	E	H*	E	E
Massachusetts	E*	H*	E	E
Michigan	E	C, F, H	E	D
Minnesota	E	H	C	D, E
Mississippi	C	H*	C	E
Missouri	E	E	E	E
Montana	E	A - Ltd. therapeutics	E	H
Nebraska	B*	A - Limited*	E	D
Nevada	E	H	E	E
New Hampshire	C	A*	C	H
New Jersey	B, H	H	E	D
New Mexico	A	A, H	E	E
New York	A*	A	C	E
North Carolina	B	A	E	E
North Dakota	A - Limited	H	E	D
Ohio	E	A - Limited	E	D
Oklahoma	H	A	E	E
Oregon	E	A - Limited	C	A*
Pennsylvania	E	F, G, H*	E	D, E
Puerto Rico	E	E	E	E
Rhode Island	E	H	C	D
South Carolina	E	A - Limited*	E	E
South Dakota	E	A - Limited	E	E
Tennessee	E	A	E	E
Texas	C	A - Ltd. formulary	C	D
Utah	D	H	D, E	A*
Vermont	B*	G	C	H*
Virginia	E	A, H	E	E
Washington	C	F, G	C	H*
West Virginia	E	H	C	E
Wisconsin	E	H	E	E
Wyoming	E	H	C	D

* See "Footnotes (*)" on pages 69-72.

XXIV. Prescribing Authority (cont.)

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Medical Doctors have unlimited, independent prescribing authority in every state.

Doctors of Osteopathy have unlimited, independent prescribing authority in all states, except Puerto Rico where they have no prescribing authority.

Doctors of Dental Surgery, Doctors of Podiatric Medicine, and Doctors of Veterinary Medicine have independent prescribing authority that is limited to their course of practice in every state.

Doctors of Chiropractic have no prescribing authority in any state.

LEGEND

- A — Independent Authority.
- B — Dependent Prescribing Authority.
- C — Use Only.
- D — Not Licensed.
- E — No Prescribing Authority.
- F — Diagnostic Only.
- G — Therapeutics.
- H — Limited Prescribing Authority.

Footnotes (*)

AK — Advanced Nurse Practitioners may prescribe and dispense within the scope of their specialty.

AZ — Homeopathic Physician has prescriber authority. Title of "Clinical Nurse Specialist" not used.

AR — "Advanced Practice Nurses" must be certified under rules promulgated by the Board of Nursing and Medical Licensing Board. When certified, they will have dependent authority. Must have collaborative agreement with physician and may only prescribe within the scope of the physician's practice.

CA — Dependent prescribing authority for Certified Nurse Midwife and Certified Nurse Practitioners. Dependent prescribing authority for Pharmacists in licensed health facilities, clinics, health maintenance organizations, and providers contracting with HMOs in accordance with policies, procedures, or protocols.

CO — Homeopathic Physicians have prescriptive authority if they are a Medical Doctor or Doctor of Osteopathy. A Naturopathic Doctor would have no such authority, except for vitamins, minerals, etc. Advanced Practice Nurses have independent authority if they are approved by the nursing board, have obtained a DEA number, and maintain a collaborative agreement with a physician licensed in Colorado whose background and active practice corresponds with that of the nurse. Optometrists may purchase, possess, administer, and prescribe certain

pharmaceutical agents for examination and treatment if they are therapeutically certified by the Optometric Examiners Board.

CT — Advanced practice nurses have independent authority if they are licensed as APRNs, have obtained a DEA number, and maintain a collaborative agreement with a physician licensed in Connecticut whose background and active practice corresponds with that of the nurse practitioner, pediatric nurse practitioner, psychiatric nurse practitioner, and certified nurse anesthetist all fall under the category of advanced registered nurse practitioner.

DC — Only nurse practitioners, clinical nurse specialists, nurse midwives, and nurse anesthetists who are licensed by the DC Board of Nursing as an advanced practice registered nurse have independent prescribing authority.

DE — Advanced Practice Nurses must be licensed by the Board of Nursing and must submit a collaborative care agreement to the Joint Practice Committee. Optometrists must be therapeutically certified to prescribe.

FL — For Physician Assistants, there exists a limited formulary. Advanced Registered Nurse Practitioners may initiate orders under protocol. Naturopathic Doctors have unlimited prescribing authority.

GA — Optometrists may prescribe from a specific formulary.

GU — Optometrists may prescribe from a limited formulary. APRNs must have collaborative practice agreement with MD.

HI — Naturopathic Doctors may prescribe vitamins, minerals, amino acids, and fatty acids. Rules exclude the prescribing by PAs of controlled substances and also require that the supervising physician retain full professional and legal responsibility for PA performance, care, and treatment of patient. Pharmacists may adjust dosage regimens pursuant to



Drug Law

Legend continues on page 70

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XXIV. Prescribing Authority (cont.)

Footnotes (*) - (cont.)

- prescriber authorization. Effective July 1, 1997, therapeutically certified optometrists shall not prescribe, dispense, or administer oral pharmaceutical agents except those available without a prescription. Only the use and prescription of topical therapeutic pharmaceuticals as established by the Joint Formulary Advisory Committee are allowed.
- ID** — Physician Assistants, Nurse Practitioners, Certified Nurse Midwives, Clinical Nurse Specialists, and Registered Nurse Anesthetists all have independent prescribing authority limited to scope of practice and must be approved to prescribe by their respective boards.
- IN** — "Advanced Practice Nurses" must be certified under rules promulgated by the Board of Nursing and Medical Licensing Board. When certified, they will have dependent authority. Must have collaborative agreement with physician and may only prescribe within the scope of the physician's practice. The state does not necessarily recognize each listed nursing specialty. Hospital and private mental institutional Pharmacists may adjust drug therapies pursuant to protocol and under the supervision of a physician. Optometrists must be certified by a committee of the Pharmacy Board and use formularies to prescribe. They may not prescribe for controlled substances.
- IA** — "Certified" Clinical Nurse specialists, "Certified" Nurse Midwives, and "Certified" Nurse Practitioners (Advanced Registered Nurse Practitioner classifications) have independent prescribing authority. PAs must have supervising physician and prescriptive authority; does not include CII stimulants or depressants. Three classes of Optometrists: 1) Plain Optometrists cannot use drugs at all; 2) Certified Optometrists can use some drugs for diagnostic purposes only; 3) Therapeutically Certified Optometrists can prescribe, but not dispense (except at no charge to commence a course of therapy), a select group of drugs including: a) topical and oral antimicrobial agents, b) oral antihistamines, c) oral antiglaucoma agents, d) topical pharmaceutical agents, and e) oral analgesic agents; f) oral steroids (with limitations).
- KS** — Three separate licenses for Optometry; one allows prescriptive authority of topical, diagnostics, and certain oral medications. Naturopathic doctor may prescribe pursuant to a protocol with a physician.
- KY** — Pharmacists may initiate, continue, or discontinue drug therapy pursuant to an established collaborative care agreement. Pharmacists who enter into a collaborative care agreement with a practitioner may cooperatively manage a patient's drug-related health care needs. The agreement shall be limited to specification of the drug-related regimen and necessary tests; stipulated conditions for initiating, continuing, or discontinuing drug therapy; and directions concerning the monitoring of drug therapy and conditions warranting dose, dosage regimen, dosage form, or route of administration modifications. Advanced Registered Nurse Practitioners (ARNPs) who prescribe must enter into a written collaborative practice agreement with a physician that defines scope of prescriptive authority. ARNPs cannot prescribe controlled substances. Optometrists may prescribe diagnostic topical medications for use in the eye or its appendages. "Therapeutically Certified" Optometrists may prescribe oral medications, except C-I and C-II controlled substances, for any condition that an Optometrist is authorized to treat under KRS 320. The authority to prescribe C-III, IV, and V controlled substances shall be limited to prescriptions for a quantity sufficient to provide treatment for up to 72 hours. No refills of prescriptions for controlled substances are allowed. Physician Assistants cannot prescribe controlled substances.
- MD** — Certified Registered Nurse Practitioners (including specialties) and Nurse Midwives may only prescribe within their specialty. Nurse Midwives have limited formulary. A therapeutically certified optometrist may prescribe under certain conditions.

Legend continues on page 7

XIV. Prescribing Authority (cont.)**Survey
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Notes (*) - (cont.)

- MA** — Massachusetts only recognizes Registered Nurse Practitioners. Clinical Nurse Specialist prescribing authority is for Psychiatric Nurse Specialists only. Nurse Midwife prescribing authority is for Certified Nurse Midwife only. Optometrists may prescribe topical Schedule VI drugs for use in the eye, but may not prescribe glaucoma medications.
- MD** — Optometrists may prescribe topicals only, for diseases of the eye and its adnexa.
- MO** — Must have a collaborative practice arrangement with a physician.
- MT** — Nurse Practitioner, Pediatric Nurse Practitioner, Psychiatric Nurse Practitioner, and Certified Nurse Anesthetist all fall under the category of Advanced Registered Nurse Practitioner.
- NE** — Doctors of Homeopathy use naturopath formulary. APRN, CNM, and CRNA must be RNs. Optometrists may prescribe topical ocular pharmaceutical agents and oral medication that is within their scope of practice.
- NM** — The Board of Nursing determines by certification which specialties have prescriptive authority. Certified nurse midwives prescribe pursuant to Dept. of Health rules. For pharmacist clinicians only - in accordance with the New Mexico Pharmacist Prescriptive Authority Act.
- NY** — "Nurse Practitioners" are authorized to issue prescriptions in accordance with practice agreements and practice protocols between the physician and nurse practitioner. Effective 1994, implementation of the Midwifery Practice Act resulted in licensure of professional Midwives.
- ND** — Pharmacist's prescribing authority based on a collaborative practice agreement with a physician.
- OH** — Advanced Practice Nurses licensed by the Nursing Board may prescribe drugs under certain conditions and within a limited formulary.
- OR** — Nurse Practitioners may prescribe independently, but only for drugs allowed by formulary for their area of practice. Naturopaths may only prescribe, administer, and dispense non-poisonous plant and animal substances as determined by a formulary council in therapeutic dosages; they may administer select anesthetics, antiseptics, and radiopaque substances.
- PA** — Physician Assistants and Nurse Practitioners based on formulary and written agreement with supervising physician. Please contact the Medical Board and/or Nursing Board for specific requirements and current status of laws/regulations. Optometrists - additional requirements for a Board of Optometry therapeutic license.
- RI** — Nurse Midwives must be Certified Nurse Midwives in order to prescribe, and Nurse Practitioners must be Certified Nurse Practitioners in order to prescribe. Optometrists limited to topical ophthalmics.
- SC** — Physician Assistants are certified by Board of Medical Examiners for prescriptive authority and formulary. Extended role of Nurse Practitioner certified by Nursing Board; under approved protocol from Nursing Board. Optometrists are therapeutically certified by the Board of Examiners in Optometry for limited prescriptive authority.
- SD** — A statute passed in 1993 allows Pharmacists to initiate or modify drug therapy by protocol or other legal authority established and approved within a licensed health care facility or by a practitioner authorized to prescribe drugs.
- TN** — Certified Nurse Practitioners have dependent prescribing authority.
- TX** — Physician Assistants and Registered Nurses who have advanced training may prescribe dangerous drugs per protocol with a practitioner. Physician Assistants must be recognized by the Medical Board and have specialized training and education. Registered Nurses must be recognized by the Nursing Board and have specialized training and education. Pharmacists may perform specific acts relating to drug therapy management under written protocol from a practitioner.
- UT** — APRNs can prescribe C-II's and C-III's with consultation. Naturopathic Doctors must prescribe pursuant to a specific formulary.
- VA** — In VA, nurse practitioners, including nurse anesthetists and nurse midwives as well as other specializations of nurse practitioners are licensed as "nurse practitioners." "Prescriptive authority" is an add-on to the nurse practitioner license. As of July 1, 2000, nurse practitioners with prescriptive authority

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XXIV. Prescribing Authority (cont.)

Footnotes (*) — (cont.)

will be able to prescribe and possess C-Vs only after they obtain a DEA registration. On January 1, 2002, C-IVs will be added. On July 1, 2003, C-III's will be added. "Prescriptive authority" is an add-on to the physician assistant license. As of July 1, 2001, physician assistants may prescribe and possess C-Vs after obtaining a DEA registration. On January 1, 2003, C-IVs will be added.

VT — Contact the Board of Nursing for specific prescribing requirements. Naturopaths may prescribe pursuant to their formulary.

WA — "Clinical Nurse Specialist" is not a recognized designation in this state. All other nurse practitioners are included in ARNP classification. ARNPs have independent authority for CV and legend drugs.

Collaborative agreement with physician required for CII-IV. Naturopathic Practitioners may prescribe a limited number of legend drugs, including vitamins, mineral whole gland thyroid, Vitamin B₁₂ prep, antibiotics, corticosteroids, etc. (List available from Washington State Board of Pharmacy.) They may not prescribe controlled substances.

WY — Prescribing authority only for those designated as Certified Advanced Nurse Practitioner. May be certified in specialty areas indicated with an asterisk (*). Certified Advanced Registered Nurse Practitioner may now prescribe controlled substances (CS II-V). Certification must be done with Nursing Board and requires additional education and testing to regular Advanced Nurse Practitioner.

XXV. Dispensing Authority (cont.)


State	OB/GYN Nurse Practitioner	Pediatric Nurse Practitioner	Psychiatric Nurse Practitioner	Optometrist	Naturopathic Doctor
Alabama	Yes	Yes	Yes	Yes	No
Alaska	No A	No A	No A	Yes B	No
Arizona	Yes	Yes	Yes	Yes B	Yes B
Arkansas	No	No	No	No	No
California	Yes TT	Yes TT	Yes TT	Yes	No
Colorado	No	No	No	No	Yes G
Connecticut	Yes A	Yes A	Yes A	Yes	Yes B
Delaware	Yes J	Yes J	Yes J	Yes J	No
District of Columbia	Yes UU	Yes UU	Yes UU	Yes	No
Florida	No	No	No	Yes	Yes
Georgia	Yes K	Yes K	Yes K	Yes	No
Guam	Yes S	Yes S	Yes S	Yes B	Yes
Hawaii	No	No	No	Yes	No I
Idaho	QQ	QQ	QQ	Yes D	No
Illinois	Yes W	Yes W	Yes W	No	No
Indiana	Yes NN	Yes NN	Yes NN	Yes B	No
Iowa	No N	No N	No N	No VV	No
Kansas	No	No	No	Yes B	No
Kentucky	Yes V	Yes V	Yes V	Yes B	No
Louisiana	No	No	No	No	No
Maine	Yes	Yes	Yes	Yes	Yes
Maryland	Yes O	Yes O	No	No	No
Massachusetts	Yes Q	Yes Q	Yes Q	Yes Q	No
Michigan	Yes RR	Yes RR	Yes RR	Yes SS	No
Minnesota	Yes	Yes	Yes	No	No
Mississippi	No	No	No	Limited	No
Missouri	Yes T	Yes T	Yes T	Yes R	No
Montana	U	U	U	U	U
Nebraska	Yes V, W	Yes V, W	Yes V, W	Yes	N/A
Nevada	No	No	No	Yes	No
New Hampshire	Yes	Yes	Yes	Yes B, X	Yes B
New Jersey	—	—	—	No	—
New Mexico	Yes	Yes	Yes	Yes	N/A
New York	Yes H	Yes H	Yes H	Yes H	No
North Carolina	Yes Y	Yes Y	N/A	No	No
North Dakota	Yes	Yes	Yes	No	No
Ohio	Yes R, O	Yes R, O	Yes R, O	Yes O	No
Oklahoma	No	No	No	No	No
Oregon	No AA	No AA	No AA	Yes	Yes
Pennsylvania	PP	PP	PP	Limited	No G
Puerto Rico	No DD	No DD	No DD	No DD	No DD
Rhode Island	No A	No A	No A	Limited, P	No
South Carolina	No	No	No	No	No
South Dakota	No	No	No	Yes	No
Tennessee	Yes	Yes	Yes	Yes	No G
Texas	Yes FF	Yes FF	Yes FF	Yes B	No
Utah	No	No	No	No	No
Vermont	Yes	Yes	Yes	Yes	Yes B
Virginia	No GG	No GG	No GG	No	No
Washington	Yes II	Yes II	Yes II	Yes	Yes
West Virginia	JJ	JJ	JJ	JJ	JJ
Wisconsin	No	No	No	No	No
Wyoming A	No	No	No	No	No

XXV. Dispensing Authority (cont.)**LEGEND**

- A** — Any Nurse Practitioner must be advanced to dispense. (WY — And certified.)
- B** — Limited formulary.
- C** — "Yes" if also a Nurse Practitioner.
- D** — With special permit only.
- E** — Except may dispense samples.
- F** — Registered Nurse may dispense in clinic.
- G** — Not licensed by this state.
- H** — All prescribers are subject to restrictions on dispensing. Contact Board office.
- I** — Naturopathic Doctors are only allowed to prescribe and dispense prescription drugs that are vitamins, minerals, amino acids, and fatty acids.
- J** — Only if approved by the Board of Medical Practice.
- K** — Only by accordance with Pharmacy Board rules via a signed dispensing procedure and under the authority of a job description (PAs) or a nurse protocol.
- L** — Per ARNPs with prescriptive authority formulary.
- M** — Physician Assistants may only "supply" drugs.
- N** — However, "Certified" Clinical Nurse Specialists, "Certified" Nurse Midwives, and "Certified" Nurse Practitioners (Advanced Registered Nurse Practitioner classifications) may do so.
- O** — Under specified conditions, such as certain clinics.
- P** — Topical ophthalmics.
- Q** — A practitioner in Massachusetts may "dispense" a Schedule VI prescription drug pursuant to specific guidelines or for immediate treatment of his or her patient. Otherwise prohibited by State Controlled Substance Act.
- R** — May dispense only to his/her own patients.
- S** — Based on National Specialty Scope of practice.
- T** — Under authority of collaborative practice arrangement with doctor and limited to 72-hour supply.
- U** — MCA 37-2-104. Dispensing of drugs by medical practitioners unlawful — exceptions. (1) Except as otherwise provided by this section, it is unlawful for a medical practitioner to engage, directly or indirectly, in the dispensing of drugs. (2) Nothing in this section prohibits: (a) a medical practitioner from furnishing a patient any drugs in an emergency; (b) the administration of a unit dose of a drug to a patient by or under the supervision of such medical practitioner; (c) dispensing a drug to a patient by a medical practitioner whenever there is no community pharmacy available to the patient; (d) the dispensing of drugs occasionally, but not as a usual course of doing business, by a medical practitioner; (e) a medical practitioner from dispensing drug samples.
- V** — Samples only. (KY - noncontrolled substances.)
- W** — When acting as agent of physician.
- X** — Only TPA-certified Optometrists.
- Y** — Under rules of the Board of Pharmacy.
- Z** — Except emergency medications.
- AA** — Except in rural areas and student health centers and family planning clinics.
- BB** — May dispense drugs or devices that are the lawful property of the practitioner or a partnership or corporate entity which is fully owned by licensed practitioners. Drugs or medicine dispensed must comply with the labeling requirements of state and federal laws and regulations.
- CC** — Limited to veterinary products.
- DD** — Pharmacy Act allows only pharmacists to dispense prescriptions.
- EE** — Except for Veterinarians, dispensing is severely restricted. Contact the Board office.
- FF** — Physician Assistants (PAs) and Registered Nurses (RNs) who have advanced training may dispense their supervising physician's samples only. RNs must be recognized by the Nursing Board. PAs must be recognized by the Medical Board. Both must have specialized training and education.
- GG** — Except if allowed to prescribe, may dispense manufacturer's samples only of those drugs authorized to prescribe.
- HH** — Except for samples, must be licensed by Board of Pharmacy.
- II** — Included in Advanced Registered Nurse Practitioner classification. CII-IV limited to 72 hours.
- JJ** — State pharmacy law and Board regulations do not apply to these occupational groups. The Boards of Medicine, Osteopathy, Dental, Veterinarian, Registered Professional Nurses, and Optometry regulate these various occupational groups.
- KK** — Drug samples in towns with pharmacies; however, they can dispense prepackaged medicines that have been packaged by someone licensed to do so (i.e., Pharmacist) in rural settings where no pharmacy is available.
- LL** — Only if certified.
- MM** — If licensed to prescribe, may dispense only items on their protocol.
- NN** — "Advanced Practice Nurses" presumably have dispensing authority, although it is not explicitly authorized. The state does not necessarily recognize each listed nursing specialty.
- OO** — No such designation in this state.
- PP** — Limited, based on formulary and written agreement with supervising physician.
- QQ** — Certified Nurse Midwives, Clinical Nurse Specialists, Nurse Practitioners, and Registered Nurse Anesthetists may dispense (C-II only in an emergency).
- RR** — Under delegation and restrictions apply.
- SS** — Limited drugs.
- TT** — PAs and all NPs may provide medication pursuant to a protocol with a prescriber if prepackaged by the manufacturer, physician, or pharmacist.
- UU** — Only nurse practitioners, clinical nurse specialists, nurse midwives, and nurse anesthetists who are licensed by the DC Board of Nursing as an advanced practice registered nurse have dispensing authority.
- VV** — Therapeutically certified optometrist may supply without charge limited diagnostic and therapeutic agents.

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Frank H. Murkowski, Governor



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March 8, 2004

The Honorable Frank H. Murkowski
Governor of Alaska
Post Office Box 110001
Juneau AK 99811-0001

Governor Murkowski, the Alaska State Medical Board urges you and your colleagues in the legislature to defeat House Bill 434 and Senate Bill 306 relating to the practice of "naturopathic medicine" in Alaska.

In a recent teleconference meeting, board members were unanimous in their strong opposition to the proposed legislation for a variety of reasons.

The principles of naturopathy are based on the belief that the body is self-healing, that the patient's "vital force" is restored by ridding the body of "toxins." As scientists, we find this simplistic approach to human ailments to be in direct conflict with the science-based knowledge of body physiology and pathology as taught to allopathic medical physicians (M.D.s) and osteopathic physicians (D.O.s). The danger of this approach is that patients with serious diseases will rely solely on the treatments provided by practitioners of naturopathy ignoring the treatments proven to be safe and effective by a science-based medical physician.

In 1968, in a report entitled "Independent Practitioners under Medicare," the United States Department of Health, Education, and Welfare concluded:

"Naturopathic theory and practice are not based on the body of basic knowledge related to health, disease, and health care which has been widely accepted by the scientific community. Moreover, irrespective of its theory, the scope and quality of naturopathic education do not prepare the practitioner to make an adequate diagnosis and provide appropriate treatment."

In a paper entitled "Naturopathy: A Monograph," Kimball C. Atwood, MD, Massachusetts Medical Society for the Massachusetts Special Commission on Complementary and Alternative Medical Practitioners, April, 2001, wrote:

"Licensure offers regulation to protect the public. Regulators must hold health professions to a very high standard, since considerable damage can occur as a result of treatment by incompetent practitioners. To be considered a *health* profession, an occupation must be able to demonstrate an objective, scientific, and ethical basis. Naturopathy fails to meet this standard."

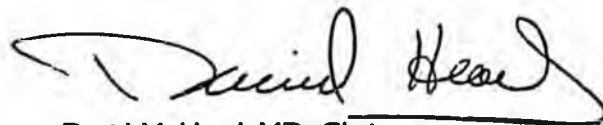
As the regulatory body entrusted with the responsibility for the licensure and discipline of physicians in our state, it is our opinion that the education and training attained by those who practice naturopathy does not prepare them adequately in modern pharmacology nor are they sufficiently trained and skilled to perform surgical procedures. Contrast the four-year education received by the naturopath consisting of two years of didactic training and two years of clinical training against the typically eight to twelve years of education and training received by allopathic and osteopathic physicians.

While some would give the impression that naturopathy is a widely accepted and approved form of health care, only 12 states license naturopaths in this country. The majority of those 12 states do not permit naturopaths to prescribe controlled substances or perform surgeries.

Naturopaths are currently licensed in Alaska. They are regulated but there is no formal, appointed board that provides oversight. With the predominance of remote practice and the lack of on-site supervision or support, it would not serve the Alaskan public well to be in the lead for states to expand the scope of practice for other health care practitioners. In fact, the board believes that the safety of our patients would be at risk.

In the best interests of our patients, we urge you, Governor Murkowski, and our legislators, to defeat these bills.

On behalf of the members of the Alaska State Medical Board, and all physicians in the state, thank you, sir, for your support.



David M. Head, MD, Chair
Alaska State Medical Board

xc: Members, Alaska State Senate
Members, Alaska State House of Representatives
Richard K. Urion, Director, Division of Occupational Licensing
Alex Malter, MD, President, Alaska State Medical Association

Alaska State Medical Association

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Testimony Provided by Alex Malter, MD,
President, Alaska State Medical Association
Before the State of Alaska House Judiciary Committee,
Regarding SB 306 – Practice of Naturopathy

Representative McGuire, Committee Members:

The Alaska State Medical Association (ASMA) represents physicians statewide and primarily works to ensure that Alaskans receive high quality healthcare. ASMA urges the committee to not support SB 306. The legislation would not enhance patient care nor would it improve access to care.

Training for naturopaths is less rigorous than that for medical doctors, in both length and depth of study. Its emphasis on natural healing does not allow students sufficient time to fully learn the in depth pathology, physiology and pharmacology needed to treat most medical conditions. A list compiled by the American Association of Naturopaths (Attachment 1) shows the different treatment modalities studied by naturopaths. Such a broad curriculum cannot allow the time needed to master the appropriate use of prescription drugs.

We are not convinced that the first two years of naturopath and medical schools are the same. But for any courses that actually did cover material in the same detail, medical students might still be expected to master the content better than naturopaths. This is because students are only admitted to medical school if they've excelled in sciences as undergraduates and then passed rigorous entrance exams.

By comparison, we are not aware of similar admission tests for naturopath schools and some don't even require a college degree for enrollment. (While the naturopath doctors have argued this isn't true for programs accredited for Alaskan licensure, the HESS committee heard testimony two days ago of a Bastyr student without a prior college degree enrolled in a ND program.)

But more importantly, medical students spend at least an additional four years in school and residency before licensure. These "clinical years" emphasize the appropriate and safe use of medicines, and are the backbone of physicians' training. Naturopath programs do not require such residencies, and the last two years of their school are more focused on non-pharmacological treatments.

Thus, while physicians are only licensed after completing six years of training, SB 306 would allow naturopaths to prescribe after just four years, none of which primarily emphasize the safe and effective use of prescription drugs. This could be unsafe for patients.

Some have argued that naturopaths are more qualified to prescribe than physician assistants and others with fewer years of training. We respectfully disagree. PA's are only licensed after they've completed clinical internships that immerse them in the appropriate use of prescription drugs. It is not simply the numbers of years of training that qualifies one to prescribe, but rather the content and focus of training.

ASMA also does not believe naturopaths are qualified to perform minor surgery. Suturing lacerations and removing moles can be complex. The decisions involved with selecting optimal closure or biopsy type (and the associated risks) are not mastered after a short course of study. For example, while it may seem simple to biopsy a mole, it is more complex to determine what type of biopsy is best for which lesions, or to assess which lesions could be cancerous and at higher risk of spreading if diagnosed or biopsied incorrectly. As surgeons are quick to point out: there is no such thing as "minor surgery" there are just minor surgeons....

Beyond the question of whether naturopath's scope of practice should be expanded, some reviews even question the safety and efficacy of the field's current treatment methods. A comprehensive 2001 analysis for the Massachusetts Special Commission on Complementary and Alternative Medical Practice found Naturopathy could sometimes be dangerous and concluded: "no amount of regulation is likely to mitigate this fact".¹ Medicare has also expressed reservations about the naturopathy practice (Attachment 2).

While these conclusions may sound alarmist, I personally cared for a young woman who had a tragic outcome when a naturopath treated her three months for "chronic fatigue syndrome" and failed to diagnose her lymphoma while it was still at a treatable stage.

Finally, expanding the scope of practice for the 30 or so naturopaths in Alaska will not likely improve access to care in the state. We are not aware of many naturopaths practicing in those rural areas in which access issues are most critical. And for seniors having problems with access, Medicare does not typically reimburse naturopaths anyway.

In summary, ASMA believes it would be unwise and unsafe for the State of Alaska to effectively endorse the practice of naturopaths by granting them the broad expansion of privileges granted in SB 306.

ASMA recommends that a panel be set up to work on this issue over the interim, comprised of physicians, naturopaths and other interested parties. As President, I give my word that the Association will make every effort to work toward a solution that is safe for patients and satisfactory to doctors and naturopaths. This panel could ideally suggest provisions for a replacement bill for the next session.

Also, we respectfully suggest that in the future, bills like SB 306 dealing with scope of practice issues should be referred to the HESS Committee for review. We believe HESS brings more expertise to these issues, and that its "institutional wisdom" allows the most thoughtful consideration for bills dealing with health related issues.

1. KC Atwood, Naturopathy: A Monograph, For the Massachusetts Special Commission on Complementary and Alternative Medical Practitioners, Mass. Medical Society, April, 2001

Attachment 1: The Professional Scope of Practice for Naturopaths*

The professional scope of practice for naturopathic physicians is defined in the AANP guidelines below:

1. The scope of naturopathic physician's practice is eclectic and dynamic in nature.
2. Naturopathic physicians are trained to understand and utilize a wide variety of therapeutic modalities and to select the treatment that, in their opinion, best serves the patient's condition.
3. The types of therapeutics a physician may choose from include, but are not limited to:
 - a. Acupuncture
 - b. Botanical medicine
 - c. Clinical nutrition and nutritional counseling
 - d. Electrohydrotherapy
 - e. Homeopathy
 - f. Light and air therapy
 - g. Massage therapy/neuro-muscular technique
 - h. Natural childbirth
 - i. Naturopathic manipulative technique
 - j. Orthopedics
 - k. Physical medicine
 - l. Psychotherapy and counseling
 - m. Soft tissue manipulation
 - n. Surgery
 - o. Use of appropriate pharmacological agents

* From: American Association of Naturopathic Physicians. (1998) AANP Definition of Naturopathic Medicine: Adopted November 1989, Rippling River Convention, Seattle, WA. (HJ Hough, PhD, C Dower, JD, EH O'Neil, PhD. *Profile of a Profession: Naturopathic Practice*, Center for the Health Professions University of California, San Francisco. Sept 2001, pp 41-42)

Attachment 2: Conclusion of Medicare's Report on Naturopaths*

Conclusions:

Naturopathic theory and practice are not based on the body of basic knowledge related to health, disease, and health care which has been widely accepted by the scientific community.

Moreover, irrespective of its theory, the scope and quality of naturopathic education do not prepare the practitioner to make an adequate diagnosis and provide appropriate treatment.

* Department of Health, Education, and Welfare, *Independent Practitioners under Medicare* – December, 1968



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May 7, 2004

Honorable Lesil McGuire
Chair, House Judiciary Committee
Alaska State Legislature
State Capitol (MS3100)
Juneau, AK 99801-1182

RE: Concerns relating to SB 306, "An Act relating to the practice of naturopathic medicine"

Dear Chairwoman McGuire;

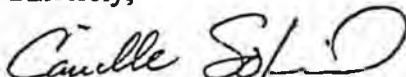
The Alaska Nurses Association is concerned about the current version of SB 306, "An Act relating to the practice of naturopathic medicine." We are concerned that the bill does not thoroughly provide for patient safety and will not support its passage until such protections are put into place.

First, prescriptive power and expansion of scope of practice under an existing license should be limited to licensees who are overseen by a regulatory board. Such Boards should include public members and the appropriate licensed professional to ensure safe practice by oversight and prevent abuse. Although cost will always be a concern, the board should be self supporting, through licensing fees.

Second, we oppose the blanket approval of prescriptive authority being granted over controlled substances, specifically over schedules IIIA and IVA. Prescriptive authority should be limited to the appropriate drugs to which the naturopaths have received extensive training and are in line with the type of medicine that they normally practice. Such limitations will limit patients' exposure to harm, focus the training for initial licensing and continuing competence, and limit potential abuse.

Finally, although AANA continues to be concerned about the access to medical care for patients in the state, it is imperative that any expansion of the naturopaths' practice be done in a comprehensive way that accounts for patient safety, oversight of the practice, and is appropriate given the accredited standards for training naturopaths. AANA encourages the House Health, Education and Social Services Committee to delay passage of this bill until all questions are adequately answered. If this bill needs to be revisited next session, we look forward to supporting it once thorough considerations for patient safety and safe expansion of practice have been addressed.

Sincerely,


Camille Soleil, JD
Executive Director

CC: House Judiciary Members



ALASKA STATE LEGISLATURE

Please enter into the record my testimony to the HOUSE Judiciary Cmte.
Committee Name
 Committee on SB269 Dated May 08, 2004
Bill / Subject

*Please enter this testimony
 into the record.*

SIGNED:

June Pinnell-Stephens

Testifier

ACLU

Representing

3140 Roden Lane, Fairbanks 99709

Address / Phone Number

My name is June Pinnell-Stephens, and I have been a librarian for more than 30 years. I'm also past-president and a current board member of the Alaska Civil Liberties Union, and I am speaking on their behalf today in opposition to this bill.

At each of the hearings I've attended for this bill, committee members have been told that federal funds under the Family Educational Rights Privacy Act, or FERPA, may be at risk if the bill isn't passed. This allegation is simply not true.

FERPA requires that parents of students have a right to examine the records maintained by educational institutions for their children under age 18. Setting aside the question of whether library circulation records even qualify under FERPA, the current law already allows parents to see circulation information from school libraries.

FERPA, however, does not apply to public libraries for the simple reason that public libraries don't have students. Quoting from the law, "the term 'student' includes any person with respect to whom an educational agency or institution maintains education records or personally identifiable information, but does not include a person who has not been in attendance at such agency or institution." Clearly, nothing in FERPA would cover the records of anyone merely checking books out of a public library. The suggestion that federal funding could be at risk under FERPA because we don't allow access to public library records is absurd.

Another section of FERPA covers students in postsecondary institutions. Again quoting from the law, "Whenever a student has attained eighteen years of age, or is attending an institution of postsecondary education, the permission or consent required of and the rights accorded to the parents of the student shall thereafter only be required of and accorded to the student." We have many students at the university younger than 18. I know one young woman who earned enough credits at UAF to complete her freshman year by the time she had graduated from high school at age 16. Earlier this spring, I gave a guest lecture on campus and asked the class if any of them were under 18 - four of the approximately 30 students raised their hands. I contend that this bill, since it does not provide for this transfer of rights under FERPA for younger students in postsecondary institutions, is likely to endanger, not protect, those federal funds. At the very least, you should resolve this question before passing this bill as it is written.

There are many places in our statutes where we recognize the wishes of minors over the objections of their parents. For example, minors can be married as young as 14 if a judge allows it because the parents are in disagreement among themselves or unfit to decide the matter. (25.05.17) Most of these statutes are in place to protect the minors from abuse by their parents. Having officially recognized that not all parents fit the Ozzie and Harriet mold, why now pass a bill that could place a minor at risk if he or she has checked out a book on abuse, not for a school report, but to help cope with a grim family situation?

Finally, there is an explicit right to privacy in the state constitution, a right that is not limited by age. I was reminded in an earlier hearing that the Legislature has the responsibility to develop laws to implement that right. However, I doubt that the courts would support laws passed under the implementation language if they effectively nullify the right. I urge you to support the rights of young adults who will be assuming their roles as adults in our communities, possibly in your seats, sooner than we can believe.

Thank you.

May 8, 2004

**Alaska State Legislature
Senate/House Judiciary Committee**

RE: SB 306

Written Testimony to be read into the House Judiciary Committee record

FAX: 907-465-6592

House Judiciary Committee Members:

It is a privilege to advocate for the passage of Senate Bill 306. I am a Licensed Naturopath working for Eastern Aleutian Tribes. I am an Alaska Native originally from Sand Point, in the Shumagin Islands. I've been working for EAT for the past 2 years serving the communities of Sand Point, King Cove, Nelson Lagoon, Cold Bay, False Pass, Akutan, Adak, and Whittier. I also do consulting services with Southcentral Foundation at the Alaska Native Medical Center in the hopes of developing a Naturopathic Program. Doing health promotion and disease prevention is the focus of my work, along with being the Diabetes Coordinator and director for Complementary and Alternative Medicine in our region. I work with Medical Doctors, Physician Assistants, Family Nurse Practitioners, Community Health Aide Practitioners, Behavioral Health, and Community Health Advocates in our Wellness-based Integrative Health Outreach Program.

As stated in SB 306, Naturopathic Physicians undergo a rigorous 4 year doctoral program after finishing 4 years (or more) of Pre-Medicine at accredited universities. We are trained very similarly to Medical Doctors, but have a specialty in Wellness-oriented medicine with a focus in natural therapies. For example, I am a specialist in Oriental Medicine with an extra 4 years of advanced training/fellowships in Chinese Herbal medicine and Acupuncture. I am also a licensed Naturopathic Physician in the State of Oregon, and possess a DEA license for that state.

What SB 306 does for my practice is allow me to practice as I have been trained. Bush Alaska, as you know, has a shortage of Primary Care Practitioners. Naturopaths are trained to be Primary Care Practitioners. Often, I am called to do things that are above my scope of practice – as many communities just have Community Health Aides. I have an Emergency Medicine background, having served as an Advanced EMT for Cold Bay for 5 years. This comes in handy as I travel the Aleutians. Currently, Health Aides are allowed to prescribe more medications than I can – even though my training in Pharmacology is on par with Medical Doctors. Naturopaths are trained to “do no harm” – as the Hippocratic Oath we take. When we employ medicine, whether herbal or otherwise, we hold this out as one of our fundamental doctrines. Of course, sometimes we need to employ more dramatic measures – including minor surgery and the use of

Pharmaceutical drugs. In that case, it is "do the least harm." SB306 will allow us to practice commensurate with our education, and also allow us to work better with other health care practitioners in the management of our patient's medications. My colleagues and I in Alaska employ the latest in Evidence-based, Best-Practice oriented medical approaches. Drug/drug, Drug/herb and Drug/nutrient depletions are researched for each patient – as we strive to avoid iatrogenic, or "doctor-induced" disease. In my case, I employ a PDA with the latest drug information downloaded weekly, as there are changes to drug information all the time. As ND's we are held to the highest standards. We refer when necessary, and work side-by-side our Allopathic partners. EAT has won awards in its Integrated Health Program as a Community Health Center – and is leading the way in Wellness-based medical approaches designed to address Mind, Body, and Spirit. I am honored to work with the health care team in this region. SB 306 will help us to integrate further, and allow me to provide the people of the Aleutian region truly holistic health support. Thank you for allowing me to testify.

Sincerely,



Dr. Gary Ferguson II
Naturopath

EASTERN ALEUTIAN TRIBES
3380 C Street, Suite 100
Anchorage, Alaska 99503
907-177-1440 Anchorage
907-383-3151 Sand Point (currently)
gary.f@gci.net

Gene Meiergerd RN, LMT
Licensed Massage Therapist

Movement Toward Health

February 15, 2004

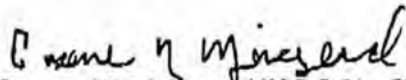
Senator Ralph Seekins
Representative Jim Holm
Alaska State Capitol Building
Juneau, Alaska 99801-1182

ATTN: Senator Seekins
Representative Holm

I am writing this letter to support the legislative bill an "Act relating to naturopathic physicians". As a practicing RN for over 25 years and a certified therapeutic massage therapist I have had the opportunity to interact with Dr. Dan Young on several occasions. I have found him to be professional, knowledgeable and competent as well as going out of his way to see that patients receive the best possible care.

I support legislation that allows naturopathic physicians to practice in accord with their education, and the full scope of their training. This legislation offers Alaskans freedom of choice in their healthcare, and improved access to effective and safe complementary medical practices. This can only benefit the healthcare community in this great state of Alaska. Please support this bill.

Sincerely,


Eugene N Meiergerd RN, MA, CMT

February 18, 2004

To Whom It May Concern:

I am ecstatically happy with the care I have received from Eagle River Naturopathic Medical Center over the past 4 years. Let me give you an overview of my history and why I chose Dr. Daniel Young as my primary care giver.

I am now experiencing the progressive aspect of a disease that only Dr. Young had the insight to diagnose. Due to the inability of Naturopaths to write prescriptions, I am forced to visit an MD so I can receive the prescription medication I am in need of. Were my Naturopath able to write prescriptions, I would have saved over \$500.00 out of pocket, my insurance which is partially paid by the State, would have saved over \$3000.00. I would have more food in my cupboards, and my primary care provider would have an improved understanding of what I am dealing with.

Approximately 5 years ago, I began having "attacks". My heart rate would skyrocket to over 160 beats per minute and my blood pressure would soar. It took me about a year, many doctor visits, a few ER visits with the afor-mentioned symptoms, and a few prescriptions to mask the symptoms, to finally get a clue that the mainstream medical community was oblivious to any problem that would cause these symptoms. They checked my heart; it was beautiful, so I ruled that out. We went through blood tests of every sort (except allergy and thyroid antibody test), and the results stumped them. I knew something was awry. The mainstream medical community, who theoretically had more medical intelligence than I did, was letting me down.

I was fed up with the mainstream medical community and looked into Naturopathy. It was the best decision I ever made. I went to Dr. Young in an almost suicidal state. I felt lost, confused and at the worst health and emotional state I had ever been. After our initial discussion and having blood drawn, I went home with a regimen for self healing.

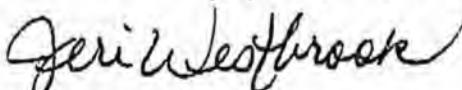
When blood tests results were back, I was diagnosed with Hashimoto's Thyroiditis, allergies and tendencies towards hypoglycemia. Within six weeks, Dr. Young's regimen had me feeling like a healthy human being. For the first time in years, I lost weight, was thinking clearer and the depression I had been experiencing was all but gone. Life was good.

I was in an auto accident in August, 2003, and visited a Chiropractor for 27 adjustments. After an issue with the Chiropractor regarding the adjustments causing more problems, I asked Dr. Young if he, as a Naturopath, would help me with my pain issues. I explained the situation to him and after two visits with Dr. Young, I am doing better than I have since the accident.

The State of Alaska needs to come into the 21st Century and recognize Naturopathic Medicine. In allowing Naturopath's to prescribe prescription drugs and do minor surgeries, the state, the insurance companies, the families of patients, and most importantly, the patient and doctor, would benefit.

Again, I would like to point out that if HB 434 and SB 306 are put into effect, it would save myself, and my insurance (which the state pays for) money.

I support HB 434 and SB 306, and ask that you do, too.



Jeri Westbrook
7362 W. Parks Hwy #323
Wasilla, AK 99654

5-11-04

To: Representative Lesil McGuire

FAX: 907 465 6592

RE: SB 306 scheduled to be heard in H-JUD today

From: Cathy Giessel, MS, FNP-CS
cgiessel@mac.com

12701 Ridgewood Road
Anchorage, AK 99516
907 345 5470

Representative McGuire,

I have been online for the last 3 days, waiting to deliver this testimony on SB 306 personally. I still wish to do that. However, I may not be able to do so at 10 AM today because of patients I am scheduled to see as a healthcare provider.

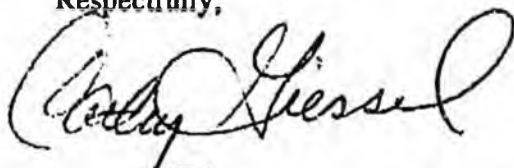
Please accept this written testimony, in case I cannot speak myself.

I have heard that you are considering delegating review and resolution of this issue to a collaborative task force representing the various healthcare professions. I applaud that innovative idea! I believe that it will produce the best result for Alaska.

I have expressed, via lobbyist John Bitney, my interest in seeing an Advanced Nurse Practitioner on that committee. You will see in my testimony that Advanced Nurse Practitioners are already collaborating with Naturopathic Doctors in this state. I believe that our perspective would be valuable to the process.

Thank you for your hard work on finding a reasonable approach to this issue.

Respectfully,



⑤ pages in transmission

HOUSE JUDICIARY
SB 306
TESTIMONY

Cathy Glessel

I am an advanced nurse practitioner providing healthcare in Anchorage, born and raised in Fairbanks.

I am testifying as an individual though I have involvement in:

Alaska Board of Nursing, Advanced Nurse Practitioner member and Board Secretary
Alaska Nurse Practitioner Association, Legislative Affairs Liaison and Public Relations Chair
American Academy of Nurse Practitioners, State Representative
Anchorage Health and Human Services Commission

I am testifying to encourage a NO vote on SB 306 in order to allow more time for a deliberate process of review and refinement. In its present form it does not represent the best practice of medicine for the Alaska public.

My concerns about this bill have been expressed since this bill was introduced 3 short months ago. I have communicated my concerns to the bill sponsors as well as the various committees who have heard it. I testified before the H-HESS committee on May 6 on the companion, HB 434, and have been on the phone waiting to testify before H-JUD for the last 3 days.

I also want you to know that I have worked with naturopaths and have great respect for their knowledge of botanicals and the use of herbs in treating some illnesses and promoting wellness.

However, I have some concerns:

1. Public safety

Naturopaths are not trained in conventional medicine and the use of conventional pharmaceutical agents.

There has been much discussion about their basic training compared to a medical doctor. This is really of secondary importance to me. As all of you realize, the basic training in whatever profession you pursue only gives you...basic training. It was after you begin to apply the basic knowledge in daily practice of your chosen profession that you develop expertise.

It is one thing to take a course in pharmacology. It is quite another to apply the information from that course in daily practice. This is the difference between medical and naturopathic education and experience.

What are prescription drugs?

Legend drugs - antibiotics, drugs for high blood pressure, diabetes, migraines and most medications in general; prescription can be written to be refilled for one year.

You have probably received an antibiotic. I have people walk into my office and ask for certain antibiotic – but it is not that simple.

Steps:

1. First I have to determine if an antibiotic is appropriate.
2. Then –what bacteria am I treating, which will determine what type of antibiotic to prescribe?
3. What resistance patterns exist that would preclude using certain medications?
4. What is the patient's history of antibiotic use and how will this impact which medication I prescribe?
5. What best practice guidelines, if any, have demonstrated by research to be the most effective?
6. Finally – does the patient have any drug allergies... and how do I safely prescribe around that allergy?

These questions are decided on a case by case consideration; it is not a "cookbook" process. The decision making requires up-to-date knowledge and experience. The skills are not gained in a course taken during basic training one year, 5 years, 25 years ago.

Each year I spend several thousand dollars and countless hours maintaining my prescribing expertise. This is not because I am a nurse practitioner. It is because this level of dedication is necessary to safely and effectively prescribe – any MD does the same. Medicine is a dynamic science, changing on an almost daily basis.

Prescribing is a serious responsibility. It is not a casual process but one that requires constant attention and ongoing education. This is difficult to do if a person's focus is on another philosophy of healthcare such as naturopathy.

Then there are the controlled substances. The Federal Drug Enforcement Administration oversees this level of prescribing

Controlled substances have abuse potential and are ranked:

Schedule I - very restricted use; research only - example: cocaine, TCP, heroin, ecstasy, LSD, marijuana

Schedule II - high potential for abuse which may lead to severe psychological or physical dependence; prescriptions cannot have any refills, must be rewritten each time prescribed. Examples: morphine, Demerol, oxycodone, cocaine precursors, duragesic, Ritalin, raw opium.

Schedule III - moderate to low physical dependence or high psychological dependence, prescriptions will be in effect only 6 months and will need to be rewritten every 6 months. Examples: hydrocodone, fiorinal, testosterone and other anabolic steroids, vicodin.

Schedule IV - low abuse potential but may lead to limited physical or psychological dependence, prescriptions will be in effect only 6 months and will need to be rewritten every 6 months. Examples: Darvon, darvocet, midrin, Librium, xanax, Valium, sonata, ambien

Schedule V - low abuse potential and may or may not require a prescription. Examples: robitussin with codeine, kaolin pectin, lomotil.

Controlled substances carry a yet higher level of responsibility in prescribing – appropriateness, duration, amount prescribed – all-important considerations with these more dangerous medications. In addition, the prescriber must become adept at identifying drug seeking behavior and how to handle those types of situations.

So how do other states handle prescriptive authority of controlled substances for Naturopathic Doctors? A visit to the DEA website – Naturopathic Doctors are listed under “midlevel” providers and shows that:

Only 4 states authorize Naturopathic Doctors to prescribe controlled substances. Three states allow only the non-narcotic drugs from these schedules or testosterone only. AZ is only state that authorizes schedules 2-5 for Naturopathic Doctors and tAZ has a naturopathic regulatory oversight board. What statutes and regulations are in place in AZ? I don't know. But you are about to make a decision on this and you should know the answer to this question to wisely make this change in naturopathic scope of practice.

I have worked with NDs and that they are very knowledgeable about botanicals and herbs and their use in healthcare. But there is a very significant difference between knowledge of natural substances in healing and use of prescription medications. This does not mean that NDs are uneducated or badly prepared or bad people. It simply recognizes that they have specialized in a very different approach to healing and this difference is not casually bridged by a legislative action such as SB 306.

2. The regulatory oversight provided in SB 306 is very superficial.

The peer review committee is made up of three naturopaths who are overseeing their fellow naturopaths. None of them have conventional training to prepare them to oversee this serious expansion of scope. An appropriate regulatory board would include members from the conventional medical profession and pharmacists, as well as consumers.

The bill provides for the prescription or administration of intravenous "substances" (08.45.120(2)). What are these substances? I could find no definition. If you don't know either, you probably don't want to authorize its administration into someone's vein.

3 **THIS IS NOT URGENTLY NEEDED LEGISLATION:**

I recommend a more deliberate review of the legislation with a collaborative effort by the professionals concerned. There is time to do this. Here's why:

There are only 29 ND listed on the Division of Occupational Licensing website with Alaska addresses.

25 of the Naturopathic Doctors have addresses in Anchorage, Fairbanks, and Juneau – that is 86% of Naturopathic Doctors located in Alaska cities where conventional

healthcare is readily available for referral.

In addition – and this is very important – many Naturopathic Doctors have an Advanced Nurse Practitioner practicing in their clinics with them. A few Advanced Nurse Practitioners are partners or co-owners in clinics with the Naturopathic Doctor. This means that many Naturopathic Doctor patients already have easy access to conventional care right in those clinics. There is no inconvenience to the patient; there is no barrier to appropriate healthcare delivery.

This legislation is not an urgent necessity.

CONCLUSION:

Many of you on this committee did not know anything about naturopathy 3 months ago. You may not know as much as you need to know right now.

Naturopathic Doctors are a knowledgeable and caring group of providers who are expert in their field of using natural substances. But both House HESS and Judiciary have heard examples from NDs of cases that they felt they were treating appropriately, that Dr. Malter pointed out were not in line with conventional medicine's treatment standards. It usually works out best for everyone, primarily the public, if we all stick to doing what we do best.

This is a bad time to be making a hasty decision on such serious healthcare legislation. I suggest that there is more information that you need to review to make a sound, wise decision on this matter. You have been entrusted to be the gatekeepers. This is a huge responsibility. I would urge you to give yourself the time and information you need by not passing this bill today, but instead delegating the issue to further consideration and review.

THANK YOU for your hard work for Alaska in the Legislature.

Cathy Giessel, MS, FNP-CS
cgiessel@mac.com

12701 Ridgewood Road
Anchorage, AK 99516
907 345 5470



ALASKA STATE SENATE

Session:
State Capitol
Juneau, Alaska 99801-1182
(907) 465-2327
(907) 465-5241 Fax



Interim:
119 N. Cushman, Suite 201
Fairbanks, Alaska 99701
(907) 456-8161
Senator_Ralph_Seekins@legis.state.ak.us

Senator Ralph Seekins
District D

MEMORANDUM

Date: May 7, 2004

To: Office of Representative McGuire

From: Senator Ralph Seekins

Re: Request for Hearing of SB 306

A handwritten signature in black ink, appearing to read "A. C. R. S." with a horizontal line underneath the "S".

Attached please find Senate Bill 306 along with a concomitant sponsor statement and other related information.

Senate Bill 306 updates statutes pertaining to the practice of naturopathic medicine.

I respectfully request this bill be scheduled on the Senate floor at your earliest convenience.
Thank you.

ALASKA STATE SENATE



Session:
State Capitol
Juneau, Alaska 99801-1182
(907) 465-2327
(907) 465-5241 Fax

Interim:
119 N. Cushman, Suite 201
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Senator_Ralph_Seekins@legis.state.ak.us

Senator Ralph Seekins
District D

Senate Bill 306 Sponsor Statement

“An Act relating to the practice of naturopathic medicine.”

The proposed legislation serves to update 17-year old statutes pertaining to the practice of naturopathic medicine. In so doing, Alaskans accessibility to safe, comprehensive, high-quality health care services will be significantly enhanced.

Key elements of this legislation are as follows:

1. Safeguards Alaskans use of naturopathic medicine by ensuring the highest quality care possible is provided by licensed, well trained, and professionally examined naturopathic physicians. These physicians have undergone rigorous course study provided through federally approved naturopathic medical schools.
2. Adds new continuing education requirements whereby practitioners are subject to a state and national examination process. Furthermore, a peer review process will be implemented to provide oversight and complaint resolution through the Division of Occupational Licensing.
3. Establishes a scope of practice to include the performance of minor surgery in accordance with requisite education and training.
4. Authorizes prescriptive rights for legend drugs and controlled substances allowed under DEA Schedule III, IV and V conditioned upon: DEA licensure; pharmacology training, and; execution of a collaborative agreement with a licensed MD overseeing the protocols and practices under which these drugs can be prescribed.
5. Establishes a qualified trade association of naturopathic physicians to work with the Division of Occupational Licensing towards the implementation of regulations requiring specific state and federal examinations and licensure requirements. The association will be self-funded.

Like allopathic (aka medical) physicians, naturopathic physicians undergo four years of undergraduate pre-professional training followed by an intensive 4 year doctoral program emphasizing both academic and clinical studies within the scope of primary care.

It is important that our state laws reflect the high level education that naturopathic physicians receive while also providing some sideboards with respect to the methods and means by which this type of health care is provided.

The practice of naturopathic medicine was first licensed in Alaska 17 years ago. It is now time to revisit these statutes and apply a fresh coat of paint where needed. The proposed legislation neatly accomplishes this necessary purpose.

FISCAL NOTE

STATE OF ALASKA
2004 LEGISLATIVE SESSION

Fiscal Note Number: 1
Bill Version: SB 306
(S) Publish Date: 2/27/04

Revision Date/Time (Note if correction): _____ Dept. Affected: DCED
Title Naturopathic Medicine RDU Occupational Licensing (117)
Component Occupational Licensing
Sponsor Senators Seekins, Dyson, Green
Requester Senate Labor & Commerce Component No. 2360

Expenditures/Revenues (Thousands of Dollars)

Note: Amounts do not include inflation unless otherwise noted below.

OPERATING EXPENDITURES	FY 2005	FY 2006	FY 2007	FY 2008	FY 2009	FY 2010
Personal Services						
Travel						
Contractual						
Supplies						
Equipment						
Land & Structures						
Grants & Claims						
Miscellaneous						
TOTAL OPERATING	0.0	0.0	0.0	0.0	0.0	0.0

CAPITAL EXPENDITURES						
-----------------------------	--	--	--	--	--	--

CHANGE IN REVENUES ()	0.0	0.0	0.0	0.0	0.0	0.0
-------------------------------	------------	------------	------------	------------	------------	------------

FUND SOURCE (Thousands of Dollars)

1002 Federal Receipts						
1003 GF Match						
1004 GF						
1005 GF/Program Receipts						
1037 GF/Mental Health						
Other (Specify Type--Do not abbreviate)						
TOTAL	0.0	0.0	0.0	0.0	0.0	0.0

Estimate of any current year (FY2004) cost: 0.0
Mark this box (X) if funding for this bill is included in the Governor's FY 2005 budget proposal:

POSITIONS

Full-time						
Part-time						
Temporary						

ANALYSIS: (Attach a separate page if necessary)

SB 306 makes amendments to the Naturopathic licensing statutes. No new funds are required to implement the changes in this bill.

Prepared by: Jennifer Strickler, Administrative Manager Phone (907) 465-2144
Division Occupational Licensing Date/Time 2/12/04 4:05 PM
Approved by: Edgar Blatchford, Commissioner Date 2/12/2004
Agency Department of Community & Economic Development

FISCAL NOTE

STATE OF ALASKA
2004 LEGISLATIVE SESSION

Fiscal Note Number: 2
Bill Version: CSSB 306(FIN)
(S) Publish Date: 5/1/04

Revision Date/Time (Note if correction): _____ Dept. Affected: DCED
Title Naturopathic Medicine RDU Occupational Licensing (117)
Component Occupational Licensing
Sponsor Senators Seekins, Dyson, Green
Requester Senate Finance Component No. 2360

Expenditures/Revenues (Thousands of Dollars)

Note: Amounts do not include inflation unless otherwise noted below.

OPERATING EXPENDITURES	FY 2005	FY 2006	FY 2007	FY 2008	FY 2009	FY 2010
Personal Services						
Travel						
Contractual						
Supplies						
Equipment						
Land & Structures						
Grants & Claims						
Miscellaneous						
TOTAL OPERATING	0.0	0.0	0.0	0.0	0.0	0.0

CAPITAL EXPENDITURES						
-----------------------------	--	--	--	--	--	--

CHANGE IN REVENUES ()	0.0	0.0	0.0	0.0	0.0	0.0
-------------------------------	------------	------------	------------	------------	------------	------------

FUND SOURCE (Thousands of Dollars)

1002 Federal Receipts						
1003 GF Match						
1004 GF						
1005 GF/Program Receipts						
1037 GF/Mental Health						
Other (Specify Type--Do not abbreviate)						
TOTAL	0.0	0.0	0.0	0.0	0.0	0.0

Estimate of any current year (FY2004) cost: 0.0

Mark this box (X) if funding for this bill is included in the Governor's FY 2005 budget proposal:

POSITIONS

Full-time						
Part-time						
Temporary						

ANALYSIS: *(Attach a separate page if necessary)*

CSSB 306(FIN) makes amendments to the Naturopathic licensing statutes. Section 9 provides for the creation of an annual naturopathic peer review committee on which committee members serve without compensation for their work. Therefore, no new funds are required to implement the changes in this bill.

Prepared by: Jennifer Strickler, Administrative Manager Phone (907) 465-2144
Division Occupational Licensing Date/Time 4/28/04 2:55 PM
Approved by: Edgar Blatchford, Commissioner Date 4/28/2004
Agency Department of Community and Economic Development

LEGAL SERVICES

DIVISION OF LEGAL AND RESEARCH SERVICES
LEGISLATIVE AFFAIRS AGENCY
STATE OF ALASKA

(907) 465-3867 or 465-2450
FAX (907) 465-2029
Mail Stop 3101

State Capitol
Juneau, Alaska 99801-1182
Deliveries to: 129 6th St., Rm. 329

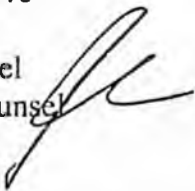
MEMORANDUM

April 30, 2004

SUBJECT: Naturopaths (CSSB 306(FIN))
(Work Order No. 23-LS1572\U)

TO: Senator Ralph Seekins
Attn: Brian Hove

FROM: Jean M. Mischel
Legislative Counsel



You have requested a sectional summary of the above-described bill.

As a preliminary matter, note that a sectional summary of a bill should not be considered an authoritative interpretation of the bill and the bill itself is the best statement of its contents.

Section 1. Changes the term "naturopathy" to "naturopathic medicine." This name change is carried throughout the bill and specifically necessitated sections 3, 11, and 13.

Section 2. Changes name as in sec. 1 and allows use of certain titles for licensed naturopaths, including "doctor of naturopathy", "naturopath," and "naturopathic physician."

Section 3. See sec. 1.

Section 4. Rewrites application procedure and qualifications for naturopath. Removes a reciprocity provision previously applicable to naturopaths licensed in other states before 1987.

Section 5. Modifies restrictions on practice of naturopathic medicine. Allows for performing of minor surgery. Required licensee to have appropriate education or training.

Section 6. Adds the authority to deny a person a naturopathic medicine license on disciplinary grounds and clarifies certain grounds for denial and disciplinary action.

Section 7. Removes a reference to a section repealed by this bill and adds a reference to a new section for purposes of issuing sanctions against a licensee.

Section 8. Adds unlicensed use of titles listed in sec. 2 of the bill to misdemeanor provisions.

Section 9. Adds a new section requiring the department to adopt regulations pertaining to education, training, continuing education, and certificates for specialty practice. The department is required to consider regulations prepared by the division in collaboration with a trade association. Adds a new section requiring the division to establish a peer review committee for reviewing complaints and make recommendations involving naturopaths.

Section 10. Adds new sections pertaining to continuing education standards, authorized activities, and fees. Authorizes licensees to prescribe prescription drugs and certain controlled substances if authorized under department regulations, consistent with the terms of a collaborative agreement with a qualified medical doctor, and if registered with the Federal Drug Enforcement Administration (for controlled substances). Establishes requirements for collaborative agreements.

Section 11. See sec. 1.

Section 12. Adds definitions of "approved naturopathic college or program," "department," and "minor surgery".

Section 13. See sec. 1.

Section 14. Repeals AS 08.45.035, pertaining to temporary licenses and 08.45.040, pertaining to required disclosures to a patient.

Section 15. Provides a July 1, 2009 "sunset" of collaborative agreement provisions in sec. 9 of the bill.

Section 16. Specifies that changes to licensing sections in this bill do not apply to persons licensed prior to February 28, 2005, except that disciplinary provisions apply.

Section 17. Provides a delayed effective date of January 1, 2007 for sec. 10.

Section 18. Provides an effective date of March 1, 2005, except as provided in sec. 17.



Alaska Association of Naturopathic Physicians, Inc.

Dedicated to the preservation of quality naturopathic medicine for all Alaskans.

JAMA, 1998

The Journal of American Medical Association

“Naturopaths, like allopathic physicians, receive 4 years of post-baccalaureate education culminating in a doctoral degree. They are broadly trained in the pre-clinical sciences and the clinical disciplines, with an emphasis on health promotion, disease prevention, and treatment based on the stimulation or support of natural process. Their clinical education, which is entirely outpatient based, is designed to prepare them to be primary care providers.

Oregon Office of Educational Policy and Planning, 1998

“Naturopathic medical college prepares N.D.s with a biological and biomedical education of the same breadth and depth that prepares M.D.s to be primary care physicians.”

10928 EAGLE RIVER ROAD, SUITE 254 • EAGLE RIVER, ALASKA • 99577-7228

PHONE: 907-694-5522 • FAX: 907-694-5524

www.akanp.org • wellness@akanp.org



Summary of Naturopathic Medical Legislation

Naturopathic physicians have been licensed to practice in the State of Alaska since 1986. They are currently regulated by the Division of Occupational Licensing under state statute AS 08.45.

This legislation adds the following revisions, in statute, for the practice of naturopathic medicine in the State of Alaska:

- 1) The Division of Occupational Licensing, in collaboration with a qualified trade association, The Alaska Association of Naturopathic Physicians, Inc., shall update current regulations defining naturopathic medical practice in Alaska, to be commensurate with current standards of naturopathic medical education and training.

The current law is 17 years old and needs to be updated to allow naturopathic physicians to practice commensurate with their federally regulated education.

- 2) A graduate of a CNME¹ approved naturopathic medical college who has passed the federal Naturopathic Physicians Licensing Examination, (NPLEX) and has been approved by the Division of Occupational Licensing may use the title "Naturopathic Physician".

Current law is limited to the licensure of "naturopathy" and strictly prohibits the use of the title "Naturopathic Physician".

¹The Council of Naturopathic Medical Education (CNME) is the agency recognized by the U.S. Department of Education to serve as the accrediting agency for naturopathic medical programs.

- 3) Implement a requirement for at least 45 hours of continuing education in naturopathic medicine per year, of which 15 hours of instruction is in pharmacology or pharmacotherapeutics, and is presented by a licensed pharmacist (R.Ph.) or Pharm.D., or other professional as approved by the Division of Occupational Licensing and The Alaska Association of Naturopathic Physicians.

Current law does not include continuing education requirements.

- 4) Allow a naturopathic physician who has graduated from a CNME¹ approved naturopathic medical college, and has passed the pharmacology exam as administered by the federal Naturopathic Physicians Licensing Examination, (NPLEX), and is licensed by the State of Alaska to:

- a) Prescribe or administer legend or prescription substances and to

- b) Prescribe a controlled substance after becoming registered with the federal Drug Enforcement Administration (DEA)

Current law does not authorize any prescriptive rights whatsoever, or allow for DEA registration as is required in 14 other states.

- 5) Allow a naturopathic physician who has graduated from a CNME¹ approved naturopathic medical college, and has passed the minor surgery exam, as administered by the federal Naturopathic Physicians Licensing Examination, (NPLEX), and is licensed by the State of Alaska to perform minor surgery as defined in Section 13 (c) of this HB 434 and SB 306.

Current law does not allow a naturopathic physician to perform minor surgery in the State of Alaska, whereas 14 other states do.

Appendix C:
A Comparison of Licensed Medical Professions in The State of Alaska



Licensed Practical Nurse	9 months to 2 year practical nursing program, the 1 year program being the most common
Registered Nurse	One of the following: <ul style="list-style-type: none"> • A 2-yr. Associate's degree, or • A 3-yr. Diploma program, (hospital based), or • A 4-yr. Bachelor's degree in nursing, or • A 4-yr. Bachelor's degree in another discipline and a 3-yr. Master's degree in nursing, or • A 4-yr. Bachelor's degree in another discipline and a 4-yr. Nursing Doctorate program
Advanced Registered Nurse Practitioner	In addition to holding a license as a Registered Nurse, an A.R.N.P. completes one of the following: <ul style="list-style-type: none"> • A 9 month to 2 year certificate program in specialty, or • A 2 year Master's degree certified in specialty
Physician's Assistant (PA)	4-yr. Bachelor's degree and 18 to 24 months master's degree (must work under the supervision of a physician)
Allopathic Physician (MD)	4-yr. Bachelor's degree in pre-medical and 2 to 5 years of post-graduate training in allopathic medical school; internship, residency
Naturopathic Physician (ND)	4-yr Bachelor's degree with pre-medical/science emphasis and 4 to 5 years post-graduate training in naturopathic medical school; externship required for graduation, residency options becoming more available

Appendix D:
Comparison of Naturopathic Governance In Licensed States



State	Scope of Practice	Board Membership	Date of Inception
Alaska	No obstetrics No minor surgery No prescription rights No right to lab tests or diagnostic tests	No professional board Under supervision of Occupational Licensing Board No Naturopathic Members	At 1987
Arizona	Full prescription rights except schedule 1 prescription	3 naturopathic physicians 2 public members	Before 1940
California	Full practice rights All natural & synthetic hormones; epi for anaphylaxis Prescription under MD, DO (under 2 year study)	Zero cost bureau under DCA 3 Naturopathic Physicians 3 Medical Physicians 3 Public Members	January 1, 2004 Note: original law sunset
Connecticut	Full practice rights No prescription rights	2 naturopathic physicians 1 public member	Before 1949
Hawaii	Full practice rights Drug formulary	3 naturopathic physicians 2 public members	Before 1937
Maine	Full practice rights Drug formulary	Alternative medicine board combining acupuncturists and naturopathic physicians 2 naturopathic doctors 2 acupuncturists 1 allopathic physician (MD or DO) 1 pharmacist 1 public member	At 1996
Montana	Full practice rights Drug formulary	Complimentary Medical Board combining naturopathic physicians and midwives 2 naturopathic physicians 2 midwives 2 public members 1 MD obstetrician	At 1991
New Hampshire	Full practice rights Drug formulary	4 naturopathic physicians 1 public member	Before 1990
Oregon	Full practice rights Drug formulary	4 naturopathic physicians 1 public member	Before 1940
Utah	Full practice rights Drug formulary	3 naturopathic physicians 2 public members	At 1997
Vermont	Full practice rights Drug formulary	2 naturopathic physicians 1 administrator	At 1996
Washington	Full practice rights Drug formulary No cancer treatment	3 naturopathic physicians 2 public members	Before 1950

Appendix E:
Comparison of Naturopathic And Major Medical Schools



	National	Bastyr	Southwest	John Hopkins	Yale	Stanford
Basic and Clinical Sciences Anatomy, Cell Biology, Physiology, Pathology, Neuroscience, Clinical / Physical Diagnosis, Histology, Genetics Biochemistry, Pharmacology, Lab Diagnosis, Pharmacognosy, Public Health, History, Philosophy, Ethics, Research and other coursework.	1548	1639	1419	1771	1420	1383
Clerkships (1) and Allopathic Therapeutics Lecture and Clinical Instruction in Dermatology, Family Medicine, Psychiatry, Internal Medicine, Radiology, Pediatrics, Obstetrics, Gynecology, Neurology, Surgery (2), Ophthalmology, and Clinical Electives.	2244	1925	1920	3391	2891	3897
Advanced Naturopathic Therapeutics	-	44	20	-	-	-
Ayurvedic Medicine	-	22	20	-	-	-
Botanical Medicine	96	110	120	-	-	-
Counseling (4)	144	143	100	-	-	-
Homeopathy	144	88	140	-	-	-
Hydrotherapy	48	39	40	-	-	-
Naturopathic Case Analysis / Management (5)	-	66	120	-	-	-
Naturopathic Manipulative Therapy	156	176	180	-	-	-
Naturopathic Medicine						
Naturopathic Philosophy	72	55	60	-	-	-
Oriental Medicine	72	33	200	-	-	-
Therapeutic Nutrition (3)	144	132	130	-	-	-
Subtotals:	876	908	1130	0	0	0
Total Reported Hours:	4668	4472	4459	5162	4311 (+ thesis)	5280

1. Clerkships are estimated to be 40 hours of mixed lecture and clinical training.
2. Naturopathic Physicians study minor surgery only.
3. No dedicated coursework in therapeutic nutrition appears in the college catalogs of Hopkins, Yale or Stanford, although they indicate that the subject is addressed in other courses.
4. Totals for John Hopkins, Yale and Stanford are included in psychiatry coursework.
5. Hours which could also be allocated to this category may be included elsewhere for some institutions because of terminology differences in the course

Sources: 1996-97 *Curriculum Directory* of the American Association of American Medical Colleges
 1995-97 catalog of National College of Naturopathic Medicine
 1996-98 catalog of Bastyr University
 1996-97 catalog of Southwestern College of Naturopathic Medicine and Health Sciences

Comparison of Pharmacology Training

Just as biochemistry is biochemistry, pharmacology is pharmacology. Pharmacology, like biochemistry, is a basic science -- usually taught in the first two years of medical school. Pharmacology training for naturopathic doctors is fundamentally the same as the training other primary care doctors receive.



Table 1 compares the total hours required of three medical disciplines in the basic sciences, including pharmacology.

Table 2 compares the total hours of clinical clerkships and therapeutics required by six different medical colleges, three naturopathic medical schools and three allopathic medical schools.

In the 13 states where naturopathic physicians have prescription rights

- ⇨ Naturopathic physicians must graduate from a CNME-approved naturopathic medical college
- ⇨ Pass the pharmacology exam as administered by NPLEX (Naturopathic Physicians Licensing Examination)
- ⇨ Be licensed by the state where they practice
- ⇨ Obtain a DEA registration number.
- ⇨ Remain current with continuing education required by the state

With these stringent requirements met, NDs in these states safely prescribe or administer prescription or controlled substances WHEN THEY NEED TO.

To further assure public safety in Alaska, our legislation requires a mandatory, 60-hour course taught by pharmacists (R.Ph.) and by Pharm.D.s (pharmacists who are also MDs) which focuses on pharmacotherapeutics (the therapeutic use of drugs). This will ensure that naturopathic doctors who graduated long ago will have their knowledge brought up to current provisions.

Table 1. Comparison of Average Number of Hours in Basic Science Instruction

	Allopathic ¹	Osteopathic ²	Naturopathic ³
Anatomy (gross and micro)	380	362	350
Physiology	125	126	250
Biochemistry	109	103	125
Pharmacology	114	108	100
Pathology	166	152	125
Microbiology/Immunology	185	125	175

Sources:

¹Ref. Association of American Medical Colleges Curriculum Directory, 1996-1997.

²Ref. 1996 Statistical Report. Chevy Chase, MD: American Association of Colleges of Osteopathic Medicine.

³Ref. State of Oregon. Oregon Administrative Rules, Oregon Board of Naturopathic Examiners, Chapter 850. Salem, OR.

Note: Allopathic (MD); Osteopathic (DO); Naturopathic (ND)

Used with Permission; *Common Paths in Medical Education*, Clyde B. Jensen, Ph.D., Alternative and Complementary Therapies; August 1997

Table 2: Comparison of major naturopathic and allopathic medical school clinical training

Clerkships and Clinical Therapeutics	National	Bastyr	Southwest	John Hopkins	Yale	Stanford
Total Hours	3120	2833	3050	3391	2891	3897

Sources:

American Association of American Medical Colleges, Curriculum directory (1996-1997)

National College of Naturopathic Medicine catalogs (1995-1997)

Bastyr University of Naturopathic Medicine and Health Sciences catalogs (1996-98)

Southwest College of Naturopathic Medicine and Health Sciences catalogs (1996 - 1998)

Assuring Safe Naturopathic Medical Practices for Alaskans
Pharmacology Education Comparison:
Stanford to NCNM



Alaska Association of Naturopathic Physicians, Inc.

NCNM

National College of Naturopathic Medicine

CLS 516 Pharmacology I. (3 credit hours lecture) Prerequisites: BAS 425/432. (3 credit hours lecture). This course presents the principles of pharmacodynamics, including drug absorption, metabolism, distribution, excretion, and mechanism of action. Students are expected to classify and describe the pharmacodynamics, side effects, and therapeutic uses of drug prototypes from the contemporary drug classes. Special emphasis is given to drugs contained in the Oregon and other naturopathic formularies. Prerequisites: BAS 425/432. (National college of Naturopathic Medicine Course Catalog, pp. 61- 62)

Topics for Fall 2003

General Principles: pharmacokinetics, pharmacodynamics; **Autonomic Nervous System:** sympathomimetics, sympatholytics, parasympathomimetics, parasympatholytics muscle relaxants; **Central Nervous System:** anxiolytics and hypnotics antipsychotics, agents for affective disorders, anti-epileptic drugs, agents for neurodegenerative disorders, analgesic drugs, drugs of abuse, local anesthetics; **Respiratory Agents;** **Diuretics.** (National College of Naturopathic Medicine Course Information Form, T. Ann Blair, Ph.D., blaira@ohsu.edu)

CLS 526 Pharmacology II. (3 credit hours lecture). This course presents the principles of pharmacodynamics, including drug absorption, metabolism, distribution, excretion, and mechanism of action. Students are expected to classify and describe the pharmacodynamics, side effects, and therapeutic uses of drug prototypes from the contemporary drug classes. Special emphasis is given to drugs contained in the Oregon and other naturopathic formularies. Prerequisites: BAS 425/432.

Topics for Winter 2004

Cardiovascular: antihypertensive, anti-anginal, antilipemic agents, congestive heart failure, anti-arrhythmic agents, blood formation, hemostasis, thrombosis, gastrointestinal agents; **Endocrine:** thyroid hormones, male and female reproductive hormones, glycemic agents, adrenal steroids, vitamin D and A agents, autacid drugs, nsoids, dmards; **Chemotherapy:** antimicrobial, antiviral, antifungal, antiparasitic, cancer chemotherapy, anti-obesity agents, otc's, drug interactions. (National College of Naturopathic Medicine Course Information Form, T. Ann Blair, Ph.D., blaira@ohsu.edu)

BOT 520/530/610 Botanical Materia Medica I, II, III (3 credit hours lecture winter, 2 credit hours lecture spring, 3 credit hours lecture fall) These sequential courses comprise a detailed survey of plants and plant preparations used in naturopathic practice, integrating traditional herbal knowledge with modern pharmacological research. The pharmacognosy, pharmacodynamics, toxicology, and therapeutics of each plant are considered. The coursework begins with an intensive on medicinal plant chemistry and follows with a focus on organ systems—the pathologies, the herbal treatments, and practical case presentation and workshops on case management and prescribing herbal formulas. Prerequisites: concurrent enrollment in CLS 520/530

Elective: CLS 640E Natural Pharmacology (2 credit hours lecture) This course offers an in-depth look at evidence-based therapeutic interventions, ranging from diet and nutrition to botanical therapies. Students will be exposed to the latest scientific evidence in the field of natural medicine and will learn how to adjust individual patient biochemistry in order to regain and sustain optimal wellness through maintenance of a physiologically balanced homeostasis. Prerequisites: third-year status.

(<http://www.ncnm.edu/b3pdfs/ncnm%20cat.pdt>)

Assuring Safe Naturopathic Medical Practices for Alaskans
Pharmacology Education Comparison:
Stanford to NCNM



Alaska Association of Naturopathic Physicians, Inc.



Stanford University

SCHOOL OF MEDICINE CATALOG

BOOK ONE

MPha 201. Pharmacology. Covers the principles of pharmacology and the major drug groups used in medicine. Major drug topics will include drug-receptor interaction, kinetic aspects of drug absorption, distribution and elimination, and drug metabolism. Major drug groups considered in this course include those affecting the Central Nervous System, the Autonomic Nervous System, and the Cardiovascular System. Peripherally acting drugs discussed include cholinergic/anticholinergics, adrenergics/antiadrenergics, antiarrhythmics, and vasodilators. Centrally acting drugs discussed include anticonvulsants, anesthetics, sedatives, analgesics, tranquilizers, and other psychoactive drugs. Problems of drug abuse are also considered. The emphasis of the course is on the mechanisms of action of drugs in man. A final exam will be given. Prerequisites: Mammalian physiology and biochemistry. Introductory neurobiology is recommended. 5 units. (J. Ferrell, staff - Department of Molecular Pharmacology)

MPha 202. Pharmacology. A continuation of Pharmacology 201. Major drug groups considered in this course include: chemotherapeutic agents, antibiotics; antiparasitic drugs; anticancer agents; thrombolytic agents; anti-inflammatory agents, and drugs regulating endocrine function. This course also includes discussion of toxicology. A final exam will be given. Prerequisites: Mammalian physiology, biochemistry and microbiology. Students who have not taken Pharmacology 201 (or equivalent) should consult the instructor. 5 units. (R. Roth, staff - Department of Molecular Pharmacology)

http://med.stanford.edu/school/catalog/bookone/coursegrid_descriptions.html



Alaska Association of Naturopathic Physicians, Inc.

Definitions

Controlled Substances

A substance subject to the Controlled Substances Act (1970), which regulates the prescribing and dispensing, as well as the manufacturing, storage, sale, or distribution of substance's assigned to five schedules according to their 1) potential for or evidence of abuse, 2) potential for psychic or physiologic dependence, 3) contributing a public health risk, 4) harmful pharmacologic effect, or 5) role as a precursor of other controlled substances

Note: Controlled Substances in Schedules II -V have an accepted medical use in the United States, and Schedule 1 substances do not.

DEA Registration

The Drug Enforcement Administration (DEA) is the primary agency within the Federal Government responsible for the enforcement of the Controlled Substances Act (CSA) of 1971

A prescription order for a controlled substance may be issued only by a physician, dentist, podiatrist, veterinarian, mid-level practitioner or other registered practitioner who is:

1. Authorized to prescribe controlled substances by the jurisdiction in which he/she is licensed to practice;
- and
2. Registered with DEA or exempted from registration (i.e. Public Health Service and Bureau of Prison physicians)

Externship

Programs of training in medicine offered by outpatient clinics or private practices for graduates of medicine to meet the clinical requirements established by accrediting authorities.

Internship

Programs of training in medicine and medical specialties offered by hospitals for graduates of medicine to meet the requirements established by accrediting authorities.

Legend Drugs

A synonym for prescription drug. Legend drugs are required by federal law to have a prescription, or a physician's order to be dispensed by the pharmacy.

Minor Surgery

Minor surgery is the repair of superficial wounds, removal of foreign bodies, cysts, and superficial lesions. Local antiseptics and anesthetics are employed and sterile fields are maintained. These are the procedures that primary care physicians perform in their offices.

Note: Minor surgery DOES NOT include the use of general or spinal anesthetics, specialized surgical procedures (eye surgery, tendon repair, plastic surgery etc.) or the entrance into body cavities.

Pharmacognosy

A sub-field of pharmacology which studies natural drugs, including the study of their biological and chemical components, botanical sources, and other characteristics (economic, biochemical, biological, etc.).

Pharmacology

The medical science that deals with the discovery, chemistry, effects, uses and manufacture of drugs. The study of pharmacology includes drug absorption, metabolism, distribution, excretion and the mechanisms of drug action. It classifies and describes the actions, side effects and therapeutic uses of drug prototypes from the contemporary drug classes. (ex. Antihypertensives, Diuretics etc.)

Pharmacotherapeutics

Is the clinical study by which medical students learn to use drugs to treat medical conditions under the supervision of a physician.

Prescription

A written direction for the preparation and administration of a remedy. A prescription consists of the heading or superscription that is, the symbol R or the word Recipe, meaning take; the inscription, which contains the names and quantities of the ingredients; the subscription or directions for compounding and the signature, usually introduced by the sign s. For signa, mark, which gives the directions for the patient which are to be marked on the receptacle.

Prescription Drugs

A drug requiring a prescription, a physician's order. (By comparison with an over-the-counter drug.)

Primary Care

A primary care physician is trained to provide definitive care to the undifferentiated patient at the point of first contact. They are advocates for their patients and co-ordinate the use of the entire health care system. This includes educated referral for emergency intervention or to specialized providers.

SB 306 & HB 434 – Naturopathic Medicine Support Documents

Professionals/Instruction:

Clyde B. Jensen, Ph.D – Expert Testimony – Teleconferenced
Attached Resume & Letters of Support – Portland, Oregon
Rick Chester, ND, RPh,Lac – Expert Testimony –
Letter of Support - White City, OR

Other Professional Letters of Support:

S. Lynn Hornbein, M.D. – Summit Family Practice – Anchorage
D. Lynn Mickleson, M.D. – Palmer
Michael Fischer, M.D. – Alaska Family Wellness Center, Inc. – Anchorage
Craig H. Mullett, D.D.S. – Alaska Family Dental Center – Wasilla
Elizabeth Turgeon, M.D. – Capstone Family Medicine – Wasilla
Jeffrey W. Russell, PA-C, MHS – Anchorage
Mary-Beth Gardner, MS FNP – Fairbanks
Richard C. Holm, R.PH – North Pole Prescription Lab. Inc – North Pole
Barbara Norton, CNM,ANP – Geneva Woods Birth Center – Anchorage
Alan S. Bills, DDS – Alaska Center for Dentistry – Wasilla
+ others

Petitioners, in support of SB 306 & HB 434:

Database of 700+ Residents of Alaska (original signature sheets available upon request)

CLYDE B. JENSEN, Ph.D.

December, 2003

CAREER DISTINCTIONS

- Doctoral education in physiology and pharmacology and tenured medical school faculty member.
- America's youngest medical school president at age 32.
- Regarded for expertise in leading higher education institutions through difficult transitions.
- Provided senior leadership to six public and private higher education institutions by age 50.
- Singular person to provide senior leadership at a community college and at colleges of allopathic, osteopathic, naturopathic, and oriental medicine.
- Developing model scientific affairs organization for nutritional supplement industry.

EMPLOYMENT HISTORY and SELECTED ACCOMPLISHMENTS

<p>President and Owner</p>	<p>Continuum Biomedical Consultants, Inc. Portland, Oregon</p>	<p>2001-Present</p>
<ul style="list-style-type: none"> • Developed and implemented accredited graduate medical education program to train physician investigators for the dietary supplement industry. • Developed and implemented SYNERGATE, a modified stage/gate new product development process for a multinational nutritional products and herbal medicine alliance. • Formed industry/higher education collaboration for conducting federally funded dietary supplement research and education. • Developed infrastructure for research, governmental affairs and professional relations for nations oldest dietary supplement company. • Developed and currently implementing plans for the establishment of a federal office for integrated medicine. 		
<p>President Professor of Pharmacology</p>	<p>National College of Naturopathic Medicine Portland, Oregon</p>	<p>1996-2001</p>
<ul style="list-style-type: none"> • Secured professional accreditation for Masters Degree in classical Chinese medicine, Doctorate in naturopathic medicine and residency in naturopathic medicine. • Secured candidacy for regional accreditation. • Relocated main campus and major clinics to larger and more suitable facilities. • Established and presided over American Association of Naturopathic Medical Colleges. 		
<p>Senior Executive Adjunct Professor of Medicine</p>	<p>University of Oklahoma College of Medicine – Tulsa Tulsa, Oklahoma</p>	<p>1993-1996</p>
<ul style="list-style-type: none"> • Developed and implemented campus strategic and master plans. • Restructured professional practice plan assisted with implementation of state-wide managed Medicaid. 		
<p>President (Interim)</p>	<p>Northeastern Oklahoma A&M College Miami, Oklahoma</p>	<p>1992-1993</p>
<ul style="list-style-type: none"> • Stabilized campus and community relations following tumultuous departure of previous president. • Initiate strategic and fiscal planning process for implementation by permanent president. 		
<p>President (Interim)</p>	<p>University of Health Sciences Kansas City, Missouri</p>	<p>1991-1992</p>
<ul style="list-style-type: none"> • Stabilized campus following death of previous president. • Developed strategic and campus master plan for implementation by permanent president. 		
<p>President</p>	<p>Oklahoma State University College of Osteopathic Medicine Tulsa, Oklahoma</p>	<p>1987-1991</p>
<ul style="list-style-type: none"> • Merged free-standing state supported college of osteopathic medicine with land grant university. • Acquired additional property and constructed new and renovated existing campus facilities. 		

President West Virginia School of Osteopathic Medicine
Lewisburg, West Virginia 1981-1987

- Increased appropriations to from state legislature.
- Diversified revenues by contracting with other Southern Region Education Board states to train rural physicians.
- Integrated osteopathic graduate medical education into allopathic hospitals.

Assoc. Prof. Pharmacology Oklahoma College of Osteopathic Medicine & Surgery 1974-1981
Director of Research Tulsa, Oklahoma
Dean of Students

SELECTED PART-TIME POSITIONS AND CONSULTING ASSIGNMENTS

Adjunct Professor of Public Health Oregon Health & Science University 2003-Present
Portland, Oregon

Adjunct Professor of Health Policy Medical College of Wisconsin 2001-Present
Milwaukee, Wisconsin

Sr. Consultant Southwest College of Naturopathic Medicine 1997-1999
Tempe, Arizona

Adjunct Professor of Pharmacology Rogers State University 1993-1996
Claremore, Oklahoma

Director of Oklahoma Operations International Medical Technical Consultants 1993-1994
(IMTCI)
Overland Park, Kansas

Consultant Ross University College of Medicine 1992
Dominica

SELECTED LEADERSHIP ACCOMPLISHMENTS

- Led several diverse colleges through difficult periods of transition: 1981-2001
- Testified before state legislative committees: 1981-present
- Restructured state supported medical college to serve multiple states in Appalachian Region: 1981-1987
- Testified before congressional subcommittees regarding student financial aid: 1985
- Merged public Oklahoma medical college with state land grant university: 1987-1991
- Restored harmony to private Kansas City medical college and recruited permanent president: 1991
- Restored order to public Oklahoma Community College in preparation for permanent president: 1992
- Developed professional practice plans for public medical colleges: 1981-1996
- Fostered conventional and complementary medical college collaboration: 1981-present
- Developed GME programs in conventional and complementary medicine: 1983-91 & 1996-99
- Developed industry/education partnerships for research and education: 2001- present
- Presided over research, education, product development, governmental affairs and professional relations for America's oldest dietary supplement company: 2001-present
- Developing federal office of integrated medicine; underway

SELECTED RESEARCH ACCOMPLISHMENTS

- Conducted and published basic research in physiology and pharmacology: 1973-1981
- Established medical school offices of research: 1979, 1994, 1996
- Organized and managed medical school institutional review boards: 1994, 1996
- Organized contract research organization for pharmaceutical clinical trials: 1993-1994
- Served as Principal Investigator in Phase III clinical trials: 1993-1994
- Facilitated IRB workshops on behalf of federal Office for Prevention of Research Risk: 1995



February 16, 2004

Daniel J. Young, N.D.
ERNMC, Inc.
0928 Eagle River Road,
Suite # 254
Eagle River, Alaska 99577-7228

Dear Dr. Young:

In my effort to write a short, crisp letter to Senator Seekins and Representative Holm concerning SB 306 and HB 434, I over simplified an observation pertaining to pharmacology that I wish to correct in this letter.

I said, "Naturopathic medical students receive instruction in minor surgery, obstetrics and pharmacology, but less than allopathic or osteopathic medical students." Medical students (including MD, DO and ND) receive two types of pharmacology instruction. Basic pharmacology is the classroom instruction in which students learn how drugs work, how the body handles them and the conditions for which they are used. Applied pharmacology or pharmacotherapeutics is the instruction in the clinic in which students observe as the physician determines which drugs to prescribe and the circumstances under which they are to be administered.

Because naturopathic medical students receive most of their clinical training under the supervision of naturopathic physicians who prescribe few drugs, naturopathic medical students receive less training in applied pharmacology or pharmacotherapeutics than do MD or DO students whose supervising physicians are MDs and DOs who frequently prescribe drugs. Instruction in basic pharmacology, however, is similar among MD, DO and ND students.

I hope this will help to clarify any confusion that may have been caused by my previous letter. I will send copies of this letter to Senator Seekins and Representative Holm. I hope you will feel free to share it with others at your discretion.

Respectfully yours,

Clyde B. Jensen, Ph.D.

Cc. Senator Ralph Seekins
Representative Jim Holm

Standard Process Inc. • 1200 West Royal Lee Drive • P.O. Box 904 • Palmyra, WI 53156-0904
262-495-2122 • 800-848-5061 • fax 262-495-2512 • www.standardprocess.com

February 4, 2004

Senator Ralph Seekins
Alaska State Capital Building
Juneau, Alaska 99801-1182

Dear Senator Seekins:

I have become aware of the bill entitled "Act Relating to Naturopathic Physicians" now pending before the Alaska state legislature and am writing to volunteer any information and experience that may assist you and your colleagues in your consideration of this bill. I am a medical educator with a Ph.D. in physiology and pharmacology.

I have had the unique experience of serving as a chief or senior executive officer in colleges of allopathic, osteopathic, naturopathic and oriental medicine, and am frequently called upon to compare their respective educational programs.

The educational experience for MDs, DOs and NDs can be divided into five stages. I will quickly and superficially compare them.

- Admissions: ND medical schools currently do not require the MCAT for admissions. In all other respects, the requirements for admission are similar.
- Basic Biomedical Sciences: Biochemistry, physiology, anatomy, microbiology and other basic biomedical sciences are presented in similar quantity and intensity in each of the three types of medical schools.
- Diagnostics: Each are taught to employ identical outpatient diagnostic technologies. Allopathic and osteopathic medical schools are able to teach in patient diagnostic technologies to which naturopathic medical students have limited access.
- Therapeutics: Naturopathic medical students are taught nutritional, herbal, homeopathic and other low risk modalities to which allopathic and osteopathic medical students receive little exposure. Naturopathic medical students receive instruction in minor surgery, obstetrics and pharmacology, but less than allopathic or osteopathic medical students. Therapeutic training of naturopathic medical students is largely confined to outpatient clinics.
- Graduate medical education: At least a year of GME is required of MDs and DOs and this training is typically reimbursed with federal dollars. GME is currently an optional medical education experience for naturopathic physicians. Because federal reimbursement is not provided, naturopathic residency slots currently exist for fewer than 10% of recent naturopathic medical school graduates.

Naturopathic physicians are uniquely prepared to contribute to the delivery of health care in Alaska because of their ability to provide high quality, low risk, out patient care. It is my understanding that the pending legislation may better enable this to occur. I feel so strongly about the goodness of fit between naturopathic medicine and health care to rural, medically underserved populations, that if invited I will volunteer to meet with interested legislators at my own personal expense. Please feel free to call upon me at your discretion.

Respectfully yours,

A handwritten signature in cursive script that reads "Clyde B. Jensen". The signature is written in dark ink and is positioned above the typed name.

Clyde B. Jensen, Ph.D.

7591 Crater Lake Hwy.
White City, OR 97503



Be Well & Well Informed

tel: 541-826-9173
fax: 541-826-8366

February 17, 2004

Senator Ralph Seekins
Alaska State Capital Building
Juneau, Alaska 99801-1132

Attn: Senator Seekins

I am writing to support legislative bills HB434 and SB 306, both titled "An act relating to the practice of naturopathic medicine."

As a pharmacist and naturopathic physician, I taught pharmacology at the Southwest College of Naturopathic Medicine in Tempe Arizona and wrote pharmacology test questions for the naturopathic board exam. I also created the original formulary used in Arizona and later used in Oregon, which included drugs derived from natural sources. As an instructor, I taught students to thoroughly research the warnings and precautions of each drug they prescribed, so they were aware of the possible harm they might cause to their patients. The test questions I wrote required knowledge of pharmacology necessary to protect the public safety. The formulary system, which I have had to practice under, is antiquated and actually has a negative effect on public safety. The formulary forces naturopathic physicians to choose less than optimal drugs over more effective newer medications.

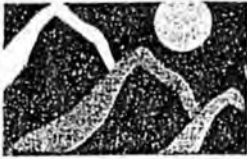
As a provider, I know that naturopathic physicians, like MDs, regularly prescribe a handful of drugs with which they are quite familiar. Unlike medical doctors, naturopathic physicians prescribe medications as a last resort, treat fewer patients each day, and are less likely to place individuals on multiple drug regimens, which lead to interactions and complications. As general practice physicians seeing fewer patients on a daily basis, naturopathic doctors have much more time to research the consequences of drug therapy than do their MD or DO colleagues.

In Oregon, where I practice, medical care has been shifted to nurse practitioners with less education than naturopathic physicians. It is irrational for trained primary care physicians to be limited to non-drug therapies at a time when access to quality health care is becoming scarce. Consequently, I support legislation that allows naturopathic physicians to practice commensurate with their education and to the full scope of their training. Please support this Bill.

Sincerely,

Rick Chester, ND, RPh, LAc

cascadepharmacy.com



Summit
Family
Practice

2741 DeBarr Road #C-308
Anchorage, Alaska 99508
Telephone: 907-272-3366

FEB 6 2004

January 22, 2004

Senator Ralph Seekins
Representative Jim Holm
Alaska State Capital Building
Juneau, Alaska 99801-1182

ATTN: Senator Seekins
Representative Holm

I am writing in support of the legislative bill: an "Act Relating to Naturopathic Physicians".

Having practiced family medicine in Alaska for over 13 years, I have gotten to know the medical community well, including a number of naturopathic physicians. I have collaborated with Daniel J. Young N.D., LAc. and Madeleine Morrison-Young, ND of, Eagle River Naturopathic Medical Center regarding mutual patients on numerous occasions. They are highly skilled professionals, and are knowledgeable and competent in the care of our shared patients. Their areas of expertise (naturopathy, homeopathy, Chinese Medicine and acupuncture) are complementary to the allopathic (Western) medicine approach to health. My patients benefit from their care, and express satisfaction with the level of care provided.

I support legislation that allows naturopathic physicians to practice the full scope of naturopathic medicine, commensurate with their education. Such legislation will improve access to effective and safe complementary medical practices and enhance Alaskans' freedom of choice in health care.

Sincerely,

S. Lynn Hornbein, M.D.

D. LYNN MICKLESON, M.D.440A W. Evergreen
Palmer, Alaska 99645

Phone: (907) 745-3880 Fax: (907) 745-2631

January 23, 2004

Senator Ralph Seekins
Representative Jim Holm
Alaska State Capitol Building
Juneau, Alaska 99801-1182ATTN: Senator Seekins
Representative Holm

I am writing this letter to support the legislative bill regarding an "Act Relating to Naturopathic Physicians." As a physician/MD practicing in Palmer, Alaska I have had the opportunity to share patients with both Drs. Cary Jasper and Cory Smith in Anchorage as well as Dr. Dan Young (of the Eagle River Naturopathic Center). I have found them all to be professional, knowledgeable and competent in the care of our shared patients.

In this era of ever rising health care costs - 1.7 TRILLION dollars as a recent estimate for the cost of health care in the U.S. - the preventive care approach of naturopathic physicians is very valuable in overall health care and the reduction of costs. Their treatments are frequently effective in those cases where conventional approaches have not worked and have far fewer negative effects. We need gentler therapies available.

I support legislation that allows naturopathic physicians to practice commensurate with their education and to the full scope of their training. Such legislation offers Alaskans freedom of choice in their healthcare and improved access to effective and safe complementary medical practices. This can only benefit the healthcare community in Alaska.

Please support this bill. Feel free to call me at the above number.

Sincerely,

D. Lynn Mickleson, M.D.

Printed on 100% Post-Consumer Recycled Paper

Jan 26 2004 18:09 P. UT

D. Lynn Mickleson, M.D. Fax: 1-907-745-2631



Alaska Family Wellness Center, Inc.

4200 Lake Otis Pkwy, Suite 304
Anchorage, AK 99508
Phone (907) 561-9444
Fax (907) 561-9446

FEB 6 04

January 21, 2004

Senator Ralph Seekins
Representative Jim Holm
Alaska State Capitol Building
Juneau, AK 99801-1182

To Whom It May Concern:

I am writing this letter to support the legislative bill an "Act relating to naturopathic physicians." As a medical doctor practicing in the state of Alaska I have had the opportunity to share patients with, and interact with Dr. David Newirth of the Alaska Family Wellness Center, Inc on several occasions. In fact, I have employed him on my staff for the last year. I have found him to be professional, knowledgeable, and competent in the care of our shared patients. In addition, the patients that I have shared with Dr. Newirth have demonstrated satisfaction with the level of care provided.

I support legislation that allows naturopathic physicians to practice commensurate with their education, and to the full scope of their training. Such legislation offers Alaskans freedom of choice in their healthcare, and improved access to effective and safe complementary medical practices. This can only benefit the healthcare community in Alaska. Please support this Bill.

If you would like to discuss this further with me, please contact me at 561-9444.

Sincerely,

Michael Fischer MD

CC: The Alaska Association of Naturopathic Physician, Inc.



Craig H. Mullett, D.D.S.

GENERAL DENTISTRY

ALASKAN FAMILY DENTAL CENTER, LLC

281 NORTH MAIN STREET

SUITE 201

WASILLA, ALASKA 99654

February 14, 2004

Senator Ralph Seekins
Representative Jim Holm
Alaska State Capital Building
Juneau, Alaska 99801-1182

ATTN: Senator Seekins, Representative Holm.

Dear Sir,

I am writing this letter to support the legislative bill an "Act relating to naturopathic physicians." As a dentist practicing in the state of Alaska I have had the opportunity to share patients with, and interact with Drs. Dan and Madeleine Young of Eagle River's Naturopathic Medical Center Inc. on several occasions. I have found them to be professional, knowledgeable, and competent in the care of our shared patients. In addition, the patients that I have shared with the Young's have demonstrated satisfaction with the level of care provided. Dr. Dan Young has treated me personally, as a patient, with excellent results.

I support legislation that allows naturopathic physicians to practice commensurate with their education, and to the full scope of their training. Such legislation offers Alaskans freedom of choice in their healthcare, and improved access to effective and safe complementary medical practices. This can only benefit the healthcare community in Alaska. Please support this Bill.

If you would like to discuss this further with me, please contact me at Alaskan Family Dental Center LLC, 281 North Main Street, Suite 201, Wasilla, Alaska, 99654.

(907) 376-0452

Sincerely,


Craig H. Mullett DDS

December 13, 2003

Representative Nancy Dahlstrom
10982 Eagle River, AK 99657

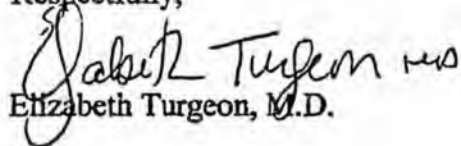
Dear Representative Dahlstrom,

I am writing this letter to support the legislative bill an "Act relating to naturopathic physicians." As a medical doctor practicing in the state of Alaska I have had the opportunity to share patients with, and interact with David Newirth, N.D. In fact, as chief of staff at Cordova Community Medical Center I felt his contributions to patient care merited him obtaining medical staff privileges in Cordova. I have found him to be professional, knowledgeable, competent and well received by patients I have referred to him. With many Alaskans choosing alternatives to allopathic care, I find it very important to have trained, licensed and competent individuals for patients as well as allopathic providers to consult.

I support legislation that allows naturopathic physicians to practice commensurate with their education and to the full scope of their practice. Such legislation offers Alaskans freedom of choice in their healthcare, and improved access to effective and safe complementary medical practices. This can only benefit the healthcare community in Alaska. Please support this Bill.

If you would like to discuss this further with me, please contact me at Capstone Family Medicine Clinic, 907-357-9590.

Respectfully,


Elizabeth Turgeon, M.D.

Capstone Family Medicine
3223 E. Palmer Wasilla Hwy
Garrett Building #2
Wasilla, AK 99654
Phone 907-357-9590 fax-907-357-9593



Summit
Family
Practice

2741 DeBarr Road #C-308
Anchorage, Alaska 99508
Telephone: 907-272-3366

November 12, 2003

Representative Nancy Dahlstrom
10928 Eagle Rive Road, Ste. 238
Eagle River, Alaska 99577

Dear Ms. Dahlstrom:

I am writing to express my support for the legislative bill an "Act relating to naturopathic physicians." I am a physician assistant in private family practice in Anchorage and have collaborated in the health care of mutual patients with naturopathic physicians Drs. Daniel J. Young and Madeleine Morrison-Young both associated with the Naturopathic Medical Center in Eagle River. My practice experience leads me to recommend complimentary health treatment approaches involving different disciplines of medical practice whenever indicated. Invariably, my clients have benefited from health management performed by Drs. Young and Morrison-Young. My interaction with these naturopathic physicians by phone and in person has repeatedly confirmed their medical competence, knowledge, and professionalism. Our mutual clients have always reported satisfaction with the health care rendered in their clinic.

I support legislation permitting naturopathic physicians to practice appropriate to their education and the expertise developed in their long years of medical school and residency. Such legislation provides Alaskans with fully developed health care resources incorporating safe and effective choices appropriate to their personal philosophies of health management, as well as the benefit of more expeditious and cost effective treatment options. Giving Alaskans health care options that are maximized to their full potential will further advance the effectiveness of the greater community of medical practitioners in the State. I urge you to support this Bill.

If I can provide further perspective on this issue, please do not hesitate to contact me at Summit Family Practice, (907) 272-3366.

Sincerely,

Jeffrey W. Russell, PA-C, MHS



Alaska Center for
Natural Medicine

104 Kutter Road • Fairbanks, Alaska 99701 • (907) 452-3600

FEB 23 2004

Senator Ralph Seekins
Representative Jim Holm
Alaska State Capital Building
Juneau, Alaska 99801-1182

Mary-Beth Gardner, FNP, CNM

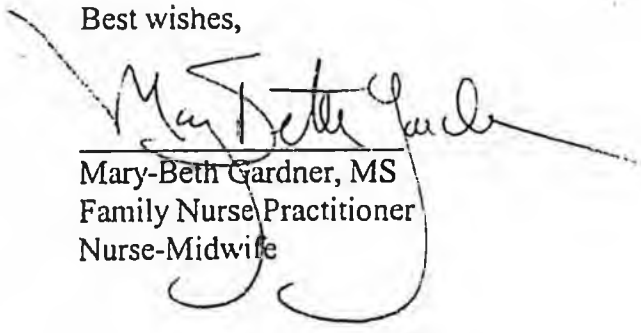
February 16, 2004

The purpose of this letter is to support legislation that grants prescriptive authority to naturopathic physicians.

I have practiced as an advanced nurse practitioner for 18 years – 15 years in Alaska. Much evolution in health care delivery has occurred during this time. State of the Art health care practices in the United States now incorporate allopathic (or typical western medicine) and naturopathic treatments for the best patient outcomes. Naturopaths are trained in the application of these two methods. Their ability to practice is hindered by restriction of prescriptive privileges. And, Alaskans' access to this skillful blending of healthcare is limited while prescriptive privileges are withheld.

Please call me if I can provide further information.

Best wishes,


Mary-Beth Gardner, MS
Family Nurse Practitioner
Nurse-Midwife

February 14, 2004

FEB 23 2004

Senator Ralph Seekins
Alaska State Capitol Building
Juneau, AK 99801-1182

ATTN: Senator Seekins (Bill #306)

Dear Senator Seekins,

I am writing this letter to support the legislative Bill #306, an "Act relating to Naturopathic Physicians." As a compounding pharmacist practicing in Alaska, I have had the opportunity to refer patients and interact with Dr. Scott Luper N.D. of the Alaska Center for Natural Medicine in Fairbanks, as well as others on several occasions. I have found them to be professional, knowledgeable, and very competent in the care of our mutual patients. Additionally, these patients not only have demonstrated satisfaction with the level of care provided but clearly have benefited from this care. As a compounding pharmacist I see patients every day that would benefit greatly from the expanded scope of practice this bill would provide. It makes no sense to continue to limit their scope of practice and deny Alaskans the full benefit that can be derived through passage of the present legislation. Many other states have already come to this realization, including our nearest neighbor Washington State. Washington has for a long time now provided this expanded practice to their citizens, with great success and safety.

I support legislation that allows naturopathic physicians to practice commensurate with their education, and to the full scope of their training. Such legislation offers Alaskans freedom of choice in their healthcare, and improved access to effective and safe complementary medical practices. This can only benefit the healthcare community in Alaska. Please support this Bill.

If you would like to discuss this further with me, please contact me at:

907-488-8555 (work)
907-488-8556 (fax)
nprxlab@hotmail.com (email)

Sincerely,



Richard C. Holm, R.Ph., F.A.C.A., F.I.A.C.P., F.A.Ph.A.
North Pole Prescription Laboratory Inc.
167 S. Santa Claus Lane
North Pole, AK 99705
Phone: 488-8555
Fax: 488-8556



Geneva Woods Birth Center

November 11, 2003

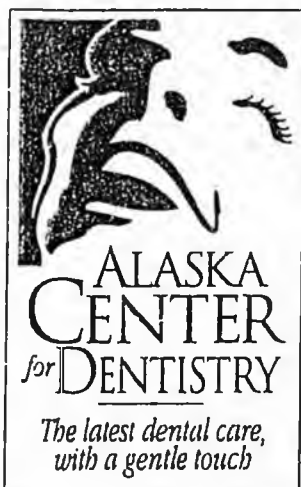
Representative Nancy Dahlstrom
10928 Eagle River Road, Ste. 238
Eagle River, Alaska 99577

I am writing this letter to support the legislative bill an "Act relating to naturopathic physicians." As a Nurse Practitioner and midwife in the state of Alaska I have had the opportunity to share patients with, and interact with Dr. Morrison-Young on several occasions. She is professional, knowledgeable, and competent in the care of our shared patients. In addition, the patients that I have shared with Dr. Morrison-Young have demonstrated satisfaction with the level of care that she provides. It seems unnecessary for her to refer patients to me for simple prescriptive items such as birth control pills, hormones, and Fosimax when she herself is well trained to provide these directly to her patients.

I support legislation that allows naturopathic physicians to practice commensurate with their education, and to the full scope of their training. Such legislation offers Alaskans freedom of choice in their healthcare, and improved access to effective and safe complementary medical practices. This can only benefit the healthcare community in Alaska. Please support this Legislation.

Sincerely,

Barbara Norton CNM
ANP



February 13, 2004

Senator Ralph Seekins
Alaska State Capital Building
Juneau, Alaska 99801-1182

I am writing this letter in support of the legislative bill an "Act relating to naturopathic physicians." As a dentist practicing in the state of Alaska I have had opportunity to share patients with, interact and consult with several of our naturopathic physicians practicing in Alaska; most notably Drs. Madeleine Morrison-Young, Daniel Young and Torrey Smith. I have always found them to be professional and very competent in the care of our shared patients, and to be extremely knowledgeable and an invaluable reference source in furthering my professional knowledge.

I am fully in support of legislation that allows naturopathic physicians to practice commensurate with their education, and to the full scope of their training. Such legislation offers Alaskans much greater freedom of choice in their healthcare, as well as a much needed improvement in access to effective and safe complementary medical practices. This can only benefit the healthcare community in Alaska. Please support this Bill.

If you would like to discuss this further with me, please contact me at my office, or at alan@alaskacenterfordentistry.com

Sincerely,

Alan S. Bills, DDS

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Sandra C. Denton, M.D.
& Associates



Alaska Alternative Medicine Clinic, L.L.C.
Your choice for health.

2/16/2004

Senator Ralph Seekins
State Capitol Building, room 125
Juneau, AK 99801-1182

Dear Senator Seekins,

As a medical doctor who has specialized in alternative medicine since 1985, I have had numerous occasions to work with naturopathic physicians in Alaska and have worked closely with them as part of our team of providers at my office.

It is unrealistic to expect the State of Alaska's Department of Occupational Licensing to regulate the standards of health care providers such as naturopathic physicians without consultation with their professional association. Physicians are in a much better position to assess the conduct of their peers and hold them to high standards of quality, ethics and professionalism. Even the most enlightened bureaucrat would not possess knowledge of what is customary in naturopathic medical practice and what their training allows them to do safely.

I have watched the naturopathic profession grow in the past 18 years, the demand for a balance between conventional and natural medicine from patients is best assured if the scope of practice of naturopathic physicians is commensurate with their level of training. When patients have to make an appointment to see another provider to obtain a prescription medication when diet, exercise, botanical and other natural medicines are insufficient, it creates a barrier to care that does not serve the health care needs of the patient, especially in remote areas of the state where any kind of licensed health care provider is difficult to come by. Most other states that have licensure for naturopathic physicians have prescription writing authority tied to continuing education requirements in order to protect the public and provide access to comprehensive treatment. Alaska should do the same.

Thank-you for your attention in this important piece of legislation.

Yours in health,

Sandra C. Denton, MD
Medical Director

3333 Denali Street, Suite 100 • Anchorage, Alaska 99503
Phone (907) 563-6200 • Fax (907) 561-4933
Email: aamc@myexcel.com

See part

Gene Meiergerd RN, LMT
Licensed Massage Therapist

Movement Toward Health

February 15, 2004

Senator Ralph Seekins
Representative Jim Holm
Alaska State Capitol Building
Juneau, Alaska 99801-1182

ATTN: Senator Seekins
Representative Holm

I am writing this letter to support the legislative bill an "Act relating to naturopathic physicians". As a practicing RN for over 25 years and a certified therapeutic massage therapist I have had the opportunity to interact with Dr. Dan Young on several occasions. I have found him to be professional, knowledgeable and competent as well as going out of his way to see that patients receive the best possible care.

I support legislation that allows naturopathic physicians to practice in accord with their education, and the full scope of their training. This legislation offers Alaskans freedom of choice in their healthcare, and improved access to effective and safe complementary medical practices. This can only benefit the healthcare community in this great state of Alaska. Please support this bill.

Sincerely,

Eugene N Meiergerd
Eugene N Meiergerd RN, MA, CMT



Alaska Association of Naturopathic Physicians, Inc.
Dedicated to the preservation of quality naturopathic medicine for all Alaskans.

February 25, 2004

Senator Lyda Green, Co-Chair Finance
Alaska State Senate
Capitol Building
Juneau, Alaska 99811

Dear Senator Green,

On behalf of the thousands of naturopathy patients that we service in the Eagle River, Mat-Su and South-central Alaska, I would like to thank you for your co-sponsorship of SB306. Your time and attention to this important issue is extremely appreciated.

Thank you for allowing us to respond to the concerns raised to you by Cathy Giessel, MS, FNP-CS. In addition to the answers to her questions noted below, we have provided you with an education and training comparison of all health care professions in Alaska.

Naturopathic medical colleges are four-year postgraduate schools with admissions requirements comparable to those of conventional medical schools. To apply to naturopathic medical school an undergraduate with premedical emphasis is required. A Doctorate in Naturopathic Medicine requires four years of graduate level study in the medical sciences: anatomy, biochemistry, cardiology, clinical and physical diagnosis, dermatology, gynecology, immunology, lab diagnosis, microbiology, minor surgery, neurology, obstetrics, pathology, pediatrics, pharmacology, physiology, radiology, as well as other clinical sciences.

In addition to basic and clinical sciences, NDs also receive training in naturopathic therapeutics including; botanical medicine, Chinese medicine and acupuncture, homeopathy, hydrotherapy, natural childbirth, naturopathic manipulation, psychology and counseling, therapeutic nutrition, and other therapies. **Because coursework in natural therapeutics is added to a standard medical curriculum, naturopathic doctors receive significantly more hours of classroom education in these areas than the graduates of many leading medical schools, including Yale, Stanford and Johns Hopkins schools.** This becomes obvious upon examination of the comparison sheets that are enclosed.

Thank you again for allowing us the opportunity to provide a factual response to these questions and to further educate other health care professions in Alaska about the practice of naturopathic medicine. We look forward to working together with all health care professionals to ensure the public safety, welfare, and affordability of quality complementary care for all Alaskans.

Sincerely,

Daniel Young, ND, LAc.

Daniel J. Young ND, LAc.
Alaska Association of Naturopathic Physicians, Inc.
Legislative Task Force

Eric. Comparing Medical Professions in Alaska

Comparison of Educational & Pharmacology Training Allopathic (MD's) and Naturopathic (ND's)

Just as biochemistry is biochemistry, pharmacology is pharmacology. Pharmacology, like biochemistry, is a basic science -- usually taught in the first two years of medical school. Pharmacology training for naturopathic doctors is fundamentally the same as the training other primary care doctors receive.

Table 1 (shown below) compares the total hours required of three medical disciplines in the basic sciences, including pharmacology.

Table 2 compares the total hours of clinical clerkships and therapeutics required by six different medical colleges, three naturopathic medical schools and three allopathic (MD) medical schools.

In the 13 states where naturopathic physicians have prescription rights

- ⇒ Naturopathic physicians must graduate from a CNME-approved naturopathic medical college (Federally Approved)
- ⇒ Pass the pharmacology exam as administered by NPLEX (Naturopathic Physicians Licensing Examination) (Federally Approved)
- ⇒ Be licensed by the state where they practice
- ⇒ Obtain a Drug Enforcement Agency (DEA) registration number.
- ⇒ Remain current with continuing education required by the state

With these stringent requirements met, NDs in these states SAFELY prescribe, or administer prescription or controlled substances WHEN THEY NEED TO.

To further assure public safety in Alaska, our regulations will require a mandatory, 60-hour course taught by pharmacists (R.Ph.) and by Pharm.D.s (pharmacists who are also MDs) which focuses on pharmacotherapeutics (the therapeutic use of drugs). This will ensure that naturopathic doctors who graduated long ago will have their knowledge brought up to current provisions.

Table 1. Comparison of Average Number of Hours in Basic Science Instruction

	Allopathic ¹	Osteopathic ²	Naturopathic ³
Anatomy (gross and micro)	380	362	350
Physiology	125	126	250
Biochemistry	109	103	125
Pharmacology	114	108	100
Pathology	166	152	125
Microbiology/Immunology	185	125	175

Sources:

¹Ref. Association of American Medical Colleges Curriculum Directory, 1996-1997.

²Ref. 1996 Statistical Report. Chevy Chase, MD: American Association of Colleges of Osteopathic Medicine.

³Ref. State of Oregon, Oregon Administrative Rules, Oregon Board of Naturopathic Examiners, Chapter 850. Salem, OR.

Note: Allopathic (MD); Osteopathic (DO); Naturopathic (ND)

Used with Permission; *Common Paths in Medical Education*, Clyde B. Jensen, Ph.D., Alternative and Complementary Therapies; August 1997

Table 2: Comparison of major naturopathic and allopathic medical school clinical training

Clerkships and Clinical Therapeutics	National (ND)	Bastyr (ND)	Southwest (ND)	John Hopkins (MD)	Yale (MD)	Stanford (MD)
Total Hours	3120	2833	3050	3391	2891	3897

Sources:

American Association of American Medical Colleges, Curriculum directory (1996-1997)

National College of Naturopathic Medicine catalogs (1995-1997)

Bastyr University of Naturopathic Medicine and Health Sciences catalogs (1996-98)

Southwest College of Naturopathic Medicine and Health Sciences catalogs (1996 - 1998)

Appendix C
A Comparison of Licensed Medical Professions
In The State of Alaska

Licensed Practical Nurse	9 months to 2 year practical nursing program, the 1 year program being the most common
Registered Nurse	One of the following: <ul style="list-style-type: none"> • A 2-yr. Associate's degree, or • A 3-yr. Diploma program, (hospital based), or • A 4-yr. Bachelor's degree in nursing, or • A 4-yr. Bachelor's degree in another discipline and a 3-yr. Master's degree in nursing, or • A 4-yr. Bachelor's degree in another discipline and a 4-yr. Nursing Doctorate program
Advanced Registered Nurse Practitioner	In addition to holding a license as a Registered Nurse, an A.R.N.P. completes one of the following: <ul style="list-style-type: none"> • A 9 month to 2 year certificate program in specialty, or • A 2 year Master's degree certified in specialty
Physician's Assistant (PA)	4-yr. Bachelor's degree and 18 to 24 months master's degree (must work under the supervision of a physician)
Allopathic Physician (MD)	4-yr. Bachelor's degree in pre-medical and 2 to 5 years of post-graduate training in allopathic medical school; internship, residency
Naturopathic Physician (ND)	4-yr Bachelor's degree with pre-medical/science emphasis and 4 to 5 years post-graduate training in naturopathic medical school; externship required for graduation; residency options becoming more available

Galloway	Yolande	PO Box 2908	Soldotna	99669 (907)262-1493	Representative Kelly Wolf	Senator Thomas Wagoner
Gardner	Kay	PO Box 325	Soldotna	99669 (907)260-9254	Representative Kelly Wolf	Senator Thomas Wagoner
Gibson	Susan	PO Box 2325	Soldotna	99669 (907)252-9329	Representative Kelly Wolf	Senator Thomas Wagoner
Hansen	Pamela R.	309 Riverside Dr	Soldotna	99669 (907)262-4964	Representative Kelly Wolf	Senator Thomas Wagoner
Lamb	Dawn	379 Lupine	Soldotna	99669 (907)262-9979	Representative Kelly Wolf	Senator Thomas Wagoner
Martin	Gail	PO Box 3249	Soldotna	99669 (907)262-8304	Representative Kelly Wolf	Senator Thomas Wagoner
Osmar	Kristin	35555 Spur Hwy	Soldotna	99669 (907)262-8733	Representative Kelly Wolf	Senator Thomas Wagoner
Payment	Amorette	35224 West Brook	Soldotna	99669 (907)260-6141	Representative Kelly Wolf	Senator Thomas Wagoner
Payment	Steve	35224 West Brook	Soldotna	99669 (907)260-6141	Representative Kelly Wolf	Senator Thomas Wagoner
Schmittler	Lisa	PO Box 3194	Soldotna	99669 (907)262-7852	Representative Kelly Wolf	Senator Thomas Wagoner
Senanens	Susan	36574 Mackey Lake	Soldotna	99669 (907)262-3022	Representative Kelly Wolf	Senator Thomas Wagoner
Cleveland	John C.	34494 King Salmon	Sterling	99672 (907)229-3475	Representative Mike Chenault	Senator Thomas Wagoner
Abbott	Phoebe Jane	PO Box 75	Sterling	99672 (907)262-5391	Representative Mike Chenault	Senator Thomas Wagoner
Fisher	Dohi	PO Box 1090	Sterling	99672 (907)262-9241	Representative Mike Chenault	Senator Thomas Wagoner
Ramsey	Linda	PO Box 319	Talkeetna	99676 (907)733-1419	Representative Beverly Masek	Senator Scott Ogan
Hanson	Margaret	Box 1804	Valdez	99686 (907)835-3762	Representative John Harris	Senator Gene Theriault
Schnell	Bill	Box 701	Valdez	99686 (907)0835-2359	Representative John Harris	Senator Gene Theriault
Schnell	Tracee	Box 701	Valdez	99686 (907)835-2359	Representative John Harris	Senator Gene Theriault
Craig	Rosemary	PO Box 874906	Wasilla	99687 (907)376-3979	Representative Vic Kohring	Senator Lyda Green
Gilpin	Monica	4520 Merrill Cir	Wasilla	99654 (907)373-2610	Representative Vic Kohring	Senator Lyda Green
Owen	Robert	HC33, Box 3031	Wasilla	99654 (907)376-9081	Representative Vic Kohring	Senator Lyda Green
Polis	Jennifer	PO Box 870438	Wasilla	99687 (907)357-1074	Representative Vic Kohring	Senator Lyda Green
Schroeder	Susan M	HC31 Box 5204	Wasilla	99654 376-8055	Representative Vic Kohring	Senator Lyda Green
Bills	Alan S	PO Box 871109	Wasilla	99657 (907)357-1440	Representative Vic Kohring	Senator Lyda Green
Bills	Jennifer	PO Box 871109	Wasilla	99657 (907)357-1440	Representative Vic Kohring	Senator Lyda Green
Burgess	Susan	3332 Naom Ave	Wasilla	99654 (907)376-4075	Representative Vic Kohring	Senator Lyda Green
Faucher	Cynthia	PO Box 877676	Wasilla	99687 (907)357-2658	Representative Vic Kohring	Senator Lyda Green
Leader	Cally	4660 W Beverly Lk Rd	Wasilla	99654 (907)376-4335	Representative Vic Kohring	Senator Lyda Green
Paulson	Anthony	PO Box 875317	Wasilla	99687 (907)357-6095	Representative Vic Kohring	Senator Lyda Green
Schleien	Ley	5055 Fernwood Dr	Wasilla	99654 (907)373-0623	Representative Vic Kohring	Senator Lyda Green
Westbrook	Jeri	7362 W. Parks, #323	Wasilla	99654 (907)357-3424	Representative Vic Kohring	Senator Lyda Green
Barker	Susanne	530 Hjellen Dr	Wasilla	99654 (907)376-1071	Representative Vic Kohring	Senator Lyda Green
Chapman	Michele	HC 33 Box 3032	Wasilla	99654 (907)373-1203	Representative Vic Kohring	Senator Lyda Green
Tague Lloyd	Carolyn	4381 E Birchwood	Wasilla	99654 (907)376-7660	Representative Vic Kohring	Senator Lyda Green
White	Dianna R.	PO Box 726	Whittier	(907)247-2479	Representative Mike Hawker	Senator Con Bunde
White	Gary Donn	PO Box 726	Whittier	(907)247-2479	Representative Mike Hawker	Senator Con Bunde
Carter	Christine M.	HC89, Box 1424	Willow	99688 (907)495-4955	Representative Beverly Masek	Senator Scott Ogan
Grayhorse	Thomas R	HC89 Box 442	Willow	99688 495-8016	Representative Beverly Masek	Senator Scott Ogan
Mathis	Sheila				Representative James A. Holm	Senator Gary Wilken

Dukes	Terrl	2467 Arctic Cache Way	North Pole	99705 (907)490-3067	Representative John B. Coghill, Jr.	Senator Gene Therriault
Hunt	Gup	2751 Silver St.	North Pole	99705 (907)488-7586	Representative John B. Coghill, Jr.	Senator Gene Therriault
Therriault	Donna M.	605 Blanket Blvd.	North Pole	99705 (907)488-9589	Representative John B. Coghill, Jr.	Senator Gene Therriault
Therriault	Hector	605 Blanket Blvd.	North Pole	99705 (907)488-9589	Representative John B. Coghill, Jr.	Senator Gene Therriault
Wolff	Debra	PO Box 55162	North Pole	99705 (907)488-0307	Representative John B. Coghill, Jr.	Senator Gene Therriault
Zallee	Sue	3336 Lineman	North Pole	99705 (907)488-5269	Representative John B. Coghill, Jr.	Senator Gene Therriault
Cunningham	John W.	PO Box 57387	North Pole	99705 (907)488-3097	Representative John B. Coghill, Jr.	Senator Gene Therriault
Fye	Marilyn	4989 Adams Ave.	North Pole	99705 (907)488-4962	Representative John B. Coghill, Jr.	Senator Gene Therriault
Price	Barbara	3645 Anton	North Pole	99705 (907)458-1443	Representative John B. Coghill, Jr.	Senator Gene Therriault
Rookard	Karen	1691 Hammock	North Pole	99705 (907)488-8933	Representative John B. Coghill, Jr.	Senator Gene Therriault
Wood	Kirsten	9095 E. Gold Pan Dr.	Palmer	99645 632-1387	Representative John Harris	Senator Gene Therriault
Montella	Rita Ann	1740 Heirloom Cir. #B	Palmer	99645 (907)746-3672	Representative Carl Gatto	Senator Lyda Green
Montella	Robert	1740 Heirloom Cir. #B	Palmer	99645 (907)746-3672	Representative Carl Gatto	Senator Lyda Green
Weiland	AnneMarie	221 N. Irene	Palmer	99645 (907)746-4838	Representative Carl Gatto	Senator Lyda Green
Blaylock	Kenneth	12287 W. Arctic Ave.	Palmer	99645 (907)746-6045	Representative Carl Gatto	Senator Lyda Green
Brown	Debra D.	8634 E. Empire Cir.	Palmer	99645 (907)745-5300	Representative Carl Gatto	Senator Lyda Green
Crippen	Harry	PO Box 1327	Palmer	99645 (907)745-6555	Representative Carl Gatto	Senator Lyda Green
Fisher	Juevo L.	HC05 Box 9952	Palmer	99645 (907)745-7104	Representative Carl Gatto	Senator Lyda Green
Helig	Teresa	755 W. Fern Ave.	Palmer	99645 (907)745-8265	Representative Carl Gatto	Senator Lyda Green
Houston	Lori	HC02 Box 7826-A4	Palmer	99645 (907)745-8590	Representative Carl Gatto	Senator Lyda Green
Mandelbaum-Poj	Ruth	17300 Family Circle	Palmer	99645 (907)746-7283	Representative Carl Gatto	Senator Lyda Green
Sobczak-Cripper	Cheri Anne	PO Box 1327	Palmer	99645 (907)745-6555	Representative Carl Gatto	Senator Lyda Green
Thuggard	Robert	HC05 Box 9774B	Palmer	99645 (907)746-1700	Representative Carl Gatto	Senator Lyda Green
Zello	Chris	HC #5 Box 9782	Palmer	99645 (907)746-0243	Representative Carl Gatto	Senator Lyda Green
Andrews	Mark	241 E. Eagle Ave.	Palmer	99645 (907)745-4362	Representative Carl Gatto	Senator Lyda Green
Ben-East	Dulce	PO Box 2267	Palmer	99645 (907)373-1309		Senator Lyda Green
Petty	Christel	HC01 Box 6258	Palmer	99645 (907)373-7785		Senator Lyda Green
Porter	Jennifer	HC03 Box 8392	Palmer	99645 (907)746-4789		Senator Lyda Green
Howarth	Caralyn Blake	PO Box 2844	Palmer	99645 (907)745-2401	Representative Bill Stoltze	Senator Scott Ogen
Howarth	Lee George	PO Box 2844	Palmer	99645 (907)745-2401	Representative Bill Stoltze	Senator Scott Ogen
Howarth	Louis David	PO Box 2844	Palmer	99645 (907)745-2401	Representative Bill Stoltze	Senator Scott Ogen
Shales	Beth	PO Box 431	Palmer	99645 (907)745-7270	Representative Bill Stoltze	Senator Scott Ogen
Eshbaugh	Karen	HC04 Box 9023G	Palmer	99645 (907)746-4774	Representative Bill Stoltze	Senator Scott Ogen
Bean	River	HC04 Box 9043	Palmer	99645 (907)746-1087		
Echert	Gayle	HC04 Box 9314A	Palmer	99645 (907)745-4471		
Johnson	Steve	PO Box 670874	Peters Creek	99567 688-9782	Representative Pete Kott	Senator Fred Dyson
Tait	Carment	21109 Frosty	Peters Creek	99567 688-9627	Representative Pete Kott	Senator Fred Dyson
Davis	Mary	66840 Highline Trail	Salcha	99714 (907)488-0564	Representative John Harris	Senator Gene Therriault
Tate	Carolynn	7027 Sewell Dr.	Salcha	99714 (907)488-9538	Representative John Harris	Senator Gene Therriault
Butters	Stella	295 Riverside Dr.	Soldotna	99669 (907)262-3981	Representative Kelly Wolf	Senator Thomas Wagoner
Cooper	Linda	38778 Sterling Hwy	Soldotna	99669 (907)262-9759	Representative Kelly Wolf	Senator Thomas Wagoner
Day	Jeanne	PO Box 1375	Soldotna	99669 (907)260-4614	Representative Kelly Wolf	Senator Thomas Wagoner

Korpi	Marsha	PO Box 1033	Homer	99603 (907)235-7674	Representative Paul Seaton	Senator Gary Stevens
LaRue	Blake	PO Box 3306	Homer	99603 (907)235-4980	Representative Paul Seaton	Senator Gary Stevens
McCann	Claire	PO Box 4093	Homer	99603 (907)235-7000	Representative Paul Seaton	Senator Gary Stevens
Moore	Maureen	1614 Saltwater Dr	Homer	99603 (907)226-2338	Representative Paul Seaton	Senator Gary Stevens
Oberstein	Sally	556 Cowles Way	Homer	99603 (907)235-2308	Representative Paul Seaton	Senator Gary Stevens
Parsons	Gail	PO Box 2397	Homer	99603 (907)235-3978	Representative Paul Seaton	Senator Gary Stevens
Patty	Laura	PO Box 2902	Homer	99603 (907)235-0173	Representative Paul Seaton	Senator Gary Stevens
Poore	Deborah	710 Waddell St	Homer	99603 (907)235-6266	Representative Paul Seaton	Senator Gary Stevens
Quorton	Margaret	PO Box 1345	Homer	99603 (907)235-6807	Representative Paul Seaton	Senator Gary Stevens
Reedy-Huffman	Amy	57007 Beasley Lane	Homer	99603 (907)235-4774	Representative Paul Seaton	Senator Gary Stevens
Roderick	Paul	PO Box 836	Homer	99603 (907)235-8462	Representative Paul Seaton	Senator Gary Stevens
Schollengerger	Mark	PO Box 3593	Homer	99603 (907)235-7601	Representative Paul Seaton	Senator Gary Stevens
Sider	Madeline	250 Herndon Dr.	Homer	99603 (907)235-9114	Representative Paul Seaton	Senator Gary Stevens
Sortor	Paulette	PO Box 34	Homer	99603 (907)235-2536	Representative Paul Seaton	Senator Gary Stevens
Strand	Laura	4255 Pleasant Way	Homer	99603 (907)235-6532	Representative Paul Seaton	Senator Gary Stevens
Stuart	Gloria	292 Mt View Dr	Homer	99603 (907)235-2898	Representative Paul Seaton	Senator Gary Stevens
Tener	Margaret	56865 Bradley	Homer	99603 (907)235-8985	Representative Paul Seaton	Senator Gary Stevens
Tolva	Mimi	PO Box 2117	Homer	99603 (907)235-8356	Representative Paul Seaton	Senator Gary Stevens
Vial	Mark	PO Box 3665	Homer	99603 (907)235-5903	Representative Paul Seaton	Senator Gary Stevens
Anderson	Susan M	PO Box 65	Hope	99605 (907)788-3311	Representative Mike Hawker	Senator Con Bunde
Hoogenboorn	Melissa	PO Box 198	Kasilof	99610 (907)260-3023	Representative Mike Chenault	Senator Thomas Wagener
Wade	Jesse S	Box 3266	Kenai	99611 (907)283-4654	Representative Kelly Wolf	Senator Thomas Wagener
Askin	Marty	PO Box 178	Kenai	99611 (907)283-3972	Representative Kelly Wolf	Senator Thomas Wagener
Askin	Victoria	PO Box 178	Kenai	99611 (907)283-3972	Representative Kelly Wolf	Senator Thomas Wagener
Chase	Lori S	PO Box 1537	Kenai	99611 (907)283-7790	Representative Kelly Wolf	Senator Thomas Wagener
Ingels	Robin	PO Box 398	Kenai	99611 (907)262-1493	Representative Kelly Wolf	Senator Thomas Wagener
Rogers	Kate	PO Box 654	Kenai	99611 (907)283-6202	Representative Kelly Wolf	Senator Thomas Wagener
Schaeffer	Laurie	545 Wortham	Kenai	99611 (907)283-9085	Representative Kelly Wolf	Senator Thomas Wagener
Dick	V. Beth	3300 Wilton White Way #A	Kouliak	99615 (907)485-6431	Representative Dan Ogg	Senator Gary Stevens
Niland	Michelle	MX45	McCarthy	99588 (907)554-4421	Representative Carl Morgan	Senator Georgianna Lincoln
Adams	Barbara	PO Box 674	Nenana	99760 (907)832-5809	Representative Carl M. Morgan, Jr	Senator Georgianna Lincoln
Brooks	Floyd	PO Box 250	Nenana	99760 (907)322-8855	Representative Carl Morgan	Senator Georgianna Lincoln
Reed	Bonnie	PO Box 4189	Nenana	99760 (907)832-5849	Representative Carl Morgan	Senator Georgianna Lincoln
Smith	Zak	PO Box 7063	Nikiski	99635 (907)776-8115	Representative Mike Chenault	Senator Thomas Wagener
Encelewski	Karen	PO Box 66	Ninilchik	99639 (907)567-3925	Representative Mike Chenault	Senator Thomas Wagener
Samuelson	Laura	PO Box 300	Nome	99762 (907)443-6630	Representative Richard Foster	Senator Donald Olson
Lloyd	Marvel	PO Box 1998	Nome	99762 (907)443-5759	Representative Pete Kott	Senator Fred Dyson
Allen	Ronald	1288 Rangeview Dr	North Pole	99705 (907)488-3965	Representative John B. Coghill, Jr	Senator Gene Theriault
Cook	Joy	1853 Kendall Ave.	North Pole	99705 (907)488-0488	Representative John B. Coghill, Jr	Senator Gene Theriault
Cook	Robert	1853 Kendall Ave.	North Pole	99705 (907)488-0488	Representative John B. Coghill, Jr	Senator Gene Theriault
Cornell	Cheryl	PO Box 71475	North Pole	99705 (907)488-5627	Representative John B. Coghill, Jr	Senator Gene Theriault
Dukes	Michael	2467 Arctic Cache Way	North Pole	99705 (907)490-3067	Representative John B. Coghill, Jr	Senator Gene Theriault

Cooper	Brandee	PO Box 15071	Fritz Creek	99603 (907)299-0312	Representative Paul Seaton	Senator Gary Stevens
Goode	Thomas	PO Box 15234	Fritz Creek	99603 (907)235-5657	Representative Paul Seaton	Senator Gary Stevens
Rutledge	Tamara	430 Beluga Ave. A	Ft. Richardson	99505 229-9943	Representative Nancy Dahlstrom	Senator Fred Dyson
Carroll	Angela	PO Box 955	Girdwood	99587 301-6874	Representative Mike Hawker	Senator Con Bunde
Drake	Lanice	PO Box 938	Girdwood	99587 783-2662	Representative Mike Hawker	Senator Con Bunde
Reed	Jay	PO Box 1	Girdwood	99587 783-0087	Representative Mike Hawker	Senator Con Bunde
Stone	Amy	PO Box 580	Girdwood	99587 783-0848	Representative Mike Hawker	Senator Con Bunde
Stone	Eber	PO Box 580	Girdwood	99587 783-0848	Representative Mike Hawker	Senator Con Bunde
Wood	Gary	PO Box 185	Healy	99743 (907)683-2667	Representative David Guttenberg	Senator Ralph Seekins
Wood	Rhea	PO Box 185	Healy	99743 (907)683-2667	Representative David Guttenberg	Senator Ralph Seekins
Lake	Kathleen A.	HC1, Box 3108	Healy	99743 (907)683-0453	Representative David Guttenberg	Senator Ralph Seekins
Wycoff	Regina	MP 25, Parks Hwy	Healy	99743 (907)683-2301	Representative David Guttenberg	Senator Ralph Seekins
Aderhold	Jim	350 Grubstakes Ave.	Horner	99603 (907)235-6540	Representative Paul Seaton	Senator Gary Stevens
Prindle-Hess	Polly	PO Box 1724	Homer	99603 (907)235-2926	Representative Paul Seaton	Senator Gary Stevens
Zatz	Daniel	PO Box 1700	Homer	99603 (907)235-4102	Representative Paul Seaton	Senator Gary Stevens
Zatz	Lisa	PO Box 1700	Homer	99603 (907)235-4102	Representative Paul Seaton	Senator Gary Stevens
Adkison	Vernon	PO Box 3785	Homer	99603 (907)235-5557	Representative Paul Seaton	Senator Gary Stevens
Autin	Jessica	PO Box 1934	Homer	99603 (907)235-5664	Representative Paul Seaton	Senator Gary Stevens
Baier	Jane	4106 Svedlund	Homer	99603 (907)235-8344	Representative Paul Seaton	Senator Gary Stevens
Barling	Gerl	PO Box 891	Homer	99603 (907)235-6068	Representative Paul Seaton	Senator Gary Stevens
Becker	Lynne	40889 Belnap Dr.	Homer	99603 (907)235-6484	Representative Paul Seaton	Senator Gary Stevens
Blahton	Renaee	3059 Kachemak Dr.	Homer	99603 (907)235-2628	Representative Paul Seaton	Senator Gary Stevens
Bloom	Kenton	1581 Jade	Homer	99603 (907)235-6600	Representative Paul Seaton	Senator Gary Stevens
Bursch	Tom	2233 Mt. Augustine	Homer	99603 (907)235-5111	Representative Paul Seaton	Senator Gary Stevens
Cavasos	Connie	PO Box 3665	Homer	99603 (907)235-5903	Representative Paul Seaton	Senator Gary Stevens
Classen	Jesse	PO Box 518	Homer	99603 (907)235-2472	Representative Paul Seaton	Senator Gary Stevens
Classen	K.	PO Box 518	Homer	99603 (907)235-2472	Representative Paul Seaton	Senator Gary Stevens
Concia	Filomena	151 W. Bayview #3	Homer	99603 (907)235-1855	Representative Paul Seaton	Senator Gary Stevens
Douglass	Iris	PO Box 2182	Homer	99603 (907)235-6291	Representative Paul Seaton	Senator Gary Stevens
Eggertsen-Golf	Lari	4525 Heidi Ct.	Homer	99603 (907)235-3950	Representative Paul Seaton	Senator Gary Stevens
Fellows	Lisa	PO Box 1065	Homer	99603 (907)235-2835	Representative Paul Seaton	Senator Gary Stevens
Fletcher	Tamara	PO Box 575	Homer	99603 (907)235-2561	Representative Paul Seaton	Senator Gary Stevens
Freeman	Asia	1849 Highland	Homer	99603 (907)235-2825	Representative Paul Seaton	Senator Gary Stevens
George	Katherine	542 Mountain View Dr.	Homer	99603 (907)235-4313	Representative Paul Seaton	Senator Gary Stevens
Gustafson	Nell	PO Box 4144	Homer	99603 (907)235-6653	Representative Paul Seaton	Senator Gary Stevens
Handrich	Pamela	36460 Full Curl Rd.	Homer	99603 (907)235-6394	Representative Paul Seaton	Senator Gary Stevens
Hibdon	Lynne	274 Lee Dr.	Homer	99603 (907)235-9324	Representative Paul Seaton	Senator Gary Stevens
Huffman	Gabriela	53200 McNeil Pt.	Homer	99603 (907)235-7091	Representative Paul Seaton	Senator Gary Stevens
James	Colleen	40732 Waterman Rd.	Homer	99603 (907)235-4313	Representative Paul Seaton	Senator Gary Stevens
Jason	Wendy	4192 Kramer Ln. #4	Homer	99603 (907)235-6844	Representative Paul Seaton	Senator Gary Stevens
Kauffman	Phyllis	PO Box 2613	Homer	99603 (907)235-2313	Representative Paul Seaton	Senator Gary Stevens
Keester	Doug	48730 Elmers Way	Homer	99603 (907)235-3675	Representative Paul Seaton	Senator Gary Stevens

Lotseich	Paula	2571 Lingston Loop	Fairbanks	99709 (907)479-8753		
Markham	Leslie	PO Box 84148	Fairbanks	99708 (907)452-2733		
Mathews	Shellie	413 Lignite Ave.	Fairbanks	99701 (907)456-4350		
McCaffery	Kerri	2441 Lawlor	Fairbanks	99709 (907)474-8551		
McCarthy	Cathy	4363 York Ave.	Fairbanks	99709 (907)479-3604		
McKee	Shawn	474 Senate Dr.	Fairbanks	99709 (907)458-7640		
McKnight	Kathleen	500 Prospectors Trl.	Fairbanks	99712 (907)474-3467		
McNeill	Ruben	PO Box 81911	Fairbanks	99708 (907)457-5574		
Miller	Sara	310 Wedgewood, #26	Fairbanks	99701 (907)457-5302		
Mohatt	Gerald	1625 Hans Way	Fairbanks	99709 (907)479-0455		
Morse	Rebecca	PO Box 74372	Fairbanks	99707		
Murphy	Gretchen	3504 Krieb Dr.	Fairbanks	99709 (907)479-8224		
Murrison	Linda	3813 Swenson	Fairbanks	99707		
Mustard	Carolyn	2564 Wecota Dr.	Fairbanks	99709 (907)479-6101		
Norcross	Brenda	3512 Rosie Circle Rd.	Fairbanks	99709 (907)479-0518		
Pain	Alice	PO Box 84345	Fairbanks	99708 (907)479-4473		
Roch	Mary	PO Box 61481	Fairbanks	99706		
S	Paula	PO Box 81836	Fairbanks	99708 (907)479-4856		
Schoenewald	Judy	PO Box 82272	Fairbanks	99708 (907)455-6586		
Shilling	Dianne R.	PO Box 10484	Fairbanks	99710 (907)490-2354		
Shilling	Rod	PO Box 72093	Fairbanks	99707 (907)490-2354		
Speck	Pia R.	PO Box 84341	Fairbanks	99709 (907)479-7860		
Stephenson	Robert O.	1837 No Way Lane	Fairbanks	99709 (907)455-6481		
Subelman	Elena	148 Nilgrub	Fairbanks	99712 (907)458-9517		
Teel	Mary Lou	1846 Esquire Ave.	Fairbanks	99709 (907)452-2248		
Throop	Pamela	159 Sacia Ave	Fairbanks	99712 (907)456-6008		
Torur	Doug	PO Box 73013	Fairbanks	99707 (907)455-7998		
Trainor	Marcia	PO Box 72263	Fairbanks	99707 (907)479-3975		
Viereck	Eleanor	1701 Red Fox	Fairbanks	99709 (907)479-2879		
Virgin	Jacque	1028 Dogwood St.	Fairbanks	99709 (907)459-1443		
Walton	Laurie J.	675 Gold Vein Rd.	Fairbanks	99712 (907)457-2131		
Weaver	Pamela	PO Box 83713	Fairbanks	99708 (907)488-4729		
Weiblen	Nicole	455 3rd Ave., #404	Fairbanks	99701 (907)452-2405		
Weimer	Allura	1616 Market St.	Fairbanks	99709 (907)457-3241		
Wheat	Roberta	PO Box 80526	Fairbanks	99708 (907)479-4067		
Williams	Jennifer	2812 Barnette St.	Fairbanks	99701 (907)457-4919		
Williams	Kathleen	802 Alice Rd.	Fairbanks	99712 (907)490-6426		
Woods	Hettie	PO Box 74163	Fairbanks	99701 (907)451-7936		
Zito	Irnia Jean	PO Box 80949	Fairbanks	99708 (907)479-2655		
Yates	Ann	PO Box 142	Fort Yukon	99740 (907)662-3261	Representative Carl Morgan	Senator Georgianna Lincoln
Callahan	Betty A.	PO Box 15073	Fritz Creek	99603 (907)235-6201	Representative Paul Seaton	Senator Gary Stevens
Callahan	John	PO Box 15073	Fritz Creek	99603 (907)235-6201	Representative Paul Seaton	Senator Gary Stevens

Benson	Linda	PO Box 10774	Fairbanks	99710 (907)479-5309
Berge	Anna	583 Long Spur Loop	Fairbanks	99709 (907)457-1986
Beyer	L.W.	913 College Rd.	Fairbanks	99701 (907)456-1211
Bogusch	Odessa	323 6th Ave.	Fairbanks	99701 (907)458-5739
Bohart	Dave	1120 Gilmore Trl.	Fairbanks	99712 (907)457-4146
Bohart	Susan	1120 Gilmore Trl.	Fairbanks	99712 (907)457-4146
Browne	Margaret	2880 Alderberry Trail	Fairbanks	99709 (907)455-9100
Canulo	Kathryn	1924 Gilmore Trail	Fairbanks	99712 (907)457-6373
Carlin	Barbara	3202 Industrial	Fairbanks	99701 (907)456-4494
Caywood	Cynde	535 2nd Ave., #107	Fairbanks	99701 (907)456-1974
Christopher	Karen	PO Box 70188	Fairbanks	99707 (907)322-2010
Colp-Butler	Jessica	1421 Mary Ann St.	Fairbanks	99701 (907)474-4833
Corven	Elizabeth	PO Box 81245	Fairbanks	99708 (907)456-2966
Cummings	Sharon	545 Fiderer Rd.	Fairbanks	99712 (907)479-3772
Dart	James	4935 Dartmouth Dr., #1	Fairbanks	99709 (907)458-8987
DeLong	David	PO Box 83551	Fairbanks	99708 (907)455-6369
DeLong	Debra	736 9th Ave	Fairbanks	99701 (907)451-6766
Dewey	Barbara	PO Box 80442	Fairbanks	99708 (907)479-4818
Doramus	Loemie	1696 Red Fox	Fairbanks	99709 (907)378-7188
F	Johathon	2211 Penrose Lane	Fairbanks	99709 (907)457-7243
Foote	Victoria	3275 Kirgery Ct.	Fairbanks	99709 (907)479-0908
Foster	Coleffe	PO Box 83647	Fairbanks	99708 (907)474-0643
Garett	Mary	533 Craig Ave.	Fairbanks	99701 (907)451-7880
Gilbert-Gard	Lyn	403 Parkland Dr.	Fairbanks	99712 (907)457-1217
Grandfield	Shirley Jacquell	PO Box 10509	Fairbanks	99710 (907)488-9508
Hansen	Michael	1122 Coppet	Fairbanks	99709 (907)455-6479
Harriger	Mark	PO Box 8116	Fairbanks	99708 (907)479-5449
Harriger	Sara	PO Box 8116	Fairbanks	99708 (907)479-5449
Helferick	Molly R.	1127 20th, #4	Fairbanks	99701 (907)374-4452
Henry	Jessica	PO Box 84937	Fairbanks	99708 (907)456-4679
Henry	John	PO Box 84937	Fairbanks	99708 (907)456-4679
Hobson	Susan M	PMB 324	Fairbanks	99709 (907)479-5212
Holland	Raelynn	122 Brigham Way	Fairbanks	99709 (907)474-3980
Houtchens	Amelia	225 Pine St.	Fairbanks	99709 (907)452-7800
Huffman	Connie	PO Box 84022	Fairbanks	99708 (907)479-3444
Ihenfeldt	Nancy	2390 Inclination Dr.	Fairbanks	99709 (907)455-6573
Jacobs	Laura	3805 Frenchman Rd.	Fairbanks	99709 (907)455-6950
Jones	Rebecca	1704 Marika Rd. #2	Fairbanks	99709 (907)456-7370
Kobyk	Micki E.	232 1/2 2nd St.	Fairbanks	99701 (907)479-7605
Leffingwill	Victoria	750 Quasar	Fairbanks	99712 (907)457-7644
Leonard	Mike	454 Carlton	Fairbanks	99701 (907)451-7641
Litzinger	Rebecca	1225 Third Ave.	Fairbanks	99701 (907)458-7774

Hamer	Michelle	3043 Riverview Dr.	Fairbanks	99709 (907)452-2450
Hanchett	John	PO Box 10041	Fairbanks	99710 (907)488-2437
Hayes	Deborah	PO Box 82802	Fairbanks	99708 (907)456-5463
Heck	Linda	PO Box 72352	Fairbanks	99707 (907)452-3160
Hedgecock	Haley	PO Box 753124	Fairbanks	99775 (907)451-1960
Howard	Grace W	330 3rd Ave. #513	Fairbanks	99701 (907)457-5545
Howard	Shari	PO Box 10232	Fairbanks	99710 (907)488-3887
Immel	John P	3122 Riverview Dr	Fairbanks	99709 (907)456-5248
Jones-Owen	Melissa	710 Hillcrest	Fairbanks	99712 (907)457-8971
Kaynor	Carol	1760 Snowhook Trl	Fairbanks	99709 (907)455-9663
Kells	Connie	3528 International	Fairbanks	99701 (907)458-1846
Kienle	Alexandra	1515 Husky Way	Fairbanks	99709 (907)479-2342
Kinda	Craig	671 Finsbury	Fairbanks	99709 (907)456-5463
Lacey	Dave	PO Box 81765	Fairbanks	99708 (907)474-8224
Larson	Melody	PMB 243	Fairbanks	99709 (907)978-0693
Loitz	Tammy	308 Dunbar	Fairbanks	99701 (907)457-6635
Maillele	Barbara	PO Box 82632	Fairbanks	99708 (907)458-0818
McConnell	Sarah	PO Box 85262	Fairbanks	99708
Mihm-Kunz	Lori	108 Eureka Ave.	Fairbanks	99701 (907)452-3962
Montella	Margaret	506 Sprucewood	Fairbanks	99910 (907)459-5364
Nickles	Mary Ann	215 Dunbar kAve.	Fairbanks	99701 (907)456-6074
Nunley	Leslea	2008 Perkins Dr	Fairbanks	99709 (907)479-3374
Palmer	Laura	PO Box 81766	Fairbanks	99708 (907)460-5875
Raidmae	Brooke	1620 Washington Dr. #17	Fairbanks	99709 (907)451-7377
Ramsey	Therisa	455-3rd Ave #522	Fairbanks	99701 (907)479-4790
Riche	Kathe	932 Carol Lane	Fairbanks	99712 (907)457-2996
Rocheleau	Chris	165-3rd Ave.	Fairbanks	99701 (907)347-2491
Ruppert	Anne	2352 Broadmoor Ave	Fairbanks	99709 (907)479-4008
Shockley	Marlene	1151 Ivy Dr.	Fairbanks	99709 (907)474-9072
Spencer	Sylvia	PO Box 58099	Fairbanks	99711 (907)488-6874
Stevenson	Irene	670 Hobbit Hill Dr.	Fairbanks	99712 (907)457-7225
Sweet	Steve	1108 Galena St	Fairbanks	99709 (907)474-9589
Toby	Theresa	PO Box 73535	Fairbanks	99707 (907)457-6666
Vance	Christine M	5241 Cherokee Ave	Fairbanks	99709 (907)479-4701
Watts	Connie	PO Box 70294	Fairbanks	99707 (907)455-9391
Wilbe	Robyn	PO Box 82745	Fairbanks	99708 (907)479-7311
Winans	Mark L.	6041 Sherman Rd.	Fairbanks	99709 (907)388-2602
Winkler	Linda	1925 Lynx Ln	Fairbanks	99709 (907)479-4337
Anderson	Terry	227 Woodridge, #25	Fairbanks	99709 (907)474-0468
Anger	Donna	1075 Red Ridge Rd	Fairbanks	99709 (907)456-6091
Armstrong	Vickie	4544 Drake St.	Fairbanks	99709 (907)474-4786
Barrett	Paul	108 Duke Way	Fairbanks	99709 (907)479-5283

HB434 by Rep. Holm
SB306 by Sen. Seekins
Naturopathic Medicine

Petition of Support

September 03
- February 04

Laughlin	Beth	1852 Perkins	Fairbanks	99709 (907)457-5489	Representative David Guttenberg	Senator Ralph Seekins
Laughlin	James	1852 Perkins	Fairbanks	99701 (907)457-5489	Representative David Guttenberg	Senator Ralph Seekins
Olson	Ellen	2295 Stevens Ave.	Fairbanks	99709 (907)455-6201	Representative David Guttenberg	Senator Ralph Seekins
Reed	Jennifer	1389 Raspberry Dr.	Fairbanks	99709 (907)458-8549	Representative David Guttenberg	Senator Ralph Seekins
Stanley	Kasey A.	1284 Sunny Slope Rd.	Fairbanks	99709 (907)479-2451	Representative David Guttenberg	Senator Ralph Seekins
Thibodeau	Michael	1933 Yankovich Rd.	Fairbanks	99709 (907)455-6018	Representative David Guttenberg	Senator Ralph Seekins
Martin	Amy	411 A Street	Fairbanks	99701 (907)455-6889		
Veitch	Nancy	PO Box 81397	Fairbanks	99708 (907)455-6794		
Anderson	Eva L.	PO Box 60014	Fairbanks	9970 (907)479-6428		
Aull	Maureen	1805 Marmot Hill	Fairbanks	99709 (907)479-5928		
Baker	Lawrence J.	PO Box 72112	Fairbanks	99707 (907)479-0675		
Binder	John	302 Rambling	Fairbanks	99712 (907)457-7927		
Binder	Linda	302 Rambling	Fairbanks	99712 (907)457-7927		
Brown	Evelyn	1341 Overhill Dr.	Fairbanks	99709 (907)479-5364		
Brown	Jim	1341 Overhill Dr.	Fairbanks	99709 (907)479-5364		
Bucholtz	Colette	PO Box 85185	Fairbanks	99708 (907)455-4860		
Cambellick	Michelle	PO Box 82422	Fairbanks	99708 (907)479-4417		
Cardarell	Kathy	4210 Rabbit Run	Fairbanks	99709 (907)458-2154		
Carr	Bruce	PO Box 81023	Fairbanks	99708 (907)429-3747		
Carr	Diana	PO Box 81023	Fairbanks	99708 (907)479-3747		
Carter-White	Marcella	330 Old Stese Hwy, #134	Fairbanks	99701 (907)457-5641		
Carusso	Patricia	671 Constitution Dr.	Fairbanks	99709 (907)479-5619		
Casselmann	Svenna	PO Box 81124	Fairbanks	99708 (907)457-5750		
Chapman	Deby	PO Box 82448	Fairbanks	99708 (907)455-2888		
Cheledim	Craig	PO Box 73169	Fairbanks	99707 (907)457-4574		
Cole	Loretia	816 Lancaster	Fairbanks	99712 (907)457-1624		
Cris-Carboy	Susan	PO Box 82727	Fairbanks	99708 (907)457-2946		
Daniel	Jeanne L.	272 Bentley Dr.	Fairbanks	99701 (907)474-3066		
Dates	Sue	PO Box 70102	Fairbanks	99707 (907)590-3696		
Day	Linda	974 Gilmore St., #1	Fairbanks	99704 (907)455-8011		
Doerpinghaus	Anne	PO Box 60393	Fairbanks	99706 (907)455-4503		
Dowdy	Terry A.	1489 Chena Ridge	Fairbanks	99709 (907)457-5047		
Dresser	Michael	3445 Dead End Alley	Fairbanks	99709 (907)455-6545		
Earp	Cathy	PO Box 72436	Fairbanks	99707 (907)474-0861		
Ebel	Lori	PO Box 70056	Fairbanks	99707 (907)488-2253		
Eubank	William G.	2510 Goldhill Rd.	Fairbanks	99709 (907)479-2543		
Eyth, MA	Mia M.	1233 20th Ave., #1	Fairbanks	99701 (907)457-3395		
Fogleson	Conita	PO Box 61295	Fairbanks	99706 (907)479-0216		
Fogleson	Larry J.	2531 Linda Lane	Fairbanks	99709 (907)479-6828		
Guthrie	Mary	2183 Nottingham Dr.	Fairbanks	99709 (907)479-6034		
Hall	Karen L.	1118 Sunset Dr.	Fairbanks	99709 (907)455-4329		
Hall	Kevin E.	1118 Sunset Dr.	Fairbanks	99709 (907)455-4329		

Rockhill	Jessica	19120 Talarik Dr.	Eagle River	99577 317-7637	Representative Pete Kott	Senator Fred Dyson
Rodda	Charlene	19100 Nunilak Circle	Eagle River	99577 694-7978	Representative Pete Kott	Senator Fred Dyson
Sandoval	Stacy	10227 Wren Lane	Eagle River	99577 694-5033	Representative Pete Kott	Senator Fred Dyson
Simenson	Lois	9524 Noak Cir	Eagle River	99577 696-4502	Representative Pete Kott	Senator Fred Dyson
Snodgrass	Pamela	11043 Tsusena Cir.	Eagle River	99577 694-7425	Representative Pete Kott	Senator Fred Dyson
Spindler	Mark	18613 So. Lowrie Lp.	Eagle River	99577 694-6275	Representative Pete Kott	Senator Fred Dyson
Spindler	Samantha	18613 So. Lowrie Lp.	Eagle River	99577 694-6275	Representative Pete Kott	Senator Fred Dyson
Wier	Greta	9623 St. George Cir.	Eagle River	99577 696-8232	Representative Pete Kott	Senator Fred Dyson
Swircensh	Mark	20440 Raven Drive	Eagle River	99577 696-2820	Representative Pete Kott	Senator Fred Dyson
Ghan	Rhonda	9638 Nulato	Eagle River	99577 696-5512	Representative Pete Kott	Senator Fred Dyson
Dompier	Deborah	HC 83 Box 2441	Eagle River	99577 694-3271		Senator Fred Dyson
Dompier	James	HC 83 Box 2441	Eagle River	99577 694-3271		Senator Fred Dyson
Dompier	Matthew	HC 83 Box 2441	Eagle River	99577 694-3271		Senator Fred Dyson
Dompier	Sarah	HC 83 Box 2441	Eagle River	99577 694-3271		Senator Fred Dyson
Carnahan	Leah	PO Box 773501	Eagle River	99577 688-1069	Representative Bill Stoltze	Senator Scott Ogen
Hunter	H. Darlene	PO Box 771393	Eagle River	99577 696-4493		
Allen	Scott W.	PO Box 391	Ester	99725 (907)456-3580	Representative David Guttenberg	Senator Ralph Seekins
Buchanan	Craig	PO Box 201	Ester	99725 (907)479-3548	Representative David Guttenberg	Senator Ralph Seekins
Gumm	Judith C.	PO Box 214	Ester	99725 (907)479-4568	Representative David Guttenberg	Senator Ralph Seekins
Koppin	William	3815 Old Nenana Hwy.	Ester	99725 (907)479-5426	Representative David Guttenberg	Senator Ralph Seekins
Brink	Carey Ellen	PO Box 144	Ester	99725 (907)479-8381	Representative David Guttenberg	Senator Ralph Seekins
Christopher	Karen	4031 Parks Ridge Rd.	Ester	99709 (907)479-0805	Representative David Guttenberg	Senator Ralph Seekins
Conn	Rachel	PO Box 127	Ester	99725 (907)455-1263	Representative David Guttenberg	Senator Ralph Seekins
Meta	Ginger	PO Box 456	Ester	99725 (907)479-2511	Representative David Guttenberg	Senator Ralph Seekins
Pfisterer	Linda	PO Box 209	Ester	99725 (907)479-4712	Representative David Guttenberg	Senator Ralph Seekins
Therrell	Nancy	PO Box 177	Ester	99725 (907)479-9302	Representative David Guttenberg	Senator Ralph Seekins
Dubay	Connie	471 Tail Waggin Ln.	Fairbanks	99712 (907)457-4436	Representative Mike Hawker	Senator Con Bunde
Dubay	Mark	471 Tail Waggin Ln.	Fairbanks	99712 (907)457-4436	Representative Mike Hawker	Senator Con Bunde
Colp	Gerald S.	651-11th Ave.	Fairbanks	99701 (907)457-4193	Representative James A. Holm	Senator Gary Wilken
McCorkle	Deborah P.	418 Baranof	Fairbanks	99701 (907)451-4372	Representative James A. Holm	Senator Gary Wilken
Alexander	Rebecca	PO Box 72224	Fairbanks	99707 (907)452-1954	Representative James A. Holm	Senator Gary Wilken
Anderson	Linda	3165 Riverview	Fairbanks	99709 (907)474-9463	Representative James A. Holm	Senator Gary Wilken
Canarsky	Maurine	1009 Pedro St.	Fairbanks	99701	Representative James A. Holm	Senator Gary Wilken
Davey-Beyer	Lottie	665 10th Ave, #309	Fairbanks	99701 (907)456-6755	Representative James A. Holm	Senator Gary Wilken
Gillman	Kevin J.	1601 Marika Rd., #5	Fairbanks	99709 (907)456-4797	Representative James A. Holm	Senator Gary Wilken
Townsend	Marilyn	407 Ketchikan	Fairbanks	99701 (907)456-6214	Representative James A. Holm	Senator Gary Wilken
Holmes	Laurel	3158 N. Van Horn	Fairbanks	99701 (907)479-0707	Representative Carl M. Morgan, Jr	Senator Georgianna Lincoln
Braly	Celeste	510 Dunbar Ag	Fairbanks	99701 (907)452-3451	Representative Bud Fate	Senator Ralph Seekins
Krier	Amy	PO Box 75308	Fairbanks	99707 (907)451-8048	Representative Bud Fate	Senator Ralph Seekins
Morey	Colleen	PO Box 84706	Fairbanks	99708 (907)451-7100	Representative Bud Fate	Senator Ralph Seekins
McCosley	Bea	218 Betty St.	Fairbanks	99701 (907)451-1159	Representative David Guttenberg	Senator Ralph Seekins
Russell Hade	Martha A.	518 Front St.	Fairbanks	99701 (907)456-1952	Representative David Guttenberg	Senator Ralph Seekins

Link	Natasha K.	30215 List Cir.	Eagle River	99577 694-4648	Representative Mike Hawker	Senator Con Bunde
McBride	Katherine	PO Box 772024	Eagle River	99577 694-2095	Representative Mike Hawker	Senator Con Bunde
McElroy	Nancy	PO Box 773671	Eagle River	99577 622-2001	Representative Mike Hawker	Senator Con Bunde
Niver	Bryan J.	30215 List Cir.	Eagle River	99577 694-4648	Representative Mike Hawker	Senator Con Bunde
Schaeffer	Bernadette	6331 Magnaview Dr.	Eagle River	99577 694-6236	Representative Mike Hawker	Senator Con Bunde
Smith	Barbara	2824 Misty Mountain	Eagle River	99577 654-5518	Representative Mike Hawker	Senator Con Bunde
Wardlaw-Bailey	Cara	PO Box 774028	Eagle River	99577	Representative Mike Hawker	Senator Con Bunde
White	Tonya	9011 Wallace St	Eagle River	99577 261-6561		Senator Fred Dyson
Dirscherl	Sara	16600 Theodore	Eagle River	99577 696-1112	Representative Nancy Dahlstrom	Senator Fred Dyson
Downes	Donna	19730 Citation Rd.	Eagle River	99577 694-7697	Representative Pete Kott	Senator Fred Dyson
Gamble	Sherry	11130 Aurora Cir.	Eagle River	99577 696-7791	Representative Pete Kott	Senator Fred Dyson
Greg	Klincael	10107 Wildweed	Eagle River	99577 696-5888	Representative Pete Kott	Senator Fred Dyson
Johnson	Joan	25255 Crystal Crk Dr.	Eagle River	99577 694-3620	Representative Pete Kott	Senator Fred Dyson
Lampert	Dave	10208 Chickaloon St	Eagle River	99577 694-9870	Representative Pete Kott	Senator Fred Dyson
Porter	Andrea	PO Box 772224	Eagle River	99577 622-0431	Representative Pete Kott	Senator Fred Dyson
Porter	Lloyd R.	PO Box 772224	Eagle River	99577 622-0431	Representative Pete Kott	Senator Fred Dyson
Adams	Cindy	11507 Celestial St.	Eagle River	99577 694-2768	Representative Pete Kott	Senator Fred Dyson
Bartholomew	Lisa	20646 Philadelphia Way	Eagle River	99577 696-0479	Representative Pete Kott	Senator Fred Dyson
Cabiness	Jason	11236 Upper Sunny Cir. #8	Eagle River	99577 694-0233	Representative Pete Kott	Senator Fred Dyson
Devine	Monica	25118 White Spruce	Eagle River	99577 674-3402	Representative Pete Kott	Senator Fred Dyson
Dori	D.Charlene	19411 Eagle River Rd.	Eagle River	99577 694-5046	Representative Pete Kott	Senator Fred Dyson
Dori	Jesse	19411 Eagle River Rd.	Eagle River	99577 694-5046	Representative Pete Kott	Senator Fred Dyson
Drake	Hilde	9840 Dinnanka Dr.	Eagle River	99577 696-1869	Representative Pete Kott	Senator Fred Dyson
Drake	Jason	9840 Dinnanka Dr.	Eagle River	99577 696-1869	Representative Pete Kott	Senator Fred Dyson
Drake	Melissa	9840 Dinnanka Dr.	Eagle River	99577 696-1869	Representative Pete Kott	Senator Fred Dyson
Drake	Tom	9840 Dinnanka Dr.	Eagle River	99577 696-1869	Representative Pete Kott	Senator Fred Dyson
Falloner	Heather	18912 Third St.	Eagle River	99577 694-3865	Representative Pete Kott	Senator Fred Dyson
Gallear	Elda P.	19252 First St.	Eagle River	99577 694-2224	Representative Pete Kott	Senator Fred Dyson
Green	Sheldon	19218 War Admiral	Eagle River	99577 696-5648	Representative Pete Kott	Senator Fred Dyson
Guest	Joyce	10639 Seabolt Pl	Eagle River	99577 694-1126	Representative Pete Kott	Senator Fred Dyson
Hackett	Pamela	18528 Second St.	Eagle River	99577 696-2606	Representative Pete Kott	Senator Fred Dyson
Kowakle	Dameon	20413 Lucas	Eagle River	99577 622-9021	Representative Pete Kott	Senator Fred Dyson
Lawes	Marc	12550C Old Glenn Hwy	Eagle River	99577 694-5325	Representative Pete Kott	Senator Fred Dyson
Lindsay	Douglas M.	17108 Ladona Dr.	Eagle River	99577 622-0288	Representative Pete Kott	Senator Fred Dyson
Litterer	Allie	18424 Citation Rd.	Eagle River	99577 694-3116	Representative Pete Kott	Senator Fred Dyson
Litterer	John	18424 Citation Rd.	Eagle River	99577 694-3116	Representative Pete Kott	Senator Fred Dyson
Lowrie	Leslie	16403 Home Pl., #25	Eagle River	99577 694-7742	Representative Pete Kott	Senator Fred Dyson
Meiergerd	Gene	12110 Business Blvd, #306	Eagle River	99577 696-8447	Representative Pete Kott	Senator Fred Dyson
Petit	Robert K.	10950 Kichodno Cir.	Eagle River	99577 694-4046	Representative Pete Kott	Senator Fred Dyson
Pittman	Tom L.	17342 S. Juanita Loop	Eagle River	99577 696-4969	Representative Pete Kott	Senator Fred Dyson
Putnam	Sanda	18525 McCrary Rd.	Eagle River	99577 694-4054	Representative Pete Kott	Senator Fred Dyson
Reyes	Karen	PO Box 770950	Eagle River	99577 696-7395	Representative Pete Kott	Senator Fred Dyson

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Dabney	Gregory E	PO Box 3176	Anderson	99744 (907)582-2810	Representative David Guttenberg	Senator Ralph Seekins
Miller	William R.	PO Box 3140	Anderson	99744 (907)582-2485	Representative David Guttenberg	Senator Ralph Seekins
Rodgers	Georgia	PO Box 1550	Bethel	99 59 (907)543-30, 9	Representative David Guttenberg	Senator Lyman Hoffman
Buddo	Jennifer	PO Box 521795	Big Lake	99652 (907)892-8244	Representative Beverly Masek	Senator Scott Ogan
Seitz	Bill A.	PO Box 520085	Big Lake	99652 (907)892-8136	Representative Beverly Masek	Senator Scott Ogan
Phipps	Kristine L.	PO Box 520097	Big Lake	99652	Representative Beverly Masek	Senator Scott Ogan
Smid	Tamara	PO Box 521187	Big Lake	99652	Representative Beverly Masek	Senator Scott Ogan
LaMoria	Gary	PO Box 112	Chitna	99566	Representative Carl M. Morgan, Jr	Senator Georgiana Lincoln
Winter	Michael	PO Box 104	Chitna	99566 823-2266	Representative Carl M. Morgan, Jr	Senator Georgiana Lincoln
Kobersmith	Dave & Kimber	PO Box 670049	Chugiak	99567 688-6825	Representative Nancy Dahlstrom	Senator Fred Dyson
Bissell	Jane	PO Box 671872	Chugiak	99567 688-2748	Representative Bill Stoltze	Senator Scott Ogan
Brooks	Natalie	15888 Birchwood	Chugiak	99567 692-2743	Representative Bill Stoltze	Senator Scott Ogan
Brooks	Natalie	15888 Birchwood	Chugiak	99567 696-2743	Representative Bill Stoltze	Senator Scott Ogan
Campbell	Casey	24417 Whaley	Chugiak	99567 357-7710	Representative Bill Stoltze	Senator Scott Ogan
Campbell	Tonya	24417 Whaley	Chugiak	99567 357-7710	Representative Bill Stoltze	Senator Scott Ogan
Codimo	Jan	PO Box 671446	Chugiak	99567 622-1468	Representative Bill Stoltze	Senator Scott Ogan
Davies	Emily	PO Box 671264	Chugiak	99567 688-5590	Representative Bill Stoltze	Senator Scott Ogan
Denney	Michelle	PO Box 672133	Chugiak	99567 688-6566	Representative Bill Stoltze	Senator Scott Ogan
Fierro	Vicki	21015 Coountry View Dr	Chugiak	99567 688-6141	Representative Bill Stoltze	Senator Scott Ogan
Hall	Barb	PO Box 670955	Chugiak	99567 688-9871	Representative Bill Stoltze	Senator Scott Ogan
Herr	Janeen	PO Box 671349	Chugiak	99567 688-3597	Representative Bill Stoltze	Senator Scott Ogan
Johns	April	21829 Wordcliff Dr.	Chugiak	99567 688-4935	Representative Bill Stoltze	Senator Scott Ogan
Lester	Ardith	PO Box 671524	Chugiak	99567 688-6088	Representative Bill Stoltze	Senator Scott Ogan
Lucas	Lisa	PO Box 670812	Chugiak	99567 688-3768	Representative Bill Stoltze	Senator Scott Ogan
Moul	Melanie	Box 670063	Chugiak	99567 250-5253	Representative Bill Stoltze	Senator Scott Ogan
Stephens	Von	PO Box 670929	Chugiak	99567 688-7316	Representative Bill Stoltze	Senator Scott Ogan
Volden	Cheryl	PO Box 672183	Chugiak	99567	Representative Bill Stoltze	Senator Scott Ogan
Weir	Janet	22774 N. Woods	Chugiak	99567 317-0871	Representative Bill Stoltze	Senator Scott Ogan
Jensen	Kenneth D	PO Box 792	Cooper Landing	99572 (907)595-1754	Representative Paul Seaton	Senator Gary Stevens
Jensen	Nancy P.	PO Box 792	Cooper Landing	99572 (907)595-1754	Representative Paul Seaton	Senator Gary Stevens
Hewitt	Rosemary	PO Box 1144	Cordova	99574 (907)427-7381	Representative Al Kookish	Senator Georgiana Lincoln
Newirth	Fred	PO Box 1102	Cordova	99574 (907)424-7670	Representative Al Kookish	Senator Georgiana Lincoln
Newirth	Mary	PO Box 1102	Cordova	99574 (907)424-7670	Representative Al Kookish	Senator Georgiana Lincoln
Mickelson	Mike	PO Box 1362	Cordova	99574 (907)424-5143	Representative Al Kookish	Senator Georgiana Lincoln
Eggleston	Melinda	PO Box 722	Delta Junction	99737 (907)895-4332	Representative John Harris	Senator Gene Therriault
Hirschel	Tisa	PO Box 205	Delta Junction	99737 (907)895-5084	Representative John Harris	Senator Gene Therriault
Person Crosby	Lou Anne	PO Box 772773	Eagle River	99577 694-6370	Representative Mike Hawker	Senator Con Bunde
Baiter	Susan	PO Box 772803	Eagle River	99577 696-4625	Representative Mike Hawker	Senator Con Bunde
Butera	Sandy	PO Box 773294	Eagle River	99577 694-5522	Representative Mike Hawker	Senator Con Bunde
Hopson	Harold	25831 Louinda Circle	Eagle River	99577 696-1126	Representative Mike Hawker	Senator Con Bunde
Hopson	Nancy	25831 Louinda Circle	Eagle River	99577 696-1126	Representative Mike Hawker	Senator Con Bunde

Knapp	Joanna	1648 Stanford Dr.	Anchorage	99508 258-0806	Representative Cheryll Heinze	Senator Johnny Ellis
Lamkin	Alene	521 Tye Cir.	Anchorage	99503 563-6542	Representative Cheryll Heinze	Senator Johnny Ellis
Losay	Ian	2620 Meadow View Dr.	Anchorage	99507 360-3660	Representative Cheryll Heinze	Senator Johnny Ellis
Mald	Sallye	2150 Stanford	Anchorage	99506	Representative Cheryll Heinze	Senator Johnny Ellis
Mead	Logan	2150 Stanford	Anchorage	99508 265-3424	Representative Cheryll Heinze	Senator Johnny Ellis
Pender	Karen	200 W. 34th Ave. #504	Anchorage	99503 333-0537	Representative Cheryll Heinze	Senator Johnny Ellis
Roth	Don	1336 Bennington	Anchorage	99508 276-7480	Representative Cheryll Heinze	Senator Johnny Ellis
Skladel	Elizabeth	1841 S. Salem Dr.	Anchorage	99508 563-6481	Representative Cheryll Heinze	Senator Johnny Ellis
Sumner	Carrie	1511 Alphenom, #3	Anchorage	99507 569-2771	Representative Cheryll Heinze	Senator Johnny Ellis
Swick	Trisha	5310 Mockingbird, #21	Anchorage	99507 338-1356	Representative Cheryll Heinze	Senator Johnny Ellis
Taiwo	Medina	3240 Latouche St.	Anchorage	99508 222-3423	Representative Cheryll Heinze	Senator Johnny Ellis
Utterback	Bob	1981 Wickersham	Anchorage	99507 561-0253	Representative Cheryll Heinze	Senator Johnny Ellis
Wineman	Kathi	2150 Stanford	Anchorage	99508 276-2469	Representative Cheryll Heinze	Senator Johnny Ellis
Hudson	Sherrie	3430 E. 64th Ave.	Anchorage	99507 644-7996	Representative Cheryll Heinze	Senator Johnny Ellis
Cody	Rosemary	1246 Anapolis Dr.	Anchorage	99508 346-3803	Representative Cheryll Heinze	Senator Johnny Ellis
Durbin	Neta	7545 Foxridge Way, #309	Anchorage	99518 561-6717	Representative Cheryll Heinze	Senator Johnny Ellis
Kirby	JoAnn	2204 W. Northern Lights, #	Anchorage	99517 227-6588	Representative Cheryll Heinze	Senator Johnny Ellis
Thompson	Robert	6251 Tuttle PL., Ste. 101	Anchorage	99507 565-4600	Representative Cheryll Heinze	Senator Johnny Ellis
Anderson	Julie	432 W. 10th Ave.	Anchorage	99501 278-0239	Representative Les Gara	Senator Johnny Ellis
Baldwin	Jude	PO Box 220124	Anchorage	99524 248-8704	Representative Les Gara	Senator Johnny Ellis
Choquete	Marnee	1600 Juneau Dr., #4	Anchorage	99501 278-8485	Representative Les Gara	Senator Johnny Ellis
Degenhardt	Roberta	PO Box 190204	Anchorage	99519 274-5168	Representative Les Gara	Senator Johnny Ellis
Donahue	Claire	PO Box 203203	Anchorage	99520 258-5090	Representative Les Gara	Senator Johnny Ellis
Harrington	Kathleen	431 W. 7th Ave.	Anchorage	99501 276-1212	Representative Les Gara	Senator Johnny Ellis
Heusser	Julie	1320 F St.	Anchorage	99501 278-4070	Representative Les Gara	Senator Johnny Ellis
Marshall	Loren D	2640 Shepherdia Dr.	Anchorage	99508 276-2955	Representative Les Gara	Senator Johnny Ellis
McConnell	Darci	235 E 15th Ave., #506	Anchorage	99501 222-1820	Representative Les Gara	Senator Johnny Ellis
Randolph	Ann	1672 Eastridge, #303	Anchorage	99501 337-4384	Representative Les Gara	Senator Johnny Ellis
Sullivan	Nancy L.	239 E. 5th Ave.	Anchorage	99501 277-7394	Representative Les Gara	Senator Johnny Ellis
Gillies	Steve	1334 E. 12th	Anchorage	99501 276-8737	Representative Les Gara	Senator Johnny Ellis
Gillies	Yvette	1334 E. 12th	Anchorage	99501 276-8737	Representative Les Gara	Senator Johnny Ellis
Newirth	David	1937 Juneau Dr.	Anchorage	99501 258-2612	Representative Les Gara	Senator Johnny Ellis
Guest	Carrol	801 Airport Hts, #40	Anchorage	99508 272-3494	Representative Les Gara	Senator Johnny Ellis
Konyot	Bill	2425 Juneau St. #B	Anchorage	99508 563-5043	Representative Les Gara	Senator Johnny Ellis
Minor	Mary	1237 Medfra	Anchorage	99501 278-6279	Representative Les Gara	Senator Johnny Ellis
Phillips	Carolyn	1220 G Street	Anchorage	99501 278-0955	Representative Les Gara	Senator Johnny Ellis
Gould	Dawn	PO Box 243605	Anchorage	99524 242-3630		
Jakonis	Susan	PO Box 24432	Anchorage	99524 258-2087		
Pulliam	Deatrice	PO Box 200703	Anchorage	99520 338-4889		
Bevins	Julia	PO Box 241766	Anchorage	99524 336-0072		
Hartke	Susanne	PO Box 210366	Anchorage	99521 333-6572		
LeBaron	Karen	PO Box 210443	Anchorage	99521 338-2617		

Hildebrand	Anne	2815 Wiley Post Ave.	Anchorage	99517 243-5923	Representative Ethan Berkowitz	Senator Hollis French II
Powers	Nancy	3525 Corona Cir	Anchorage	99517 243-5923	Representative Ethan Berkowitz	Senator Hollis French II
Seelinger	Bobbie	3827 Richard Evelyn Byrd	Anchorage	99517 243-3029	Representative Ethan Berkowitz	Senator Hollis French II
Baker	Marcy	2453 Lord Baranof	Anchorage	99517 248-1361	Representative Kevin Meyer	Senator John Cowdery
Brady	Jody L.	10601 Lone Tree Dr.	Anchorage	99507 346-1497	Representative Kevin Meyer	Senator John Cowdery
Browner	Suzanne	6150 Gross Dr	Anchorage	99507 562-0410	Representative Kevin Meyer	Senator John Cowdery
Coker	Tammy	PO Box 210866	Anchorage	99521 240-1013	Representative Kevin Meyer	Senator John Cowdery
Davies	Stephen Ben	9041 Little Creek Dr	Anchorage	99507 349-1191	Representative Kevin Meyer	Senator John Cowdery
Dutton	Gregory	3716 Coventry	Anchorage	99507 522-7533	Representative Kevin Meyer	Senator John Cowdery
Edmund-Carufe	Patricia	2716 Snug Harbor Cir	Anchorage	99507 344-4416	Representative Kevin Meyer	Senator John Cowdery
Klotz	Sharon	5121 Seldon Cir	Anchorage	99507 346-1992	Representative Kevin Meyer	Senator John Cowdery
Kranich	Anita	9780 Carlson Rd	Anchorage	99507 344-1131	Representative Kevin Meyer	Senator John Cowdery
Kranich	Sandra L.	9780 Carlson Rd	Anchorage	99507 346-1901	Representative Kevin Meyer	Senator John Cowdery
Leebrick	Bobbie	7724 Snowview	Anchorage	99507 344-5959	Representative Kevin Meyer	Senator John Cowdery
Miller	Jenny	3921 E. 86th	Anchorage	99507 274-0629	Representative Kevin Meyer	Senator John Cowdery
Parker	Kathy	8808 Sahalee Dr	Anchorage	99507 248-9029	Representative Kevin Meyer	Senator John Cowdery
Pastorino	Alex	7920 Little Moose Cir.	Anchorage	99507 349-2888	Representative Kevin Meyer	Senator John Cowdery
Puru	Tracie	9010 Sahalee	Anchorage	99507 336-1624	Representative Kevin Meyer	Senator John Cowdery
Quast	Connie	6337 Laurel Dr.	Anchorage	99507 346-2582	Representative Kevin Meyer	Senator John Cowdery
Vaillancourt	Kristi	7330 Biglerville Rd	Anchorage	99507	Representative Kevin Meyer	Senator John Cowdery
Wells	Kimberly	7061 Miranda Dr	Anchorage	99507 349-3597	Representative Kevin Meyer	Senator John Cowdery
Wells	Paul	7061 Miranda Dr	Anchorage	99507 349-3597	Representative Kevin Meyer	Senator John Cowdery
Gromoff	Suzanne	7201 Stamps Circle	Anchorage	99507 344-3027	Representative Kevin Meyer	Senator John Cowdery
Brown	Patty A	8620 Barney Cir	Anchorage	99507 522-2652	Representative Kevin Meyer	Senator John Cowdery
Klotz	Sharon	5121 Seldon Cir	Anchorage	99507 346-1992	Representative Kevin Meyer	Senator John Cowdery
Kranich	Sandra L.	9780 Carlson Rd	Anchorage	99507 346-1901	Representative Kevin Meyer	Senator John Cowdery
Bowman	Tara	16270 Jamestown Dr, 9H	Anchorage	99507 337-2411	Representative Ralph Samuels	Senator John Cowdery
Carr	Corrina	910 W. 90th	Anchorage	99515 644-7923	Representative Ralph Samuels	Senator John Cowdery
Fincher	Carol	9411 Abbott Loop Rd	Anchorage	99507 770-7750	Representative Ralph Samuels	Senator John Cowdery
Harbour	Lisa	10417 Ridge Park Dr	Anchorage	99507 336-3737	Representative Ralph Samuels	Senator John Cowdery
Hartford	Judith L.	6619 Fairweather Dr.	Anchorage	99518 337-1542	Representative Ralph Samuels	Senator John Cowdery
Mesplay	Patricia	529 W. 76th Ave	Anchorage	99518 349-8271	Representative Ralph Samuels	Senator John Cowdery
Morton	Elizabeth P.	6350 Fairweather	Anchorage	99518 644-7930	Representative Ralph Samuels	Senator John Cowdery
Nordstrom	Sarah I.	6620 Hampstead Dr, #33	Anchorage	99518 562-2442	Representative Ralph Samuels	Senator John Cowdery
Ottenfeld	Kelth	6536 Fairweather	Anchorage	99518 337-5528	Representative Ralph Samuels	Senator John Cowdery
Gardner	Wednesday	7720 Stanley Dr	Anchorage	99518 336-7614	Representative Ralph Samuels	Senator John Cowdery
Goodrich	Rebecca	905 Rich Vista, #90	Anchorage	99518 243-0159	Representative Ralph Samuels	Senator John Cowdery
Bessent	A.W.	PO Box 230550	Anchorage	99515 227-2382	Representative Cheryll Heinze	Senator Johnny Ellis
Cox	Mary	2600 Cordova, #100	Anchorage	99503 257-0112	Representative Cheryll Heinze	Senator Johnny Ellis
Eldy	Charlee	3831 C St.	Anchorage	99507 349-3334	Representative Cheryll Heinze	Senator Johnny Ellis
Freeman	Mina	1808 Cindy Lee Ln	Anchorage	99507 561-2819	Representative Cheryll Heinze	Senator Johnny Ellis
Gross	Dan	2386 Waldron Dr.	Anchorage	99507 563-8152	Representative Cheryll Heinze	Senator Johnny Ellis

Ackerman	Victoria	1327 Valerian St	Anchorage	99508 258-4841	Representative Max Gruenberg	Senator Gretchen Guess
Kanz	Alan	3637 Thompson Ave #1	Anchorage	99508 276-0357	Representative Max Gruenberg	Senator Gretchen Guess
Kelly	Reggie	8420 Peck	Anchorage	99504 332-7055	Representative Max Gruenberg	Senator Gretchen Guess
Mendiola	Patricia	409 N. Flower	Anchorage	99508 272-5009	Representative Max Gruenberg, Jr.	Senator Gretchen Guess
Hammond	Amanda	1521 Bitterroot Cr, #B	Anchorage	99504	Representative Tom Anderson	Senator Gretchen Guess
Haskell	Joan	248 Creekside St	Anchorage	99504 677-0523	Representative Tom Anderson	Senator Gretchen Guess
Hughes	William	104 Muldoon Rd, #262	Anchorage	99504 830-8631	Representative Tom Anderson	Senator Gretchen Guess
Reynolds	Debbie	6621 Sherwood Cir	Anchorage	99504	Representative Tom Anderson	Senator Gretchen Guess
Stafford	Gail	8612 Boundary #5	Anchorage	99504 929-3046	Representative Tom Anderson	Senator Gretchen Guess
Hughes	Jennifer	7546 Island Dr	Anchorage	99508 694-6969	Representative Tom Anderson	Senator Gretchen Guess
Hull	Aimee	2030 Paxson Dr.	Anchorage	99504 332-1009	Representative Tom Anderson	Senator Gretchen Guess
Benner	Maureen	3103 Dawson	Anchorage	99503	Representative Eric Croft	Senator Hollis French II
Brooking	Angelee	1035 W.20th	Anchorage	99503 279-9317	Representative Eric Croft	Senator Hollis French II
Brooking	Jean	1035 W.20th	Anchorage	99503 279-9317	Representative Eric Croft	Senator Hollis French II
Brooking	Larry	1035 W.20th	Anchorage	99503 279-9317	Representative Eric Croft	Senator Hollis French II
Buchanan	Bethany	1529 E St	Anchorage	99501 277-5677	Representative Eric Croft	Senator Hollis French II
Carroll	Susan M	310 W 33rd Ave, #5	Anchorage	99503 569-0015	Representative Eric Croft	Senator Hollis French II
Edwards	J.R.	2140 Artic Blvd.	Anchorage	99503	Representative Eric Croft	Senator Hollis French II
Edwards	Kathleen	2140 Artic Blvd.	Anchorage	99503	Representative Eric Croft	Senator Hollis French II
Elliott	Charkes	3901 Lois Dr.	Anchorage	99517 563-2421	Representative Eric Croft	Senator Hollis French II
Frasier	Karen	3736 McCain Loop	Anchorage	99503 562-3236	Representative Eric Croft	Senator Hollis French II
Peavy-Yates	Casey	2108 Dawson St	Anchorage	99503 222-3670	Representative Eric Croft	Senator Hollis French II
Wilmink	Torrine	833 W. 23rd, #3	Anchorage	99503 562-7212	Representative Eric Croft	Senator Hollis French II
Mulkady	Sharleen	2206 Culver Pl	Anchorage	99503 243-1395	Representative Eric Croft	Senator Hollis French II
Vogt	Lila	2104 Lincoln	Anchorage	99517 248-1016	Representative Eric Croft	Senator Hollis French II
Brekken	Jill	2405 St. Elias Dr.	Anchorage	99517 248-4215	Representative Ethan Berkowitz	Senator Hollis French II
Cocklan-Vendl	Mary	2011 Atwood Dr.	Anchorage	99517 274-4781	Representative Ethan Berkowitz	Senator Hollis French II
Crandell	Blanche	1200 I St, #303	Anchorage	99501 272-0638	Representative Ethan Berkowitz	Senator Hollis French II
Epton	Carol	2919 W. 32nd	Anchorage	99517 344-8484	Representative Ethan Berkowitz	Senator Hollis French II
Florio	Rona	1436 M St.	Anchorage	99501 279-8877	Representative Ethan Berkowitz	Senator Hollis French II
Hall	Katie	4053 Hood Ct.	Anchorage	99517 243-1801	Representative Ethan Berkowitz	Senator Hollis French II
Kurka	Teresa	3430 Wiley Post Lp	Anchorage	99517 258-3038	Representative Ethan Berkowitz	Senator Hollis French II
Long	Mauri	2544 Foraker Dr.	Anchorage	99517 277-5400	Representative Ethan Berkowitz	Senator Hollis French II
Miner	Gemma	3011 W. 31st Ave.	Anchorage	99517 677-7633	Representative Ethan Berkowitz	Senator Hollis French II
Redstone	Jessica	3103 Brookside Dr, #2	Anchorage	99517 360-7885	Representative Ethan Berkowitz	Senator Hollis French II
Robbins	Marsha	2811 Klamath Dr	Anchorage	99517 258-9929	Representative Ethan Berkowitz	Senator Hollis French II
Turinsky	Lois B.	2217 Arcadia Dr.	Anchorage	99517 276-3262	Representative Ethan Berkowitz	Senator Hollis French II
Young	Kathryn	4203 Iowa Dr.	Anchorage	99517	Representative Ethan Berkowitz	Senator Hollis French II
Dunham	Kelly	2906 Doris St A	Anchorage	99517 274-2878	Representative Ethan Berkowitz	Senator Hollis French II
Elbow	Ben	2216 Loussac Dr.	Anchorage	99517 243-1782	Representative Ethan Berkowitz	Senator Hollis French II
Stone	Sarah	2216 Loussac Dr.	Anchorage	99517 243-1782	Representative Ethan Berkowitz	Senator Hollis French II
Alberts	Ellen	3010 Wendy's Way, B	Anchorage	99507 245-5161	Representative Ethan Berkowitz	Senator Hollis French II

Roderick	E.	5316 E.41st Ave.	Anchorage	99508	Representative Sharon Cissna	Senator Bettye Davis
Berrigan	Lori	3807 W. Northern Lights	Anchorage	99517 344-4846	Representative Sharon Cissna	Senator Bettye Davis
Ridge	Dawn	PO Box 230733	Anchorage	99523 349-0046	Representative Sharon Cissna	Senator Bettye Davis
DiFrancisco	Laurie	5909 Greebe Cir	Anchorage	99516 250-8252	Representative Bob Lynn	Senator Con Bunde
Eisenmeyer	Linda	521 Clippership Ct	Anchorage	99515 345-2905	Representative Bob Lynn	Senator Con Bunde
Eisenmeyer	Thomas	521 Clippership Ct	Anchorage	99515 345-2905	Representative Bob Lynn	Senator Con Bunde
Erickson	Merlyn	13001 Elmora Rd.	Anchorage	99516 345-0436	Representative Bob Lynn	Senator Con Bunde
Harmon	Jason	3650 Spinnaker	Anchorage	99516 349-7779	Representative Bob Lynn	Senator Con Bunde
Harris	Sharon A.	207 Dailey Ave	Anchorage	99515	Representative Bob Lynn	Senator Con Bunde
Irvin	Evelyn	130 Bree Ave	Anchorage	99515 345-0859	Representative Bob Lynn	Senator Con Bunde
Knotts	Alicia	11611 Birchtrail Cir #B	Anchorage	99515 522-4950	Representative Bob Lynn	Senator Con Bunde
Knotts	Robert	11611 Birchtrail Cir #B	Anchorage	99515 522-4950	Representative Bob Lynn	Senator Con Bunde
Lentfer-Cerielb	Kristina	10801 Trails End Rd	Anchorage	99507 346-1567	Representative Bob Lynn	Senator Con Bunde
Libbey	Karol J.	14901 Wildien Dr	Anchorage	99516 348-0518	Representative Bob Lynn	Senator Con Bunde
Lorimer	Alan	13431 Evelyn Dr.	Anchorage	99516 345-0051	Representative Bob Lynn	Senator Con Bunde
Mortensen	Annie	PO Box 110645	Anchorage	99511 561-1827	Representative Bob Lynn	Senator Con Bunde
Puado	Rebecca	11601 Alderwood	Anchorage	99516 272-3191	Representative Bob Lynn	Senator Con Bunde
Romero	Jodi	6066 Bristol Dr	Anchorage	99516 349-6997	Representative Bob Lynn	Senator Con Bunde
Sander	Nancy	13338 Stephenson St.	Anchorage	99515 345-8161	Representative Bob Lynn	Senator Con Bunde
Sisson	Rod R.	4701 E. 113th Ave	Anchorage	99516 346-1488	Representative Bob Lynn	Senator Con Bunde
Thompson	Caryl A.	1120 E Huffman Rd, Ste.2	Anchorage	99515 344-8891	Representative Bob Lynn	Senator Con Bunde
Tyner	Kelly	2221 Loren Cir.	Anchorage	99516 345-1760	Representative Bob Lynn	Senator Con Bunde
Werner	Sallye	12731 Cardinal Cir	Anchorage	99516 345-6354	Representative Bob Lynn	Senator Con Bunde
Graham	Danny	11885 Wilderness Dr	Anchorage	99516 245-1322	Representative Bob Lynn	Senator Con Bunde
Westover	Jennifer	PO Box 112191	Anchorage	99511 344-5326	Representative Bob Lynn	Senator Con Bunde
Denton	Sandra C.	2060 Innes Cir	Anchorage	99515 245-4686	Representative Bob Lynn	Senator Con Bunde
Eisenmeyer	Tom & Linda	521 Clippership Ct	Anchorage	99515 345-2505	Representative Bob Lynn	Senator Con Bunde
Provost	Diane	12143 Cange St	Anchorage	99516 349-6745	Representative Bob Lynn	Senator Con Bunde
Veatch Petro	Susan	11541 Brayton Dr, #2	Anchorage	99516 345-3650	Representative Bob Lynn	Senator Con Bunde
Davis	Anita M.	17141 Bettie Jean St	Anchorage	99516 345-7444	Representative Mike Hawker	Senator Con Bunde
Jrov	Becker	6410 Italy Cir	Anchorage	99516 345-3619	Representative Mike Hawker	Senator Con Bunde
Kesler	Marchelle	15751 Stanwood Cir	Anchorage	99516 345-7150	Representative Mike Hawker	Senator Con Bunde
Kinod	Lucinda H	PO Box 111876	Anchorage	99511 345-7296	Representative Mike Hawker	Senator Con Bunde
Main	John	4936 Hillandale	Anchorage	99516 345-2161	Representative Mike Hawker	Senator Con Bunde
Michael	Amber	15201 B Snowflake	Anchorage	99516 334-9390	Representative Mike Hawker	Senator Con Bunde
Ornber	Bob	7741 Cox Dr	Anchorage	99516 522-8300	Representative Mike Hawker	Senator Con Bunde
Schlief	Siri	14000 Goldenview	Anchorage	99516 345-4252	Representative Mike Hawker	Senator Con Bunde
Yarmak	Nancy	5241 Taurus Cir	Anchorage	99516 348-7709	Representative Mike Hawker	Senator Con Bunde
Brown	Marsha	9200 Honey Bear	Anchorage	99516 345-2680	Representative Mike Hawker	Senator Con Bunde
Fischer	Michael	9200 Honey Bear	Anchorage	99516 345-2680	Representative Mike Hawker	Senator Con Bunde
Richtor	Lori	7101 Hillside Way	Anchorage	99516 348-0784	Representative Mike Hawker	Senator Con Bunde
Thompson	Deborah Lynn	717 Elm St, #680	Anchorage	99501 337-2411	Representative Nancy Dahlstrom	Senator Fred Dyson

Schenderline	Ronda	10120 Marmot Ct	Anchorage	99515 522-5601	Representative Lesil McGuire	Senator Ben Stevens
Ward	Virginia	13350 Reef Pl	Anchorage	99515 345-4445	Representative Lesil McGuire	Senator Ben Stevens
Almaras	Veronica	6320 Lost Cir	Anchorage	99502 223-1603	Representative Norman Rokeberg	Senator Ben Stevens
Bagley	Thera	8322 Huckleberry	Anchorage	99502 243-6229	Representative Norman Rokeberg	Senator Ben Stevens
Barnes	Phil	7921 Mayfair Dr. #3	Anchorage	99502 522-0346	Representative Norman Rokeberg	Senator Ben Stevens
Clapper	Megan	6841 Tall Spruce	Anchorage	99502 243-4611	Representative Norman Rokeberg	Senator Ben Stevens
Finnesand	Pamela	8047 Seacliff St	Anchorage	99502 248-0143	Representative Norman Rokeberg	Senator Ben Stevens
Halloran	Jim	6725 Blackberry	Anchorage	99502 250-3726	Representative Norman Rokeberg	Senator Ben Stevens
Huli	Suzanne	2104 Misty Glen Cir	Anchorage	99502 243-6985	Representative Norman Rokeberg	Senator Ben Stevens
Keeton	Cela	7251 Sand Lake Rd	Anchorage	99502 243-0151	Representative Norman Rokeberg	Senator Ben Stevens
Merrell	Jeri	7751 Charlotte Cir	Anchorage	99502 243-5236	Representative Norman Rokeberg	Senator Ben Stevens
Nelson	Frances	4810 Tanya Cir	Anchorage	99502 248-7673	Representative Norman Rokeberg	Senator Ben Stevens
Peterson	Jodi	8337 Jewel Lake Rd., #3	Anchorage	99502 269-4636	Representative Norman Rokeberg	Senator Ben Stevens
Sweesy	Elizabeth	2931 Concord Lane	Anchorage	99502 677-1258	Representative Norman Rokeberg	Senator Ben Stevens
Tonseth	Shevaun	6937 Lowell Cir	Anchorage	99502 248-0188	Representative Norman Rokeberg	Senator Ben Stevens
Wagar	Sandra L	8420 Heather Cir	Anchorage	99502 243-5493	Representative Norman Rokeberg	Senator Ben Stevens
Walton	Sarah	PO Box 221166	Anchorage	99522 248-1323	Representative Norman Rokeberg	Senator Ben Stevens
Sheppherd, Dono	Linda	7075 Weimer, #4	Anchorage	99502 258-5715	Representative Norman Rokeberg	Senator Ben Stevens
Carter	Craig	8050 Pioneer Dr., #705	Anchorage	99504 332-4635	Representative Harry Crawford	Senator Bettye Davis
Eclo	Elizabeth	3120 Kenwood Cir	Anchorage	99504 332-2624	Representative Harry Crawford	Senator Bettye Davis
Edward	Sheila	3631 Gayot Dr.	Anchorage	99504 337-4788	Representative Harry Crawford	Senator Bettye Davis
Fowler	Rebecca	8403 Little Dipper Ave	Anchorage	99504 338-2647	Representative Harry Crawford	Senator Bettye Davis
Gilbert	Doral E.	4222 London Cir	Anchorage	99504 333-5359	Representative Harry Crawford	Senator Bettye Davis
Park	Linda	7231 Kiska Cir	Anchorage	99504 337-1737	Representative Harry Crawford	Senator Bettye Davis
Payne	Clare	6943 Soyuz	Anchorage	99504 333-4188	Representative Harry Crawford	Senator Bettye Davis
Rivers	Joyce	3412 Old Muldoon Rd	Anchorage	99504 338-4889	Representative Harry Crawford	Senator Bettye Davis
Schneider	Mark	6143 E. 22nd	Anchorage	99504 562-4242	Representative Harry Crawford	Senator Bettye Davis
Wilcox	Diana Gay	6635 Lunar Dr.	Anchorage	99504 337-9698	Representative Harry Crawford	Senator Bettye Davis
Mongeau	Virginia	3922 Resurrection	Anchorage	99504	Representative Harry Crawford	Senator Bettye Davis
Pressley	Wanita	2341 Yorkshire Ln	Anchorage	99504 222-6066	Representative Harry Crawford	Senator Bettye Davis
Sullivan	Mary	6352 Citadel Lane	Anchorage	99504 277-7394	Representative Harry Crawford	Senator Bettye Davis
Luther	JoAnn	2938 Donnington Dr	Anchorage	99504 333-1505	Representative Harry Crawford	Senator Bettye Davis
McGuire	Becky	9710 Morningside Loop, #3	Anchorage	99515 522-0254	Representative Harry Crawford	Senator Bettye Davis
McGuire	Fred	9710 Morningside Loop, #3	Anchorage	99515 522-0254	Representative Harry Crawford	Senator Bettye Davis
Stanford	Wendy	7000 Ryan Ct	Anchorage	99504 338-3451	Representative Harry Crawford	Senator Bettye Davis
Barker	Heidi	3362 Checkmate	Anchorage	99508 332-4321	Representative Sharon Cissna	Senator Bettye Davis
Clifford	Jeanne R	4101 University Dr, #9	Anchorage	99508 622-7331	Representative Sharon Cissna	Senator Bettye Davis
Helms	Leah	1916 Thunderbird Pl, #1	Anchorage	99508 277-3806	Representative Sharon Cissna	Senator Bettye Davis
Holen	Davin	1419 Airport Heights	Anchorage	99508 561-9469	Representative Sharon Cissna	Senator Bettye Davis
Jones	Delores	5001 E 5th Ave.	Anchorage	99508 333-0949	Representative Sharon Cissna	Senator Bettye Davis
Morgan	Bobbie	1530 Garden St.	Anchorage	99508 276-1672	Representative Sharon Cissna	Senator Bettye Davis
O'Brien-Holen	Cara	1419 Airport Heights	Anchorage	99508 561-9469	Representative Sharon Cissna	Senator Bettye Davis

HB434 by Rep. Holm
 SB306 by Sen. Seekins
 Naturopathic Medicine

Petition of Support

September 03
 - February 04

Last Name	First Name	Address	City	Zip	Phone	Representative	State Senator
Ramos, Jr	Frank	PO Box 90	Ambler	99786	(907)445-2270	Representative Reggie Joule	Senator Donald Olson
Watney	Elizabeth	PO Box 511	Anchor Point	99556	235-4063	Representative Paul Seaton	Senator Gary Stevens
Chesser	Deanna L.	PO Box 515	Anchor Point	99556	(907)235-4955	Representative Paul Seaton	Senator Gary Stevens
Benhardt	Ted	PO Box 106	Anchor Point	99556	(907)235-8227	Representative Paul Seaton	Senator Gary Stevens
Escobedo	Eva M.	PO Box 558	Anchor Point	99556	(907)235-1415	Representative Paul Seaton	Senator Gary Stevens
Finn	Kate	PO Box 295	Anchor Point	99556	(907)235-5329	Representative Paul Seaton	Senator Gary Stevens
Griffith	Mary	65250 Kelly Lane	Anchor Point	99556	(907)235-1028	Representative Paul Seaton	Senator Gary Stevens
Hess	Thomas	37904 Baneberry	Anchor Point	99556	(907)235-6593	Representative Paul Seaton	Senator Gary Stevens
Horazdasky	Pamela	PO Box 941	Anchor Point	99556	(907)235-3245	Representative Paul Seaton	Senator Gary Stevens
Pasdo	Deborah	PO Box 269	Anchor Point	99556	(907)235-6363	Representative Paul Seaton	Senator Gary Stevens
Ragland	Richard	PO Box 233	Anchor Point	99556	(907)235-8448	Representative Paul Seaton	Senator Gary Stevens
Roderick	Elizabeth	PO Box 1216	Anchor Point	99556	(907)235-2687	Representative Paul Seaton	Senator Gary Stevens
Smith	Patricia	PO Box 651	Anchor Point	99556	(907)235-7828	Representative Paul Seaton	Senator Gary Stevens
Story	Ginger	27675 Old Seward Hwy.	Anchor Point	99556	(907)235-7871	Representative Paul Seaton	Senator Gary Stevens
Stoval	Eva L.	PO Box 137	Anchor Point	99556	(907)235-4111	Representative Paul Seaton	Senator Gary Stevens
Quinton	Gretchen L.	PO Box 141553	Anchorage	99514	569-5608		
Sirema	Suanne	PO Box 91014	Anchorage	99509			
Varner	Cristina	PO Box 105027	Anchorage	99510	746-8181		
Allen	Amber	13300 Venus Way	Anchorage	99515	229-7464	Representative Lesil McGuire	Senator Ben Stevens
Bauman	Ruth	13931 Jarvi Dr.	Anchorage	99515	345-1120	Representative Lesil McGuire	Senator Ben Stevens
Curtis	Paul R.	2338 Harbor Landing Cir	Anchorage	99515	337-7878	Representative Lesil McGuire	Senator Ben Stevens
Fox	Mary Dee	3144 Seaport Circle	Anchorage	99515	522-1827	Representative Lesil McGuire	Senator Ben Stevens
Hampton	Charlene	820 Allison Cir	Anchorage	99515	336-2924	Representative Lesil McGuire	Senator Ben Stevens
Lanehart	TB	501 Oceanview Dr	Anchorage	99515	345-4758	Representative Lesil McGuire	Senator Ben Stevens
Lesiman	Wendy	12991 Nora Dr.	Anchorage	99515	345-1588	Representative Lesil McGuire	Senator Ben Stevens
Metcalf	Suzanne	112 Beaufort Cir.	Anchorage	99515	333-3302	Representative Lesil McGuire	Senator Ben Stevens
Nickles	C.F.	13116 Beach Cir	Anchorage	99515		Representative Lesil McGuire	Senator Ben Stevens
Oglesby	Stephanie	2130 Washington Ave.	Anchorage	99515	344-4118	Representative Lesil McGuire	Senator Ben Stevens
Peterson	Margaret	11200 Lillian Lane	Anchorage	99515	277-0123	Representative Lesil McGuire	Senator Ben Stevens
Pollyetto	Evelyn		Anchorage	99515		Representative Lesil McGuire	Senator Ben Stevens
Pozzi	Bruce	200 Pacific View Dr	Anchorage	99515	345-2887	Representative Lesil McGuire	Senator Ben Stevens
Richardson	Brian	10167 Marmot Cir, #B	Anchorage	99515	929-5757	Representative Lesil McGuire	Senator Ben Stevens
Suiter	Sheary	9310 Shorecrest Dr.	Anchorage	99515		Representative Lesil McGuire	Senator Ben Stevens
Thompson	Rebecca	9321 Arlene St. #9A	Anchorage	99502	868-7394	Representative Lesil McGuire	Senator Ben Stevens
Vilce	Charlotte	530 Kayak Dr.	Anchorage	99515	345-1883	Representative Lesil McGuire	Senator Ben Stevens
Woolcock	Michael	3144 Seaport Circle	Anchorage	99515	522-1827	Representative Lesil McGuire	Senator Ben Stevens
Davenport	Liesl	11851 Portage Circle	Anchorage	99515	349-0204	Representative Lesil McGuire	Senator Ben Stevens
Morgan	Craig	14941 Jarvi Dr.	Anchorage	99515	274-0749	Representative Lesil McGuire	Senator Ben Stevens
Ca tron	Mary L.	2211 Minerva Way	Anchorage	99515	349-1971	Representative Lesil McGuire	Senator Ben Stevens
Nichols	Sheri A.	4035A Hale Ct	Anchorage	99502	222-5073	Representative Lesil McGuire	Senator Ben Stevens
Savery	Mary	9524 Canton Loop	Anchorage	99515	344-5938	Representative Lesil McGuire	Senator Ben Stevens

February 18, 2004

Support

To Whom It May Concern:

I am ecstasically happy with the care I have received from Eagle River Naturopathic Medical Center over the past 4 years. Let me give you an overview of my history and why I chose Dr. Daniel Young as my primary care giver.

I am now experiencing the progressive aspect of a disease that only Dr. Young had the insight to diagnose. Due to the inability of Naturopaths to write prescriptions, I am forced to visit an MD so I can receive the prescription medication I am in need of. Were my Naturopath able to write prescriptions, I would have saved over \$500.00 out of pocket, my insurance which is partially paid by the State, would have saved over \$3000.00. I would have more food in my cupboards, and my primary care provider would have an improved understanding of what I am dealing with.

Approximately 5 years ago, I began having "attacks". My heart rate would skyrocket to over 160 beats per minute and my blood pressure would soar. It took me about a year, many doctor visits, a few ER visits with the afore-mentioned symptoms, and a few prescriptions to mask the symptoms, to finally get a clue that the mainstream medical community was oblivious to any problem that would cause these symptoms. They checked my heart; it was beautiful, so I ruled that out. We went through blood tests of every sort (except allergy and thyroid antibody test), and the results stumped them. I knew something was awry. The mainstream medical community, who theoretically had more medical intelligence than I did, was letting me down.

I was fed up with the mainstream medical community and looked into Naturopathy. It was the best decision I ever made. I went to Dr. Young in an almost suicidal state. I felt lost, confused and at the worst health and emotional state I had ever been. After our initial discussion and having blood drawn, I went home with a regimen for self healing.

When blood tests results were back, I was diagnosed with Hashimoto's Thyroiditis, allergies and tendencies towards hypoglycemia. Within six weeks, Dr. Young's regimen had me feeling like a healthy human being. For the first time in years, I lost weight, was thinking clearer and the depression I had been experiencing was all but gone. Life was good.

I was in an auto accident in August, 2003, and visited a Chiropractor for 27 adjustments. After an issue with the Chiropractor regarding the adjustments causing more problems, I asked Dr. Young if he, as a Naturopath, would help me with my pain issues. I explained the situation to him and after two visits with Dr. Young, I am doing better than I have since the accident.

The State of Alaska needs to come into the 21st Century and recognize Naturopathic Medicine. In allowing Naturopath's to prescribe prescription drugs and do minor surgeries, the state, the insurance companies, the families of patients, and most importantly, the patient and doctor, would benefit.

Again, I would like to point out that if HB 434 and SB 306 are put into effect, it would save myself, and my insurance (which the state pays for) money.

I support HB 434 and SB 306, and ask that you do, too.

Jeri Westbrook

Jeri Westbrook
7362 W. Parks Hwy #323
Wasilla, AK 99654



Alaska State Legislature

Please enter into the record my testimony to the Senate Labor & Commerce
committee name

Committee on SB 306 Naturopathic Medicine, dated 2-26-04
bill # / subject public hearing date

I am writing in support of SB 306 concerning Naturopathic physicians. It is my opinion that a Naturopathic doctor should be allowed to perform minor surgery and prescribe drugs with a license. My family's primary physician is Dr. Patrick Huffman, a naturopathic physician practicing in both Soldotna and Homer. I have recommended him to many friends and other members of my extended family. The health insurance my husband and I have does not cover that care, so we pay out-of-pocket for most our visits to the doctor. We consider that a necessary expense.

People who are interested in naturopathic care not only want their symptoms removed, they want to try and find out the root cause of their problems and prevent any problems in the future. Traditional medicine is very weak in the area of cause and prevention. For the Legislature to spend time and resources to attract ASMA approved physicians to Alaska will not help those primarily interested in preventative medicine. I want to see the Legislature support and encourage those in the preventative field and continue to ensure health care choices for all.

The concern about allowing naturopathic doctors to prescribe drugs when they commonly stock and sell naturopathic medicines puzzles me. Those seem like concerns of people who are not familiar with preventative medicine practitioners. The whole purpose for natural medicines are to stay away from prescription drugs whenever possible. It's usually possible to do that, but not always. When I had an infection close to my eye I had to leave my naturopath's office and make another appointment to get antibiotics, as per the naturopath's recommendation. The herbal medications that are available for sale in the office are there for the convenience of the patients, not the doctor's profit. The medications are not harmless, but neither are they addictive or harmful to the body when taken as directed—unlike most prescription drugs which both help and harm (e.g. "side effects").

Thank you for your consideration.

Signed: *Karen Inak Encelowski*
Testifier

Representing (optional)

PO Box 66 Ninilchik, AK 99639

Address

907-567-3925

Phone number



Alaska State Legislature

Please enter into the record my testimony to the Senate Labor & Commerce
committee name

Committee on SB 306, dated 2-26-04
bill # / subject public hearing date

I am very much in favor of the passing of this bill, as I indicated in my partial testimony.

I have used allopathic, as well as naturopathy and other alternative types of health care for over 45 years; in California, Oregon & Alaska.

I would like to have the ability to have the person I have carefully chosen to be my family's primary care physician be just that! — + not have to go through a medical Dr. for services + prescriptions that my naturopath + as qualified to do or prescribe.

Signed:

John Fumina

Testifier

self

Representing (optional)

PO Box 650, Kenai AK 99610

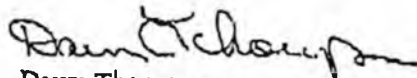
Address

907 260-4618

Phone number

Fax #456-3346

I support SB-306 which would allow naturopathic doctors to prescribe medicines.


Dawn Thompson

SB 306 - Prescriptive Rights for Naturopathic Doctors

February 26, 2004

I strongly support this bill providing prescriptive rights for Naturopathic Doctors.

Sincerely,



Jacqueline J. Debbaut

2/26/04

To Whom It May Concern:

I support Bill # 307 regarding
Expanding Naturopathic Practice.

I have found the Holistic approach
Very beneficial for keeping me in
the best of health.

Paul J Rogers
4595 China Small
Tracts
Fairbanks, AK 99709



Alaska Center for Natural Medicine

104 Kutter Road • Fairbanks, Alaska 99701 • (907) 452-3600

February 26, 2004

To whom it may concern:

As a licensed acupuncturist and owner of Alaska Center for Natural Medicine I am in favor of passing bill # SB306. Our patients would benefit with better medical care if our Naturopathic doctors were able to prescribe antibiotics for patients in need instead of having to refer to another doctor for care.

A handwritten signature in black ink, appearing to read 'Heather Luper'.

Heather Luper L.Ac
President, ACNM

2/26/04

I am in favor of
Bill SB306.

Sheree Warner
Massage Therapist
PO Box 82767
Faulklands AK
99708

452 5956

TO: Senate, Labor and Commerce



ALASKA STATE LEGISLATURE

Please enter into the record my testimony to the Senate, Labor & Commerce
 Committee on SB 306 Committee Name Dated 02/25/04
Bill / Subject

I encouraged all to consider & pass SB 306 based on the following information:

① This would enable doctor/patient relationship to be more complete when dealing with ailments that require prescription medications

② it would be more economical for patients to receive care at one office rather than spending additional monies to get required medications from other (AMA) sources

③ it would be less redundant for patients receiving recommendations from more than one doctor.

③ Personal note: I have been a patient of naturopathic medicine for 15 years - the alternative to drug therapy via herbal intervention save my life; this was accomplished thru less side effects.

SIGNED:

Testifier

Craig R. Burdumess

Representing

Address / Phone Number

P.O. Box 201 Ester, AK 99725



McAfee Chiropractic

Health Center

Dr. Bill McAfee
Chiropractor
D.C., M.S., B.S., B.A.

Office: (907)479-0036 * Billing: (907)474-8222 * 753 Gaffney Road * Fairbanks, AK 99701

B.A. - Physical Education
University of Alaska
Fairbanks

M.S. - Exercise Physiology
United States
Sports Academy

D.S. - General Education
Palmer College
in Chiropractic

D.C. - Doctor of Chiropractic
Palmer College
in Chiropractic

Senate Labor & Commerce

SB 306

I am in favor of this
bill.

Dr Bill McAfee DC

Fwd: [Fwd: House bill 434 and senate bill 306]]

Subject: [Fwd: [Fwd: House bill 434 and senate bill 306]]
Date: Thu, 26 Feb 2004 17:01:28 -0900
From: Jane Alberts <Jane_Alberts@Legis.state.ak.us>
Organization: Alaska State Legislature
To: Brian Hove <Brian_Hove@legis.state.ak.us>

Subject: [Fwd: House bill 434 and senate bill 306]
Date: Thu, 26 Feb 2004 09:34:39 -0900
From: Senator Con Bunde <senator_con_bunde@legis.state.ak.us>
To: Jane Alberts <Jane_Alberts@Legis.state.ak.us>

Subject: House bill 434 and senate bill 306
Date: Wed, 25 Feb 2004 18:05:06 -0900
From: "Judith Mack & Jon Ah You" <jmack@alaska.net>
To: <Senator_Con_Bunde@legis.state.ak.us>

Dear Mr. Bunde,

As a health care consumer in the state of Alaska, I am writing this letter to support House Bill 434 and Senate Bill 306. These bills will expand the scope of practice of Alaska's Naturopathic physicians thereby enabling them to serve their patients more effectively.

Our family uses a naturopath for all avenues of healing. We would prefer to have our ND prescribe medicines when we need them instead of going to the neighborhood "First Care". Our naturopath knows our history and can prescribe accordingly. Being able to use the naturopath for minor surgery such as wart removal would be very helpful.

Please consider these very important health care bills.

Thank you,

Judith Mack

Jane Alberts, Senate Labor and Commerce Committee Aide <jane_alberts@legis.state.ak.us>

[Fwd: [Fwd: SB 306]]

Subject: [Fwd: [Fwd: SB 306]]

Date: Thu, 26 Feb 2004 17:01:08 -0900

From: Jane Alberts <Jane_Alberts@Legis.state.ak.us>

Organization: Alaska State Legislature

To: Brian Hove <Brian_Hove@legis.state.ak.us>

Subject: [Fwd: SB 306]

Date: Thu, 26 Feb 2004 09:34:47 -0900

From: Senator Con Bunde <senator_con_bunde@legis.state.ak.us>

To: Jane Alberts <Jane_Alberts@Legis.state.ak.us>

Subject: SB 306

Date: Wed, 25 Feb 2004 18:06:40 -0900

From: "Mary Stallone" <mary.stallone@acsalaska.net>

To: <Senator_Con_Bunde@legis.state.ak.us>

I am writing this letter to support House Bill 434 and Senate Bill 306. These bills will expand the scope of practice of Alaska's Naturopathic physicians thereby enabling them to serve their patients more effectively.

I choose to have naturopathic healthcare and support legislation to allow my naturopathic physician to write prescription medications and perform minor surgery as outlined in the bill. Naturopathic physicians have a right to practice commensurate with their training and to provide comprehensive primary care to their patients in Alaska.

Please support better access and choice in primary care for all Alaskans by endorsing
HB 434 and SB 306.

Thank you for your support,

Mary Stallone

Mailing address: P.O. Box 240086
Anchorage, AK 99524

Physical address: 4600 Sandy Beach Drive

Jane Alberts, Senate Labor and Commerce Committee Aide <jane_alberts@legis.state.ak.us>

Subject: SB 306

Date: Thu, 26 Feb 2004 01:37:54 +0000

From: "Stacey Marz" <stacey_marz@hotmail.com>

To: Senator_Ralph_Seekins@legis.state.ak.us, Senator_Gary_Stevens@legis.state.ak.us,
Senator_Betty_Davis@legis.state.ak.us, Senator_Hollis_French@legis.state.ak.us

February 25, 2004

<?xml:namespace prefix = o ns = "urn:schemas-microsoft-com:office:office" />Dear Senator,

As a health care consumer in Alaska, I am writing to support SB 306. These bills will expand the scope of practice of Alaska's Naturopathic physicians to serve their patients more effectively.

I choose to have naturopathic healthcare and support legislation to allow my naturopathic physician to write for prescription medications and perform minor surgery as outlined in the bill. Naturopathic physicians have a right to practice commensurate with their training and to provide comprehensive primary care to their patients in Alaska.

Today I spoke with my naturopathic doctor about an infected cut that my two-year old son has on his face. She recommended antibiotics to treat the bacterial infection. I visited with a pediatrician who prescribed a course of antibiotics. In situations such as this, it would be much more convenient to visit only my provider of choice, the naturopathic physician, instead of having to take additional time visit and speak with two doctors to reach the same result.

Naturopathic physicians are highly trained to administer primary care and should be given access to some of the same tools as primary care medical doctors to help their patients. This scope of practice works in other states such as Oregon and should be permitted in Alaska.

Please support better access and choice in primary care for all Alaskans by endorsing

SB 306.

I hope you will support this legislation,

Stacey Marz

Assuring Safe Naturopathic Medical Practices for Alaskans

2003-2004 Legislative White Paper

November 24, 2003



Alaska Association of Naturopathic Physicians, Inc.

"Dedicated to the preservation of quality naturopathic medicine for all Alaskans."

10928 Eagle River Road, Suite 254
Eagle River, Alaska 99577
Phone: 907-694-5522 Fax: 907-694-5524

Assuring Safe Naturopathic Medical Practices for Alaskans

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Alaska Association of Naturopathic Physicians, Inc.

10928 Eagle River Road, Ste. 254 * Eagle River, Alaska 99577
Phone: 907-694-5522 * Fax: 907-694-5524



Alaska Association of Naturopathic Physicians, Inc.

Assuring Safe Naturopathic Medical Practices for Alaskans

Executive Summary

"Unless we put medical freedom into the Constitution, the time will come when medicine will organize into an undercover dictatorship. . . To restrict the art of healing to one class of men and deny equal privileges to others will constitute the Bastille of medical science. All such laws are un-American and despotic and have no place in a republic. . . The Constitution of this republic should make special privilege for medical freedom as well as religious freedom."

*- Benjamin Rush, M.D.,
Signer of Declaration of Independence,
Physician to George Washington*

Naturopathic medicine is a traditional system of health care that blends centuries-old knowledge of effective, natural therapies with current scientific advances in the understanding and treatment of health and human systems. The scope of practice includes all aspects of family and primary care, from pediatrics to geriatrics, and includes all aspects of natural medicine.

There are very significant differences between a Naturopathic Physician and a Naturopath. Naturopaths are educated at trade schools or by correspondence and are not required to complete any clinical training. Licensed Naturopathic Physicians, on the other hand, undergo four years of undergraduate pre-professional training followed by an intensive four year doctoral program emphasizing both academic and clinical studies.

The Naturopathic Physicians of Alaska want the standards for naturopathic medicine to be set higher than they currently are.

The Alaska Association of Naturopathic Physicians, Inc. (AKANP) believes *this can best be done by organizing a board of physicians to work with the State of Alaska* to set -- and reset -- the standards for naturopathic medicine. This board will also monitor the profession to ensure licensed naturopathic physicians meet and continue to meet high standards of qualification and professionalism.

In fact, the licensed Naturopathic Physicians of Alaska have united in *unanimous* support of a bill which will:

- a) Safeguard people who use naturopathic medicine by assuring them the highest quality care possible from a collection of qualified, licensed, professionally examined, well-trained and up to date Naturopathic Physicians;
- b) Establish a zero-cost Naturopathic Medical Board to oversee admission to the profession in Alaska, to mandate continuing education requirements, to work to assure high standards and integrity for the profession, and to investigate complaints;
- c) Institute a scope of practice in Alaska for naturopathic physicians commensurate with their medical education and

qualifications. This scope would include the use of natural substances, homeopathic medicine, health care counseling, minor surgery, ordering all necessary diagnostic tests and prescription medications.

- d) Provide the State of Alaska with expert assistance. By utilizing the Naturopathic Physicians Medical Board, the State of Alaska can more effectively ensure that naturopathic physicians continue to meet high standards for licensure. This could include a one time, mandatory 60 hour requirement of continuing education in pharmacy for those Alaskan Naturopathic Physicians who wish to apply for a Controlled Substance Registration Certificate (DEA License).

It is important that the laws in Alaska governing the practice of naturopathic medicine reflect the high quality of education NDs receive.

The Alaska Association of Naturopathic Physicians, Inc. (AKANP) believes *this can best be done by organizing a board of physicians to work with the State of Alaska* to set -- and reset -- the standards for naturopathic medicine. This board will also monitor the profession to ensure licensed naturopathic physicians meet and continue to meet high standards of qualification and professionalism.

Naturopathic Physicians (NDs) see many patients who have exhausted the options offered by mainstream medicine. Their extensive knowledge of natural medicine may be of real benefit to those seeking an *integrated* health care approach.

Alaskans need their elected officials to take the steps necessary to assure natural health care is what it should be. It is essential that naturopathic physicians establish standards and scope of practice for their profession here in Alaska. This will improve access to, the safety of, and the quality of naturopathic medicine for Alaskans. Further, it will be accomplished at *absolutely no cost to the State*. Why not allow naturopathic physicians to function fully under the law by supporting the proposed bill?



Alaska Association of Naturopathic Physicians, Inc.

Assuring Safe Naturopathic Medical Practices for Alaskans

White Paper

Introduction

What is naturopathic medicine?

Naturopathic medicine is a traditional system of health care that blends centuries-old knowledge of effective, natural therapies with current scientific advances in the understanding and treatment of health and human systems. The scope of practice includes all aspects of family and primary care, from pediatrics to geriatrics, and includes all aspects of natural medicine.

Naturopathic Philosophy

Naturopathic philosophy finds its origins, at least in part, in Hippocratic teachings more than 2000 years old

According to Hippocrates, the "vis medicatrix naturae" or "the healing power of nature" provides the foundation for the treatment of all disease.

The practice of naturopathic medicine emerges from this and other fundamental Hippocratic principles. These principles are based on the objective

Naturopathic medicine blends centuries-old knowledge of effective, natural therapies with current scientific advances

observation of the nature of health, and disease, and are continuously examined in the modern light of scientific analysis. The principles are:

1. First, Do No Harm (*primum non nocere*)

It doesn't do any good to go to the doctor and leave feeling worse.

The healing process of the body includes the generation of symptoms which are expressions of the body's work to heal itself. Therapeutic intervention should complement this process rather than impede it. It is considered harmful to suppress a symptom that is indicative of healing.

Naturopathic medicine adheres to the following principles to avoid harming the patient:

- ❖ Acknowledge and respect the individual's healing process
 - ❖ Use the least intervention necessary to diagnose and treat a condition
 - ❖ Avoid, when possible, the harmful suppression of symptoms
 - ❖ Utilize methods and medicinal substances which minimize the risk of harmful side effects
-

2. Identify and Treat the Cause (*tolle causam*)

*"We don't just kill the flies,
we clean up the garbage"*
- Jared Zeff, ND, LAc.
Dean of National College
of Naturopathic Medicine

Illness does not occur without a cause. Causes occur on several levels, including mental-emotional, physical and spiritual. Underlying causes must be discovered and removed before a person can completely recover from a disease. Symptoms are expressions of the body's healing power but do not cause disease. The naturopathic physician seeks to identify and direct treatment at the underlying root causes of illness, rather than to eliminate or merely suppress symptoms.

3. The Healing Power of Nature (*vis medicatrix naturae*)

"Nature is the healer of all disease."
- Hippocrates, the father of medicine,
circa 2400 years ago

The body has an inherent ability to establish, maintain and restore health. The healing process is ordered and intelligent. The physician's role is to facilitate and augment this process, to identify and remove obstacles to health and to support the creation of a healthy internal and external environment.

4. The Doctor as Teacher (*docere*)

Give a fish, or teach to fish?

*It is the responsibility of
both physician and patient
to create a healthier world*

In addition to an accurate diagnosis and appropriate intervention, the physician must work to create a healthy, sensitive interpersonal relationship with the patient. A cooperative doctor-patient relationship is in itself therapeutic. The physician's major role is as a catalyst to educate and encourage patients to take responsibility for their own health improvement. It is the patient, not the doctor, who ultimately creates or achieves recovery. The physician must strive to inspire hope as well as understanding in this process.

5. Treat the Whole Person (*in perturbato animo sicut in corpore sanitas esse non potest*)

*The whole is greater than
the sum of the parts.*

Health and disease are conditions that involve the whole person, involving a complex interaction of emotional, environmental, genetic, mental, physical, social, and spiritual factors. The physician must take all these factors into account. A personalized and comprehensive approach to diagnosis and treatment seeks to establish the harmonious function of all individual aspects, and is essential to prevention of, and recovery from disease.

6. Prevention (*princiipiis obsta: sero medicina curatur*)

*An ounce of prevention is
worth a pound of cure*

The ultimate goal of naturopathic medicine is prevention. This is accomplished through education and promotion of lifestyle habits that foster harmony. The physician must assess risk and hereditary susceptibility to disease and make appropriate interventions to

protect the patient. Emphasis is placed on the creation of health as opposed to the fight against disease. Because it is difficult to be healthy in an unhealthy world, it is the responsibility of both physician and patient to create a healthier world in which humanity may thrive.

7. Wellness (*consanesco -sanescere -sanui*)

A modern principle added by the profession in the 20th century

Wellness follows the establishment and maintenance of optimum health and balance. It is the ultimate prevention. Wellness is a state of health, characterized by positive emotion, thought and action. Wellness is inherent in everyone, no matter what conditions disturb their health and balance. If being "well" is experienced by an individual, their condition will respond more quickly to treatment.

Naturopaths vs. Naturopathic Physicians

Are Naturopathic Physicians and Naturopaths the same thing?

There are very significant differences between a Naturopathic Physician and a Naturopath, and since this white paper speaks only about licensed Naturopathic Physicians and not naturopaths, it is important that these distinctions be clearly understood.

"... Defining the term "naturopath " can be a problem. Some mail-order and online schools churn out map-size 'Doctor of Naturopathy' diplomas without requiring a college degree, proficiency in basic science or experience working with patients."

- The Wall Street Journal

Naturopaths are educated at trade schools or by correspondence, and the type of education and the amount of hours of education vary greatly. Naturopaths are also not required to complete any clinical training.

Naturopathic Physicians (NDs) undergo a 4-year doctoral program after completing 4 years of undergraduate study

Licensed Naturopathic Physicians, on the other hand, undergo four years of undergraduate pre-professional training followed by an intensive four-year doctoral program emphasizing both academic and clinical studies.

Educational Requirements of Naturopathic Physicians

How do Naturopathic Physicians compare to Physician's Assistants and Nurse Practitioners?

It is interesting to compare the education of naturopathic doctors (N.D.s) to other primary care professions such as physician's assistants and advanced registered nurse practitioners. The potency of a Naturopathic physician's education is readily apparent in such a comparison (see Appendix C: A Comparison of Licensed Medical Professions in Alaska).

However, it is not just the number of years of training, (or the *quantity* of education if you will) that qualifies naturopathic physicians, it is the *quality* as well. The education that a university's accredited program gives naturopathic physicians compares impressively to some of America's best known medical schools (see Appendix E: Comparison of Naturopathic and Major Medical Schools).

What specifically are NDs trained in?

In the first two years of their doctoral program, naturopathic physicians receive training in the basic medical sciences that includes anatomy, biochemistry, clinical and physical diagnosis, embryology, genetics, histology, laboratory diagnosis, pathology, physiology, and radiology. The next two years provide Naturopathic Physician candidates supervised clinical training in cardiology, gastroenterology, gynecology, homeopathy, minor surgery, nutrition, obstetrics, orthopedics, pediatrics, pharmacognosy, pharmacology, pulmonology, and urology. After graduating, naturopathic physicians demonstrate their entry level clinical safety by passing the intensive exams issued by the Naturopathic Physicians Licensing Examination Board (NPLEX).



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Throughout the four years doctoral program, NDs also receive training in naturopathic therapeutics, including botanical medicine, homeopathy, natural childbirth, acupuncture, hydrotherapy, naturopathic manipulative therapy, therapeutic nutrition, and other therapies. Because coursework in natural therapeutics is added to a standard medical curriculum, naturopathic doctors receive significantly more hours of classroom education in these areas than the graduates of many leading medical schools, including Yale, Stanford and Johns Hopkins schools (see Appendix E: Comparison of Naturopathic and Major Medical Schools).

All candidates for admission to a naturopathic medical program must possess a bachelor's degree or higher from an accredited college or university. Premedical coursework is required in biology, chemistry, organic chemistry and physics. In addition, candidates must complete courses in social science and the humanities.

The Council of Naturopathic Medical Education (CNME) is the agency recognized by the U.S. Department of Education to serve as the accrediting agency for naturopathic medical programs.

In addition to accreditation by the CNME, naturopathic medical colleges must have accreditation from the Post-Secondary Education Commission

in the state in which the college is located and from the individual state naturopathic licensing boards.

There are currently three C.N.M.E accredited naturopathic medical colleges in the United States, and there are two in current accreditation candidacy status(*):

- Bastyr University (Seattle, WA)
- National College of Naturopathic Medicine (Portland, OR)
- Southwest College of Naturopathic Medicine (Tempe, AZ)*
- Canadian College of Naturopathic Medicine (Toronto, ON, CANADA)
- University of Bridgeport College of Naturopathic Medicine (Bridgeport, CT)*

With credible colleges, active research, and an appreciation of the appropriate application of science to natural medical education and clinical practice, naturopathic medicine began its journey back to the mainstream.

The Reemergence of Naturopathic Medicine

*The winter of modern
Naturopathic Medicine*

From 1938 - 1970, naturopathic medicine weathered a cold, dark season. The introduction of "miracle" drugs such as penicillin, a cultural infatuation with technology, World War II's stimulation of the development of surgery, lack of insurance coverage and lost court battles all contributed to the elimination of government funding for naturopathic education. In addition, the growing antagonism and political sophistication of the AMA under the leadership of Morris Fishbein, (editor of the *Journal of the American Medical Association*), coupled with the death of Benedict Lust, MD, DO (*the "father" of naturopathic medicine*) in 1945, resulted in a decline of naturopathic medicine and natural healing in the United States. One by one naturopathic colleges closed as admissions, popularity, and funding dwindled. This decline was so steep that the last remaining college – The National College of Naturopathic Medicine – graduated only 70 students from 1956 to 1976. In time, mainstream medicine's limitations and its expense was recognized. Modern science began to reveal reasons why natural medicines and healing methods work. Increasingly, naturopathic modalities such as diet, nutrition, lifestyle modification, stress reduction, exercise, toxin reduction, and prevention were embraced by the American people. The re-establishment of trust and credibility through government accreditation of naturopathic educational institutions, adjoined with the licensing of naturopathic physicians, has once again granted naturopathic medicine its place along side mainstream medicine. (*For a more comprehensive history, please see Appendix O*).

Lawmakers' Support for Safe Medical Practices

Alaskans need their elected officials to take the steps necessary to assure natural health care is what it should be.

Naturopathic Physicians (NDs) see many patients who have exhausted the options offered by mainstream medicine. Their extensive knowledge of natural medicine may be of real benefit to those seeking an *integrated* health care approach.

It is important that the laws in Alaska governing the practice of naturopathic medicine reflect the high quality of education NDs receive. This will only enhance the accessibility, quality and safety of comprehensive health care for Alaskans.

The Alaska Association of Naturopathic Physicians, Inc. (AKANP) believes *this can best be done by organizing a board of physicians to work with the State of Alaska* to set -- and reset -- the standards for naturopathic medicine. This board will also monitor the profession to ensure licensed naturopathic physicians meet and continue to meet high standards of qualification and professionalism.

In fact, the licensed Naturopathic Physicians of Alaska have united in *unanimous* support of a bill which will:

- a) Safeguard people who use naturopathic medicine by assuring them the highest quality care possible from a collection of qualified, licensed, professionally examined, well-trained and up to date Naturopathic Physicians;
- b) Establish a zero-cost Naturopathic Medical Board to oversee admission to the profession in Alaska, to mandate continuing education requirements, to work to assure high standards and integrity for the profession, and to investigate complaints;
- c) Institute a scope of practice in Alaska for naturopathic physicians commensurate with their medical education and qualifications. This scope would include the use of natural substances, homeopathic medicine, health care counseling, minor surgery, ordering all necessary diagnostic tests and prescription medications.
- d) Provide the State of Alaska with expert assistance. By utilizing the Naturopathic Physicians Medical Board, the State of Alaska can more effectively ensure that naturopathic physicians would be required to meet high standards to stay licensed, possibly including a mandatory 60 hours of continuing education requirement in pharmacy for those naturopathic physicians who

"Unless we put medical freedom into the Constitution, the time will come when medicine will organize into an undercover dictatorship. . . To restrict the art of healing to one class of men and deny equal privileges to others will constitute the Bastille of medical science. All such laws are un-American, and despotic and have no place in a republic. . . The Constitution of this republic should make special privilege for medical freedom as well as religious freedom."

*- Benjamin Rush, M.D.,
Signer of Declaration of
Independence,
Physician to George
Washington*

wish to apply for a Controlled Substance Registration Certificate (DEA License).

Naturopathic physicians are well-trained as primary care physicians, and they deserve to be regulated as such!

Why not allow naturopathic physicians to function fully under the law by supporting the proposed bill – especially if it can be achieved at *absolutely no cost to the State?*

Appendix A:
Frequently Asked Questions (FAQs) about Naturopathic Doctors (NDs)



Can anyone with an ND degree practice naturopathic medicine anywhere, or do they have to obtain licensure in their own state or province?

Graduates from naturopathic medical schools must pass the Naturopathic Physicians Licensing Exam (NPLEX) in order to be licensed by a state or jurisdiction as a primary care general practice physician. Additionally, candidates for full licensure must also satisfy all licensing requirements for the individual state or province in which they hope to practice.

How much hands-on experience treating patients do ND students gain?

For at least the final two years of their medical program, students intern in clinical settings under the close supervision of licensed professionals for a minimum of 1500 hours.

Do NDs typically find positions in complementary medicine clinics, or follow other health-related career paths?

Some ND graduates choose to work in integrative or private practice clinics, while others establish their own private practices. There is also a huge demand for naturopathic physicians in the natural product industry, as well as in the insurance reimbursement arena. Many take teaching positions or become public health administrators, research scientists, or consultants to other organizations.

How popular is complementary and alternative medicine (CAM) among the public?

Sixty-eight percent of adults have used at least one kind of alternative or complementary therapy. In hospitals and integrative clinics, treating ailments from menopause to cancer, public use of CAM is on the rise.

Do NDs base their diagnoses and treatments primarily on ancient healing practices or on current medical and scientific break-through, or both?

Today's naturopathic physicians artfully blend modern, cutting-edge diagnostic and therapeutic procedures with ancient and traditional methods. These physicians are succeeding in their goal to present the world with a healing paradigm founded on a rational balance of tradition, science and respect for nature.

Because naturopathic physicians believe in understanding patients from the cellular-level up, they actively pursue the latest biochemical findings relating to the workings of the body and the dynamics of botanical medicines, nutrition, homeopathy and other natural therapies. Their diagnoses and therapeutics are increasingly supported by scientific evidence.

What academic prerequisites are required to enter naturopathic medical school?

For admission into most naturopathic medicine programs, students must have completed three years of pre-medical training and earned a bachelor of science degree.

What qualities do admissions counselors look for in prospective naturopathic medical students?

Counselors look for high-level critical thinkers who demonstrate integrity, curiosity, motivation, concern for others and a strong belief in the efficacy of natural medicine.

What is the accreditation system for naturopathic medical programs and schools?

The U.S. Department of Education grants accreditation for naturopathic medical colleges and universities. The Council on Naturopathic Medical Education (CNME) grants accreditation for naturopathic medicine programs within academic institutions.

What do ND students learn about allopathic medicine?

All licensed naturopathic physicians have attended four-year graduate-level programs at accredited institutions, where they have been educated in the same basic sciences as allopathic physicians. Some American Association of Naturopathic Medical College (AANMC) member schools actually require more hours of basic and clinical science than many top allopathic medical schools.

What kind of participation or interaction do NDs have with the allopathic medical community?

Because they view natural remedies as both complementary and primary, NDs cooperate with other medical professionals, referring patients to allopathic medical doctors, surgeons and other specialists whenever appropriate.

What is the typical ND-patient relationship like?

Naturopathic physicians encourage patients to take personal responsibility for their own health. They support patients by teaching them the steps necessary to create and monitor their own wellness.

Naturopathic physicians strive to find the underlying cause of a patient's illness, rather than treat only symptoms. Recognizing that each body is unique, naturopathic doctors tailor their treatments to meet the individual needs of each patient.

NDs honor the healing power of nature as one of the six fundamental principles of natural medicine.

What's the typical patient schedule of an ND?

To allow for thoughtful, in-depth exchanges with each patient, NDs spend more time with their patients. NDs make it top priority to take enough time to learn about each patient, his/her family, and his/her life and lifestyle outside of the doctor's office.

Initial appointments are likely to last for 1 to 1 ½ hours. Follow up appointments range from 15 minutes to 60 minutes depending on the complexity of the case, or the therapeutic modality applied.

ND's typically see around 10 to 15 patients per day.

Appendix B:
Quality of Education



All candidates for admission to a naturopathic medical program must possess a bachelor's degree or higher from an accredited college or university. Premedical coursework is required in biology, chemistry, organic chemistry and physics. In addition, candidates must complete courses in social science and humanities.

Naturopathic medical colleges are four-year postgraduate schools with admissions requirements comparable to those of conventional medical schools. The degree of Doctor of Naturopathic Medicine requires four years of graduate level study in the medical sciences: anatomy, biochemistry, cardiology, clinical and physical diagnosis, dermatology, gynecology, immunology, lab diagnosis, microbiology, minor surgery, neurology, obstetrics, pathology, pediatrics, pharmacology, physiology, radiology, as well as other clinical sciences.

In addition, NDs also receive training in naturopathic therapeutics including; botanical medicine, Chinese medicine and acupuncture, homeopathy, hydrotherapy, natural childbirth, naturopathic manipulation, psychology and counseling, therapeutic nutrition, and other therapies. *Because coursework in natural therapeutics is added to a standard medical curriculum, naturopathic doctors receive significantly more hours of classroom education in these areas than the graduates of many leading medical schools, including Yale, Stanford and Johns Hopkins schools.*

The Council of Naturopathic Medical Education (CNME)

The Council of Naturopathic Medical Education (CNME) is the agency recognized by the U.S. Department of Education to serve as the accrediting agency for naturopathic medical programs. *The CNME is reviewed by exactly the same agency that reviews the accrediting agency for U.S. medical schools.* The accrediting process serves to assist naturopathic medical programs in maintaining and improving the quality of education and to provide the public, other educational institutions and government agencies the assurance that approved programs and their graduates are meeting reasonable and appropriate national standards for primary care medical education. The CNME is an autonomous, freestanding public agency, not subordinate to either the naturopathic profession or its colleges.

Founded in 1978, the CNME receives its authority from the U.S. Department of Education and is recognized by all naturopathic physician-licensing boards in the United States and Canada. To achieve accreditation status, a program must substantially meet or exceed all CNME standards. The initial step for an institution seeking accreditation is to first seek recognition as a candidate. While this does not ensure eventual accreditation, it indicates that the program has achieved a significant level of educational quality and stability and that it has demonstrated the potential for achieving full accreditation within a reasonable time. Communicating status is available to foreign naturopathic medical programs that meet the same standards.

The CNME's membership includes representatives from the national professional association for licensable naturopathic physicians (American Association of Naturopathic Physicians), the various state naturopathic associations, the Federation of Naturopathic Licensing Boards, and the public, with one representative from each CNME recognized college (institutional members). The full Council is responsible for setting standards and policy.

Post-Secondary Education Commission

In addition to accreditation by the CNME, naturopathic medical colleges must have accreditation from the Post-Secondary Education Commission in the state in which the college is located and from the individual state naturopathic licensing boards.

The Commission on Accreditation is responsible for administering the evaluation process and making accreditation decisions. The Commission uses institutional self-studies, followed by on-site campus visits to evaluate the quality of the education provided. Site visit teams are specially trained and have broad experience in education, accreditation and naturopathic medicine. The Commission renders its decision based on the reports of the visits, along with materials provided by the institution. Evaluations of programs may be conducted jointly with a regional accrediting agency, although decisions are made separately.

The Commission on Accreditation, consisting of the Council members but not the institutional members, is responsible for administering the evaluation process and making accreditation decisions. (Peterson's Guide to Graduate Programs in Business, Education, Health, and Law, 1992)

Accredited Naturopathic Medical Schools

There are currently three C.N.M.E accredited naturopathic medical colleges in the United States. In addition, there are two in current accreditation candidacy status.

- Bastyr University (Seattle, WA)
- National College of Naturopathic Medicine (Portland, OR)
- Southwest College of Naturopathic Medicine (Tempe, AZ) *candidate
- Canadian College of Naturopathic Medicine (Toronto, Ontario, CANADA)
- University of Bridgeport College of Naturopathic Medicine (Bridgeport, CT) *candidate

With three credible colleges, active research, and an appreciation of the appropriate application of science to natural medicine education and clinical practice, naturopathic medicine began its journey back to the mainstream.

Naturopathic Medical School Curriculum

To obtain a naturopathic medical degree (N.D.) that qualifies the recipient to sit for a licensing examination in a state with a licensing board and standards of practice, students must attend a 4-year medical program following a minimum of three years of standard pre-medical education.

Clinical Internship and Residencies

Students of naturopathic medicine receive clinical experience in an environment that best duplicates the actual private practice of naturopathic medicine.

In the third and fourth years of school, students of naturopathic medicine receive *approximately 1500 hours supervised by licensed physicians in clinical internships and preceptorships*. This is primarily in outpatient clinics. This is the most appropriate training ground, as the clinic environment best resembles the actual private practice of naturopathic medicine. However, there also exists an increasing number of

hospital inpatient training programs. The patient populations of these teaching clinics reflect the diversity of the general population and their accompanying health problems. In these clinics students see and treat acute conditions, addictions, allergies, chronic conditions; geriatrics, gynecology, minor trauma, muscular-skeletal conditions, obstetrics, pediatrics, and psychological conditions.

Increasingly, graduates are taking advantage of the growing number of the postgraduate residencies and clerkships that are available. These include such residences as general medicine, natural childbirth, acupuncture, and homeopathy.

Naturopathic medicine is at the forefront of the complementary healthcare movement as it evolves today, and naturopathic physicians are the most comprehensively trained doctors of natural medicine.

Appendix C:
A Comparison of Licensed Medical Professions in The State of Alaska



| | |
|--|--|
| Licensed Practical Nurse | 9 months to 2 year practical nursing program, the 1 year program being the most common |
| Registered Nurse | One of the following: <ul style="list-style-type: none"> • A 2-yr. Associate's degree, or • A 3-yr. Diploma program, (hospital based), or • A 4-yr. Bachelor's degree in nursing, or • A 4-yr. Bachelor's degree in another discipline and a 3-yr. Master's degree in nursing, or • A 4-yr. Bachelor's degree in another discipline and a 4-yr. Nursing Doctorate program |
| Advanced Registered Nurse Practitioner | In addition to holding a license as a Registered Nurse, an A.R.N.P. completes one of the following: <ul style="list-style-type: none"> • A 9 month to 2 year certificate program in specialty, or • A 2 year Master's degree certified in specialty |
| Physician's Assistant (PA) | 4-yr. Bachelor's degree and 18 to 24 months master's degree (must work under the supervision of a physician) |
| Allopathic Physician (MD) | 4-yr. Bachelor's degree in pre-medical and 2 to 5 years of post-graduate training in allopathic medical school; internship, residency |
| Naturopathic Physician (ND) | 4-yr Bachelor's degree with pre-medical/science emphasis and 4 to 5 years post-graduate training in naturopathic medical school; externship required for graduation; residency options becoming more available |

Appendix D:
Comparison of Naturopathic Governance In Licensed States



| State | Scope of Practice | Board Membership | Date of Inception |
|---------------|---|---|--|
| Alaska | No obstetrics
No minor surgery
No prescription rights
No right to lab tests
or diagnostic tests | No professional board
Under supervision of Occupational
Licensing Board
No Naturopathic Members | At 1987 |
| Arizona | Full prescription rights
except schedule 1 prescription | 3 naturopathic physicians
2 public members | Before 1940 |
| California | Full practice rights
All natural & synthetic
hormones; epi for anaphylaxis
Prescription under MD, DO
(under 2 year study) | Zero cost bureau under DCA
3 Naturopathic Physicians
3 Medical Physicians
3 Public Members | January 1, 2004

Note: original law sunset |
| Connecticut | Full practice rights
No prescription rights | 2 naturopathic physicians
1 public member | Before 1949 |
| Hawaii | Full practice rights
Drug formulary | 3 naturopathic physicians
2 public members | Before 1937 |
| Maine | Full practice rights
Drug formulary | Alternative medicine board combining
acupuncturists and naturopathic
physicians
2 naturopathic doctors
2 acupuncturists
1 allopathic physician (MD or DO)
1 pharmacist
1 public member | At 1996 |
| Montana | Full practice rights
Drug formulary | Complimentary Medical Board
combining naturopathic physicians
and midwives
2 naturopathic physicians
2 midwives
2 public members
1 MD obstetrician | At 1991 |
| New Hampshire | Full practice rights
Drug formulary | 4 naturopathic physicians
1 public member | Before 1990 |
| Oregon | Full practice rights
Drug formulary | 4 naturopathic physicians
1 public member | Before 1940 |
| Utah | Full practice rights
Drug formulary | 3 naturopathic physicians
2 public members | At 1997 |
| Vermont | Full practice rights
Drug formulary | 2 naturopathic physicians
1 administrator | At 1996 |
| Washington | Full practice rights
Drug formulary
No cancer treatment | 3 naturopathic physicians
2 public members | Before 1950 |

Appendix E:
Comparison of Naturopathic And Major Medical Schools



| | National | Bastyr | Southwest | John Hopkins | Yale | Stanford |
|---|----------|--------|-----------|--------------|--------------------|----------|
| Basic and Clinical Sciences
Anatomy, Cell Biology, Physiology, Pathology, Neuroscience, Clinical / Physical Diagnosis, Histology, Genetics Biochemistry, Pharmacology, Lab Diagnosis, Pharmacognosy, Public Health, History, Philosophy, Ethics, Research and other coursework. | 1548 | 1639 | 1419 | 1771 | 1420 | 1383 |
| Clerkships (1) and Allopathic Therapeutics
Lecture and Clinical Instruction in Dermatology, Family Medicine, Psychiatry, Internal Medicine, Radiology, Pediatrics, Obstetrics, Gynecology, Neurology, Surgery (2), Ophthalmology, and Clinical Electives. | 2244 | 1925 | 1920 | 3391 | 2891 | 3897 |
| Advanced Naturopathic Therapeutics | -- | 44 | 20 | -- | -- | -- |
| Ayurvedic Medicine | -- | 22 | 20 | -- | -- | -- |
| Botanical Medicine | 96 | 110 | 120 | -- | -- | -- |
| Counseling (4) | 144 | 143 | 100 | -- | -- | -- |
| Homeopathy | 144 | 88 | 140 | -- | -- | -- |
| Hydrotherapy | 48 | 39 | 40 | -- | -- | -- |
| Naturopathic Case Analysis / Management (5) | -- | 66 | 120 | -- | -- | -- |
| Naturopathic Manipulative Therapy | 156 | 176 | 180 | -- | -- | -- |
| Naturopathic Medicine | | | | | | |
| Naturopathic Philosophy | 72 | 55 | 60 | -- | -- | -- |
| Oriental Medicine | 72 | 33 | 200 | -- | -- | -- |
| Therapeutic Nutrition (3) | 144 | 132 | 130 | -- | -- | -- |
| Subtotals: | 876 | 908 | 1130 | 0 | 0 | 0 |
| Total Reported Hours: | 4668 | 4472 | 4469 | 5162 | (+ thesis)
4311 | 5280 |

1. Clerkships are estimated to be 40 hours of mixed lecture and clinical training.
2. Naturopathic Physicians study minor surgery only.
3. No dedicated coursework in therapeutic nutrition appears in the college catalogs of Hopkins, Yale or Stanford, although they indicate that the subject is addressed in other courses.
4. Totals for John Hopkins, Yale and Stanford are included in psychiatry coursework.
5. Hours which could also be allocated to this category may be included elsewhere for some institutions because of terminology differences in the course

Sources: 1996-97 *Curriculum Directory* of the American Association of American Medical Colleges
1995-97 catalog of National College of Naturopathic Medicine
1996-98 catalog of Bastyr University
1996-97 catalog of Southwestern College of Naturopathic Medicine and Health Sciences

Appendix F:
The Modern Naturopathic Physician



Naturopathic doctors (NDs) are primary care physicians clinically trained in natural therapeutics.

Today's naturopathic physician easily blends modern, state-of-the-art diagnostic and therapeutic procedures and research with ancient and traditional methods of healing, thus representing a thoroughly rational, evenhanded balance of tradition, science and respect for nature, mind, body and spirit.

Naturopathic medicine's rebirth in the last quarter of the twentieth century has also resulted from a growing consumer movement to solve the health care puzzle by using prevention, wellness and respect for nature's inherent healing ability. These fundamental, unifying principles of naturopathic medicine can be identified in disciplines as diverse as constitutional hydrotherapy and homeopathy, as well as those more traditional in the Western view of health care, such as nutrition and botanical medicine.

Naturopathic practice is based on the same basic bio-medical science foundation that allopathic (M.D.) practice is, however, their philosophy and approach differs considerably. In addition to using the same diagnostic examination and testing that allopathic medicine offers, the naturopathic medicine embraces a broad array of treatment modalities. These include, but are not limited to, botanical medicine, clinical nutrition, counseling, homeopathy, hydrotherapy, and physical manipulation. The treatment chosen is based on individual patient need, not on the generality of symptoms. This approach has proven successful in treating both acute and chronic conditions.

The U.S. Department of Labor defines the naturopathic physician as one who:

"Diagnoses, treats, and cares for patients, using a system of practice that bases its treatment of all physiological functions and abnormal conditions on natural laws governing the body, utilizes physiological, psychological and mechanical methods, such as air, water, heat, earth, phytotherapy (treatment by use of plants), electrotherapy, physiotherapy, minor or orificial surgery, mechanotherapy, naturopathic corrections and manipulation, and all natural methods or modalities, together with natural medicines, natural processed foods, herbs, and natural remedies. Excludes major surgery, therapeutic use of x-ray and radium, and use of drugs, except those assimilatable substances containing elements or compounds which are compounds of body tissues and are physiologically compatible to body processes for maintenance of life."

Naturopathic Medical Practice

Most naturopathic physicians provide primary care natural medicine through office-based, private practice. Many receive additional training in other disciplines or modalities such as; acupuncture and Chinese medicine, Ayurvedic medicine, botanical medicine, homeopathy, manipulation, nutrition, obstetrics, or psychotherapy to broaden the services they can offer their patients. An increasing trend is the establishment of associate practices and interdisciplinary integrated care clinics, bringing together the services of a diverse group of practitioners.

Clinical Research

Naturopathic diagnosis and therapeutics are supported by scientific research drawn from peer-reviewed journals from many disciplines, including naturopathic medicine, conventional medicine, European complementary medicine, clinical nutrition, phytotherapy, pharmacognosy, homeopathy, psychology and spirituality. Information technology and new concepts in clinical outcomes assessment are particularly well-suited to evaluating the effectiveness of naturopathic treatment protocols and are being used in research at naturopathic medical schools and in the offices of practicing physicians. Clinical research into natural therapies has become an increasingly important focus for naturopathic physicians. The National Institutes of Health (NIH) continues to fund medical research at leading naturopathic medical colleges.

Scope of Practice

Naturopathic physicians (ND) practice as primary care providers. They see patients of all ages, from all walks of life, suffering from every known disease. They make a conventional Western diagnosis using standard diagnostic procedures such as physical examination, laboratory testing and radiology. However, they also make a pathophysiologic diagnosis using physical and laboratory procedures to assess nutritional status, metabolic function and toxic load. In addition, a considerable amount of time is spent assessing the patient's mental, emotional, social and spiritual status. Therapeutically, NDs use virtually every known natural therapy: acupuncture, botanical medicine, dietetics, exercise therapy, homeopathy, hydrotherapy, lifestyle counseling, manipulative therapy, physical therapy, psychology, therapeutic nutrition, and family counseling.

Depending on individual state law, naturopathic physicians can perform outpatient minor surgery, administer vaccinations and prescribe controlled and prescription drugs. Naturopathic physicians meet public health requirements and work with a referral network of specialists, just like a family practice medical doctor.

With this scope of practice, naturopathic physicians have the tools to tailor treatment to the whole person rather than using multiple, expensive and confusing referrals. However, the naturopathic physician is taught to know when referral for specialized diagnostics or therapeutics is necessary.

✓ Botanical Medicine

Naturopathic physicians use plant material for food, medicine and the promotion and maintenance of health. Many plant substances are powerful medicines. Where chemically derived drugs (often isolated from plants or synthetic) may address only a single problem, botanical medicines are able to address a variety of problems simultaneously. When properly utilized, most botanical medicines can be applied effectively with only a minimal likelihood of side effects. Formal naturopathic medical training includes plant identification, preparation, storage, therapeutic indications, contraindications, interactions and dosing. There is extensive contemporary medical literature on medicinal and healing plants

✓ Clinical Nutrition

Food is the best medicine and is a cornerstone of naturopathic practice. Many medical conditions can be treated more effectively with foods and nutritional supplements than they can by other means, with

fewer complications and less side effects. N.D.s use diet, natural hygiene, fasting, and nutritional supplementation in their practices.

"The discovery of vitamins, minerals and deficiency diseases in the early part of the 20th century began to provide a scientific understanding of clinical nutrition. The realization that enzyme systems were dependent on essential nutrients provided the naturopathic profession with great insights into the importance of an organically grown, whole foods diet for health. Nutritional biochemist Roger Williams' formulation of the concept of "biochemical individuality" in 1955 further developed insights into the unique nutritional needs of each individual, how to correct in-born errors of metabolism, and even how to treat specific diseases through the use of nutrient-rich foods or large dosages of specific nutrients. Linus Pauling, two-time Nobel Prize winner, coined the concept of orthomolecular medicine, and provided further theoretical substantiation for the use of nutrients as therapeutic agents." (*Fundamentals of Complementary and Alternative Medicine*, Marc S. Micozzi, MD, PhD, Churchill Livingstone Inc., 1996, p. 172)

Naturopathic physicians are the only health care professionals that meet and exceed the recommendations of ex-U.S. Surgeon General Koop for education in nutrition.

✓ **Counseling**

Naturopathic physicians often spend one, to one and a half hours with a patient on the initial visit. They gather a thorough family, medical, and social history. Information about diet, exercise, habits, lifestyle, relaxation, relationships, and stress is assessed. The patient is asked when each symptom began and what was happening in his or her life at the time. It is essential to determine the cause, or causes of the symptoms, and to identify the obstacles that keep the patient from regaining their health. This history is essential to the naturopathic physician who knows that mental attitude and emotional states influence, or even cause physical illness. Counseling, biofeedback, nutrition, stress management, and other mind/body therapies are often employed to help patients heal psychologically.

✓ **Delegation of Authority (labs, nurses, physical therapists, etc.)**

Naturopathic physicians perform physical exams, order blood tests, urine tests, dietary and nutritional assessments or other diagnostic tests to establish a diagnosis. If the patient has seen another physician, they request a copy of previous medical records. NDs, like MDs, need the authority to write orders to labs and other health care providers to best serve their patient's needs.

✓ **Diagnostic Imaging**

Naturopathic physicians access diagnostic imaging tools used in general practice. These include ultrasound, computerized tomographic (CT) scans, mammography, magnetic resonance imaging (MRI), x-ray, etc. Naturopathic physicians are trained to follow the reports and refer appropriately, as would any primary care physician.

✓ **Homeopathic Medicine**

Homeopathic medicine is based on the principle of "like cures like." Homeopathy utilizes medicines made from natural substances that stimulate the body's immune system to initiate the healing process.

Clinical observation indicates that homeopathy works on a subtle, yet powerful, energetic level, gently acting to promote healing on the physical, mental, and spiritual levels. Naturopathic medical schools teach homeopathic therapeutics to the same high standard of Canadian or European schools, as a standard part of the curriculum.

✓ **Hydrotherapy**

Hydrotherapy is the use of hot and cold water for the maintenance of health and treatment of disease. These therapies stimulate circulation, hygiene and the immune system. Naturopathic medicine is in part rooted in the centuries old, and still thriving European hydrotherapy movement.

The best known American hydro-therapist was John Harvey Kellogg, a medical doctor who approached hydrotherapy scientifically and performed many experiments to determine the physiological effects of hot and cold water. His book, *Rational Hydrotherapy*, is considered one of the definitive texts on the therapeutic effects of water. It also has an extensive discussion of the actual techniques.

✓ **Laboratory Diagnosis**

Naturopathic physicians are trained in the use of routine diagnostic laboratory tests commonly used in general practice. Blood tests, biopsies, microbiology, and pathology studies are all used when appropriate. Although trained to actually perform these tests, naturopathic physicians usually order these from reputable laboratories. Highly specialized diagnostics and lab tests are generally referred. NDs also analyze physiological (blood, urine, hair, saliva) and lifestyle (stress, diet, and sleep) factors in diagnosis and treatment.

✓ **Minor Surgery**

Naturopathic physicians do in-office minor surgery, including repair of superficial wounds and removal of foreign bodies, cysts, and superficial lesions.

✓ **Naturopathic Obstetrics/Gynecology**

Naturopathic physicians that are trained in obstetrics, provide natural childbirth care in an out-of-hospital setting. They offer prenatal and postnatal care using modern diagnostic techniques combined with ancient midwifery wisdom. The naturopathic approach strengthens healthy body functions so that complications associated with pregnancy may be prevented.

Naturopathic physicians are also skilled in gynecology and procedures related to woman's health including physical exams, diagnosis, treatment and prevention. They know when to refer to a gynecologist for consultation or surgery.

✓ **Oriental Medicine and Acupuncture**

Oriental medicine offers a healing philosophy that is complementary to naturopathic medicine. In addition, Oriental medical theory offers important understanding of the mind-body connection and adds to the Western understanding of physiology. Naturopathic physicians receive basic training in Oriental medical philosophy and acupuncture.

Those who wish to practice Traditional Chinese Medicine are encouraged to meet the competency requirements of, and be certified by the National Certification Commission of Acupuncture and Oriental Medicine (NCCAOM) that regulates the practice of acupuncture in this country. Many naturopathic physicians continue studies and become certified as Licensed Acupuncturists (LAc.).

✓ **Physical Medicine**

Naturopathic medicine has its own methods of therapeutic manipulation of soft tissue, muscles, bones, and spine known as Naturopathic Manipulative Therapy (NMT). The training of naturopathic physicians in NMT and physical medicine is extensive. Students receive approximately 350 hours of instruction, of which 132 hours are devoted strictly to hands-on learning of manipulative technique. Elective course work is also available for students wishing to further their skills in this area.

Naturopathic physicians may also use diathermy, electrical stimulation, exercise, heat and cold, massage, ultrasound, and water in patient care.

✓ **Prescriptive Rights**

The curriculum of naturopathic medical school includes extensive training in clinical pharmacology (the study of drugs) as well as in clinical pharmacognosy (the study of plant medicines). Courses cover the use of "legend drugs" (those that require a prescription), nonprescription agents, antibiotics, antifungals, anti-inflammatories, antiseptics, hormones, pain relievers as well as vitamins and minerals. Naturopathic physicians are trained to use drugs only when necessary, and most of what they prescribe is usually based on naturally derived substances. Naturopathic physicians are eligible to apply for DEA licenses in most licensed.

✓ **Venipuncture**

Although naturopathic physicians are skilled in Venipuncture, or drawing blood, they often have a nurse or phlebotomist perform this function in their offices.

For more information about naturopathic scope of practice, refer to *Fundamentals of Complementary and Alternative Medicine*, edited by Marc S. Micozzi, MD, PhD and published by Churchill Livingstone Inc in 1996.

Appendix G:
The Scientific Basis for Naturopathic Medicine



- There have been 3,500 randomized clinical studies on natural medicine published in the past 10 years.
- The "Textbook of Natural Medicine" contains over 10,000 citations to the peer reviewed scientific literature documenting the efficacy of naturopathic therapies.
- One of the commonly used botanical medicines used by naturopathic physicians, ginkgo biloba, has been subject to 450 published research studies, 250 of which were clinical studies.
- NDs use standard scientific diagnostic tools to assess and monitor patients, including physical exams, laboratory tests and diagnostic imaging.
- "Naturopathic medical college prepares NDs with a biological and biomedical education of the same breath and depth that prepares an MD to be primary care physicians."
-- Oregon Office of Educational Policy and Planning
- "Lifestyle modifications is the only effective modality for preventing and reversing chronic degenerative disease."
-- The Kellogg Report - The Impact of Nutrition, Environment, and Lifestyle of Americans; Beasley, Swift 1989

The Demand for Research

- Recent estimates of CAM use in the United States range from 40% of the populace (*Astin, J. Why patients use alternative medicine: JAMA, May 20, 1998:279:1548-1553*) to as high as 69% (*Stanford University/American Specialty Health Plan, National Consumer Survey, Reported 9/18/98*). This high, consistent public demand continues due to the efficacy, safety and cost-effectiveness of CAM practices.
- The most frequently used argument against complementary and alternative medicine (CAM) is that there is not a scientific base for CAM practice decisions. The so-called "quackbusters" demand scientific studies which are done in their model of double blind, placebo controlled, single agent, randomized, crossover clinical trials. However, a growing body of research indicates that even mainstream practices do not, and cannot meet the same demand for their scientific standards.
- Milliman and Robertson (M&R), a national healthcare consulting firm that has developed widely utilized "Healthcare Management Guidelines" has issued a bulletin and website update to clarify usage of their guidelines. The information provides insight into the process for development of these tools, which assist health care systems in both clinical and economic management of care. M&R's research puts the proportion of current healthcare practices supported by controlled scientific studies at about 15% (*Healthcare Management Guidelines: Questions and Answers; Milliman and Robertson Corporate Website, 1998*).

-
- It is unreasonable to demand that CAM providers demonstrate, without similar access to funding, the kind of research findings that have taken more than 50 years and untold billions of government, industry and privately donated dollars to develop for conventional medicine.
 - New research methodologies, priorities and funding, such as those mandated for the National Center on Complementary and Alternative Medicine are needed to study complex CAM models.

Appendix H:
Practicing Alaska Naturopathic Physicians



Alaska Association of Naturopathic Physicians, Inc.

| | | | |
|------------------------------|---|--------------------------------------|-------------------------|
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Appendix I:
May 2003 AKANP Letter to Alaska Legislators

May 6, 2003

Representative _____
District 25, Eagle River/Chugiak
Alaska State Legislature



Dear Representative _____,

The Alaska Association of Naturopathic Physicians invites you to support a bill that would ensure the safe and complete practice of naturopathic medicine in Alaska.

Naturopathic physicians treat patients from every part of Alaska -- from Nome to Tok, and from Barrow to Ketchikan. Most have located their practices in Anchorage, but many practice in locations along the Kenai Peninsula, in the interior and in Southeast Alaska.

Naturopathic physicians undergo four years of undergraduate pre-professional training followed by an intensive four year doctoral program emphasizing both academic and clinical studies. In the first two years they receive training in the basic medical sciences that include anatomy, biochemistry, clinical and physical diagnosis, embryology, genetics, histology, laboratory diagnosis, pathology, physiology, and radiology. The next two years provide supervised clinical training in cardiology, gastroenterology, gynecology, homeopathy, minor surgery, nutrition, obstetrics, orthopedics, pediatrics, pharmacognosy, pharmacology, pulmonology, and urology. After graduating naturopathic physicians demonstrate their entry level clinical safety by passing the intensive exams issued by the Naturopathic Physicians Licensing Examination Board (NPLEX).

Naturopathic medical schools, of which there are four in the United States (and two in Canada), are accredited in North America by the Council on Naturopathic Medical Education (CNME). The CNME issues a bulletin twice a year giving the accrediting status of each of the institutions it is engaged with. Two of these schools (NCNM and Bastyr) are currently involved in research studies that have been funded by the National Institutes of Health.

What defines the practice of naturopathic medicine is the philosophy. We recognize the central importance of the healing power of the body, and of nature. We believe that each one of us has the capacity to be healthy and to heal. Our primary goal as physicians is to locate and remove the obstacles to that good health. We usually run diagnostic tests to find these obstacles. We work primarily within the foundations of health -- specifically, diet, exercise, nutrition, sleep, and ultimately common sense to help our patients. We are trained in the judicious administration of a wide array of medications, botanical and pharmaceutical, to kill pathogens, support function and relieve pain while working with the foundations of our patient's health. In addition, we know when, and how to refer to specialists for patients who require immediate or further medical intervention.

Put simply, we are well trained as primary care physicians. We deserve the right to highlight our credentials, and assume our role in providing low cost, safe and effective naturopathic healthcare to Alaskans. Furthermore, naturopathic physicians are the utmost authority on natural products and natural medications. We are skilled in preventing interactions that may occur if natural products are

inappropriately combined with pharmaceuticals. We are often consulted by pharmacists and other healthcare practitioners about the natural substances that Alaskans are using.

The purpose of our bill is to improve the safe practice and standards for the naturopathic profession here in Alaska. We want to assure future Alaskans access to the full scope of high quality, safe naturopathic medical services. Every part of the proposed law is written with this in mind. Let me review the main points:

Creation of a zero cost Naturopathic Medical Board - this board will establish a mechanism for maintaining public safety. It will oversee admission into the profession, continuing education, and investigating complaints.

Establishes scope of practice commensurate with naturopathic medical education including the use of natural substances, homeopathic medicine, health care counseling, minor surgery, and prescription medications.

Confirms our right to order diagnostic tests such as blood chemistries, radiology, CT Scans, MRI, ultrasound etc.

Establishes public health rights and responsibilities.

Establishes a continuing education requirement of 45 hours every 2 years, of which 15 is pharmacy.

Establishes requirements for licensure in Alaska, including a mandatory 60 hour continued education requirement in pharmacy for those Alaskan naturopathic physicians who wish to apply for a Controlled Substance Registration Certificate (DEA License).

Alaskans want access to complementary health care. Our profession has experienced a 30% increase in the last 2 years. The growing shortage of physicians of all disciplines confronts all Alaskans but, especially those in rural areas. Naturopathic physicians that are able to function fully under the law can provide another option for rural Alaskans. New naturopathic physicians are moving to Alaska for the opportunity and lifestyle this great state provides. We respectfully ask you to support us in our efforts to establish safe, comprehensive and quality naturopathic healthcare in Alaska.

Sincerely,

Madeleine Morrison –Young ND
AKANP President

Scott Luper, N.D.
AKANP Secretary
Legislative Task Force Chair

Daniel J. Young N.D., LAc.
Legislative Task Force

Jason Harmon N.D
AKANP Vice President
Legislative Task Force

Torrey Smith N.D.
Legislative Task Force

Appendix J:
Insurance and Naturopathic Medicine



Patient Health Insurance

- More than 90 insurance carriers cover naturopathic medicine in the United States and Canada.
- Over 70 companies, unions and state organizations have health plans that cover naturopathic medical services.
- Most people (67%) believe the availability of alternative care is an important selection criteria in their choice of a health plan (*Landmark Report on Public Perceptions of Alternative Care*, 1998, Landmark Healthcare, Inc.).
- Nearly one-half of adults in the US say they would be willing to increase their monthly health care expenses in order to have access to alternative care (*Landmark Report on Public Perceptions of Alternative Care*, 1998, Landmark Healthcare, Inc.).
- Audits of naturopathic services and surveys of insurance companies have indicated that naturopathic medicine is less expensive than conventional care, perhaps by as much as half. (*Naturopathic Medicine: Contribution to Health Care Reform*, 1993 American Association of Naturopathic Physicians).

The states of Hawaii, Arizona and Connecticut require insurance parity for naturopathic physicians. In the state of Montana the insurance commissioner's policy is that if coverage for primary care is provided, naturopathic physicians must be covered as the law defines them as practicing a primary care system of medicine. In Washington state, Insurance Commissioner Deborah Senn has mandated this coverage.

The Hawaii state Auditor's office hired an actuarial firm, the Wyatt Company, which surveyed 24 underwriters of indemnity medical plans. Wyatt found that most companies do not raise their rates in states where naturopathic physicians are included. Those companies that do raise their rates typically charge an extra one to three cents a month on private plans, and nothing extra on group plans. The report also concludes:

"Wyatt reports that some carriers feel plans that include naturopathic services will save money. Naturopathic physicians typically charge the same for office visits as do other physicians in general practice. The treatments they use are less costly than those that might be recommended or prescribed by medical doctors, and many treatments have no direct costs attached to them." ("Study of proposed mandatory health insurance for naturopathic care", Legislative Auditor of the State of Hawaii. Report # 89-25, December 1989.)

There is no evidence that NDs drive up utilization inappropriately. Patients who utilize naturopathic services in North America see their physicians about three times per year (AANP). The national average for patients who use MDs. is between five and six visits per year, and for a chiropractor about eight visits (HCFA). Patients' visits remain about the same in states without mandatory insurance reimbursement: 3.5 visits per patient in Washington state; 2.5 per patient in Arizona; and 3.6 per patient in North Carolina (AANP).

Insurance issues include those of liability insurance for the practitioner and consumer access to insured naturopathic care.

Professional Liability Insurance (Malpractice Insurance)

Two U.S. insurance companies provide coverage designed for naturopathic physicians. Master Administrative Services, Inc. administers policies for naturopathic physicians located in states that provide licensure to naturopathic physicians.

The MGIS Companies have administered medical-professional liability insurance designed specifically for naturopathic physicians for eight years. They have found the loss experience for naturopathic physicians compares extremely favorably with that of other health care professional classes.

Malpractice insurance rates are generally less than \$4000.00 per year, indicating the safety of naturopathic treatment as assessed by insurance companies.

Master Insurance Trust reports that of the naturopathic physicians for whom MIT provides liability insurance, there have been only four incidents reported to the company for follow-up. However, nothing has been paid in either settlements or judgements on any of these items. "While this pooling of physicians is much too small to base actuarial considerations, this claims experience is clearly superior." (Jeffrey D. Brunken, Program Manager, MIT, Letter dated May 21, 1990.)

Jury Verdicts Northwest, a legal database which records court cases in Washington and Oregon, the area of the country with the largest number of naturopathic physicians, shows no judgments for malpractice against N.D.s since the database was started in 1983.

One in five medical doctors is sued each year in the United States (AMA).

Why is malpractice so much lower among naturopathic physicians? Naturopathic methods are less likely to cause injury than orthodox methods. Prudent dietary and lifestyle changes, for instance, are unlikely to cause harm. Naturopathic physicians by philosophy and training use the least invasive means to treat and prevent disease. This results in less injury to patients. Naturopathic physicians also have excellent diagnostic and referral skills. There is no significant history of complaints against naturopathic physicians resulting from a missed diagnoses, the most common cause for suits in a general practice. From insurance data, it appears that naturopathic physicians as a group know the limits of their methods and refer patients to other practitioners or specialists when appropriate.

Appendix K:
The Cost Effectiveness of Naturopathic Medical Services



In 1989, the state of Hawaii audited health costs associated with naturopathic medicine and concluded that there was no evidence that naturopathic medicine increased health care costs. ("Study of proposed mandatory health insurance for naturopathic care", Legislative Auditor of the State of Hawaii. Report # 89-25, December 1989.) State and provincial government audits, insurance company rate policies, and measures of utilization all find naturopathic medicine to be cost-effective when compared with orthodox medicine and high hospital fees.

The British Columbia government Medical Services Plan audited naturopathic practice in that province in 1988 (MSP). The audit showed naturopathic medicine to be cost-effective and, Minister of Finance Mel Couveleir concluded: ". . . The government will attempt to control health-care costs by emphasizing holistic and preventive medicine." (Cost Effective Therapies, AANP.)

1. Naturopathic medicine offers inexpensive therapeutic options to over utilized expensive conventional procedures. Hysterectomy, prostate surgery, tonsillectomy, myringotomy, and many other procedures have been found by insurance reviewers and other cost-control experts to be frequently overused (Califano; EBRI; Ellwood; Rand). An article in a 1991 issue of the Journal of the American Medical Association suggests that medical costs could be reduced by up to 20% by reducing the rate of interventional medicine and unnecessary surgery (Gleicher).
2. At American Western Life, which grosses 54 million a year, insiders say they are already making money with the plan that covers naturopathic services but expect the biggest savings occur in the future because preventive care will help stave off high priced claims.
3. The inclusion of naturopathic medical services, supported by appropriate state and federal laws and regulations, in the array of medical services offered to consumers, may lower overall health costs through increased competition.
4. More than 90 insurance carriers cover naturopathic medicine in the United States and Canada. Also, state legislatures in Connecticut, Hawaii, and Alaska have mandated insurance reimbursement for naturopathic medical services.
5. The Hawaii state Auditor's office hired actuarial firm, the Wyatt Company, to survey 24 underwriters of indemnity medical plans. Wyatt found that most companies do not raise their rates in states where naturopathic physicians are included. Those companies that do raise their rates typically charge an extra one to three cents a month on private plans, and nothing extra on group plans.
6. There is no evidence that NDs drive up utilization inappropriately. Patients who utilize naturopathic services in North American see their physicians about three times per year (AANP). The national average for patients who use M.D.S. is between five and six visits per year, and for a chiropractor about eight visits (HCFA). Patients' visits remain about the same in states without

mandatory insurance reimbursement: 3.5 visits per patient in Washington state; 2.5 per patient in Arizona; and 3.6 per patient in North Carolina (AANP).

7. Malpractice suits against naturopathic physicians are extremely rare. Master Insurance Trust reports that in a four year history involving 50 licensed naturopathic physicians only 4 incidents were reported and nothing was paid in judgment or settlements.
8. Federal commission studying medical malpractice estimated malpractice costs passed from doctor to patient increased 10 fold during the 1970s. These cost have continued to rise with the present 28 billion a year in malpractice representing \$400,00 per MD in indirect costs.

Appendix L:
Freedom of Choice in Health Care Position Paper

(Adopted at the 1993 Annual Convention)

WHEREAS all human beings have the right to life, liberty and pursuit of happiness, and these are greatly affected by the availability, safety and effectiveness of health care,

WHEREAS the Constitution of the United States insures that the enumeration in the Constitution, of certain rights, shall not be construed to deny or disparage others retained by the people, and among those are the rights to privacy, to self determination in all aspects of health care and to engage in any ethical profession that does not inherently harm others,

WHEREAS freedom of thought, speech, expression and truthful consultation is essential for a free, creative and progressive society, and is necessary for scientific inquiry and discovery, for innovations in health care procedures, for advances in public health education and for excellence of health provider systems and services,

WHEREAS free enterprise, competition and diversity in health care systems and professions tends to improve the quality and cost-effectiveness of health care services,

WHEREAS government has the right to regulate, with justice, health care services in the interest of public health, safety and welfare in order to prevent harm and fraud, and to promote quality care,

THEREFORE BE IT RESOLVED that the policy of the American Association of Naturopathic Physicians shall be:

1. All government agencies and statutes involved with health care regulation should provide for the public's freedom of choice in health care.



2. Scientific research in alternative health care to demonstrate safety and effectiveness and the equitable distribution of research grants should be facilitated.
3. Consultation, cooperation and respect should be encouraged among all health care professions.
4. An equitable system should be created in each state for the legal recognition, definition and regulation of all existing and emerging health care professions. The object should be to insure public protection through educational and practice standards while allowing variety, competition, creativity, and innovation in providing health care services.
5. The basic purpose of the above should be the promotion of public health, equality of life, happiness and global well-being.

Appendix M:
Naturopathic Code of Ethics

I

The Naturopathic Physician's primary purpose is to restore, maintain and optimize health in human beings.

The Naturopathic Physician acts to restore, maintain and optimize health by providing individualized care, according to his/her ability and judgment, following these principles of Naturopathic Medicine.

The Naturopathic Physician shall endeavor to first, do no harm; to provide the most effective health care available with the least risk to his/her patients at all times. (*Primum Non Nocere*)

The Naturopathic Physician shall recognize, respect and promote the self-healing power of nature inherent in each individual human being. (*Vis Medicatrix Naturae*)

The Naturopathic Physician shall strive to identify and remove the causes of illness, rather than to merely eliminate or suppress symptoms. (*Tolle Causum*)

The Naturopathic Physician shall educate his/her patients, inspire rational hope and encourage self-responsibility for health. (*Doctor as Teacher*)

The Naturopathic Physician shall treat each person by considering all individual health factors and influences. (*Treat the Whole Person*)

The Naturopathic Physician shall emphasize the condition of health to promote well-being and to prevent disease for the individual, each community and our world. (*Health Promotion, the Best Prevention*)

II



The Naturopathic Physician shall acknowledge the worth and dignity of every person.

The Naturopathic Physician shall safeguard the patient's right to privacy and only disclose confidential information when either authorized by the patient or mandated by law.

The Naturopathic Physician shall act judiciously to protect the patient and the public when health care quality and safety are adversely affected by the incompetent or unethical practice by any person.

The Naturopathic Physician shall maintain competence in naturopathic medicine and strive for professional excellence through assessment of personal strengths, limitations and effectiveness and by advancement of professional knowledge.

The Naturopathic Physician shall conduct her/his practice and professional activities with honesty, integrity and responsibility for individual judgment and actions.

The Naturopathic Physician shall strive to participate in professional activities to advance the standards of care, body of knowledge and public awareness of naturopathic medicine.

The Naturopathic Physician shall respect all ethical, qualified health care practitioners and cooperate with other health professions to promote health for the individual, the public and the global community.

The Naturopathic Physician shall strive to exemplify personal well-being, ethical character and trust worthiness as a health care professional.

Appendix N:
Naturopathic Therapeutics



Naturopathic Therapeutics

Naturopathic Methods

Naturopathic medicine is defined primarily by its fundamental principles. Methods and modalities are selected and applied based upon these principles in relationship to the individual needs of each patient. Diagnostic and therapeutic methods are selected from various sources and systems and will continue to evolve with the progress of knowledge.

Naturopathic Practice

Naturopathic practice includes the following diagnostic and treatment modalities: utilization of all methods of clinical and laboratory diagnostic testing including diagnostic radiology and other imaging techniques; nutritional medicine, dietetics and therapeutic fasting; medicines of mineral, animal and botanical origin; hygiene and public health measures; homeopathy; acupuncture; Chinese medicine, psychotherapy and counseling; minor surgery and naturopathic obstetrics (natural childbirth), naturopathic physical medicine including naturopathic manipulative therapies; the use of hydrotherapies, heat, cold, ultrasound, and therapeutic exercise.

*Naturopathic practice excludes major surgery and the use of most synthetic drugs

Appendix O:
A History of Naturopathic Medicine



Naturopathic medicine is a distinct system of medicine that stresses health maintenance, disease prevention, patient education, and patient responsibility in contrast to the mere treatment of disease. Unlike most other health care systems, naturopathic medicine is not identified with any particular therapy, but with a philosophy of life, health and disease. Fundamental to the practice of naturopathic medicine is a profound belief in the ability of the body to heal itself given the proper opportunity in accordance with the laws of nature.

History and the Formative Years

Naturopathic medicine grew out of traditional healing systems of the eighteenth and nineteenth centuries, but traces its philosophical roots to the Hippocratic school of medicine (circa 400 BC).

Over the centuries, natural medicine and biomedicine or techno-medicine (a term coined to refer to the currently dominant school of medicine) have alternately diverged and converged, influencing and shaping one another.

Hippocrates was a Naturopath

Considered the "father of medicine"
Taught that "nature is the healer of all diseases"
Developed the concept of "vis medicatrix naturae"

The term "naturopathy" was coined by John Scheel MD of New York City, purchased and made popular by Benedict Lust MD, DO. Lust (a medical doctor and a osteopathic doctor) had been exposed to a wide range of practitioners and practices of the natural healing arts. He was a student of Father Kneipp, a great practitioner of hydrotherapy. Lust brought Kneipp's hydrotherapy with him to America from Germany in 1892. In 1902, he founded the American School of Naturopathy. The years from 1900 to 1917 were formative ones for naturopathic medicine in America. Here converged the American dietetic, hygienic, physical culture, spinal manipulation, mental and emotional healing, Thompsonian/eclectic and homeopathic systems.

Lust founded the American Naturopathic Association, which was incorporated in 18 states. He invested a great deal of his funds and resources in an attempt to organize a naturopathic profession. He published the first "Yearbook of Drugless Therapy." Annual supplements were published either in *The Naturopath and the Herald of Health or Nature's Path*, which commenced publication in 1925.

Naturopathic Medicine Flourishes

From 1918 to 1937, great interest and support for naturopathic medicine emerged from the public. The philosophical basis and scope of therapies diversified to encompass botanical, homeopathic, and environmental medicine. In the early 1920s, a "health fad" movement reached its peak in terms of public awareness and interest. Naturopathic medical conventions nationwide were well attended by professionals, the public, and even several members of Congress.

The naturopathic journals of the 1920s and 1930s provide valuable insight into the prevention of disease and the promotion of health. Much of the dietary advice focused on correcting poor eating habits, including the lack of fiber in the diet and an over-reliance upon red meat as a protein source. In the 1990s, the National Institutes of Health and the National Cancer Institute confirmed the early assertions of naturopathic physicians that such dietary habits could lead to degenerative diseases, including cancers associated with the digestive tract and the colon.

Suppression and Decline

From 1938 - 1970, the growing political and social dominance of allopathic medicine led the way in the legal and economic suppression of naturopathic healing. In the mid 1920s Morris Fishbein, editor of the *Journal of the American Medical Association*, made a mission of attacking naturopathic physicians, accusing them of quackery. Public infatuation with technology; introduction of "miracle medicine;" World War II's stimulation of the development of surgery; the growing political sophistication of the AMA through the leadership of Fishbein, and the death of Benedict Lust in 1945 all combined to cause the decline of naturopathic medicine and natural healing in the United States.

American courts began to take the view that naturopathic physicians were not true doctors, as they espoused doctrines from "the dark ages of medicine." Drugless healers were intended by law to operate without "drugs", which became defined as anything a person could ingest or apply externally for any medical purpose. Lack of insurance coverage, lost court battles, and a hostile legislative perspective progressively restricted practices and eliminated funding for naturopathic education. One by one naturopathic colleges closed as admissions, popularity, and funding dwindled. This decline was so steep that the last remaining college – The National College of Naturopathic Medicine – graduated only 70 students from 1956 to 1976.

Naturopathic Medicine Re-emerges

The counter-culture of the late 1960s, the public's growing awareness of the importance of nutrition and the environment, and America's disenchantment with organized institutional medicine (when its limitations and prohibitive expense became apparent) resulted in increasing respect for naturopathic medicine. A new wave of students were attracted to the philosophical precepts of the profession, bringing an appreciation for the appropriate use of science and modern college education.

In order for the naturopathic profession to move back into the mainstream, it needed to establish accredited institutions, perform credible research, and establish itself as an integral part of the health care system.

NDs are licensed in Alaska, Arizona, Connecticut, Hawaii, Maine, Montana, New Hampshire, Oregon, Utah, Vermont and Washington, and have a legal right to practice in Idaho and the District of Columbia. "Naturopaths" also practice in other states without official government sanction; however, without licensing standards individuals with little or no formal education may proclaim themselves naturopathic physicians without medical school education or board testing.

The Future

Naturopathic medicine is at the forefront of the paradigm shift occurring in medicine. The scientific tools now exist to assess and appreciate many aspects of natural medicine. It is now common for conventional medical organizations that in the past have spoken out strongly against naturopathic medicine to endorse such naturopathic techniques as lifestyle modification, stress reduction, exercise, and toxin reduction. Most importantly, consumers are demanding a wider range of health care services. Patients want to start with the least invasive of techniques. Naturopathic physicians fill a gap, answer a demand and bring to the public a "bilingual" healthcare provider with an understanding of both natural and allopathic medicine. We are the knowledgeable gateway to true health care system.

(Based on *Fundamentals of Complementary and Alternative Medicine*, ed. Marc S. Micozzi, MD, PhD, "Natural Medicine" by Joseph E. Pizzorno, JR., Churchill Livingstone Inc., New York, 1996.)

Appendix P:
White House Commission on Complementary and Alternative
Medicine Policy - Final Report Executive Summary March 2002

The Final Report of the White House Commission on Complementary and
Alternative Medicine Policy is 264 pages long and can be downloaded from
<http://www.whccamp.hhs.gov/finalreport.html>.



Below is just the Executive Summary of the report.

Executive Summary

The White House Commission on Complementary and Alternative Medicine Policy (WHCCAMP) was established by Executive Order No. 13147 in March 2000. The order states that the Commission is to provide the President, through the Secretary of Health and Human Services, with a report containing legislative and administrative recommendations that will ensure public policy maximizes the potential benefits of complementary and alternative medicine (CAM) to all citizens. The report of the Commission is to address:

- The coordination of research to increase knowledge about CAM products,
- The education and training of health care practitioners in CAM,
- The provision of reliable and useful information about CAM practices and products to health care professionals, and
- Guidance regarding appropriate access to and delivery of CAM.

The Commission's 20 Presidentially-appointed members represented an array of health care interests, professional backgrounds, and knowledge. Health care expertise was provided by both conventional and CAM practitioners.

To accomplish its mission, the Commission held four Town Hall meetings (San Francisco, Seattle, New York City, and Minneapolis) to listen to testimony from hundreds of individuals, professional organizations, societies, and health care organizations interested in Federal policies regarding CAM. In addition to the town hall meetings, the Commission invited expert testimony during its 10 regular meetings held in the Washington, D.C. area. The Commission asked clinicians, researchers, medical educators, representatives of health insurers and managed care organizations, benefits experts, regulatory officials, and policymakers to provide informational recommendations and documentation to support them. The Commission also solicited testimony from the public at each of its regular meetings. Finally, the Commission conducted a number of site visits to see first-hand how various medical institutions are integrating CAM into clinical practice and collaboration between CAM and mainstream health care providers.

To develop recommendations, the Commissioners divided into work groups, each addressing a particular topic. The work groups' recommendations were then presented to the whole Commission, discussed, and used as a basis for developing final recommendations.

Based on its mission and responsibilities, the Commission endorsed the following 10 guiding principles to shape the process of making recommendations and to focus the recommendations themselves:

1. *A wholeness orientation in health care delivery.* Health involves all aspects of life-mind, body, spirit, and environment-and high-quality health care must support care of the whole person.

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2. *Evidence of safety and efficacy.* The Commission is committed to promoting the use of science and appropriate scientific methods to help identify safe and effective CAM services and products and to generate evidence that will protect and promote the public health.
 3. *The healing capacity of the person.* People have a remarkable capacity for recovery and self-healing, and a major focus of health care is to support and promote this capacity.
 4. *Respect for individuality.* Each person is unique and has the right to health care that is appropriately responsive to him or her, respecting preferences and preserving dignity.
 5. *The right to choose treatment.* Each person has the right to choose freely among safe and effective care or approaches, as well as among qualified practitioners who are accountable for their claims and actions and responsive to the person's needs.
 6. *An emphasis on health promotion and self-care.* Good health care emphasizes self-care and early intervention for maintaining and promoting health.
 7. *Partnerships as essential to integrated health care.* Good health care requires teamwork among patients, health care practitioners (conventional and CAM), and researchers committed to creating optimal healing environments and to respecting the diversity of all health care traditions.
 8. *Education as a fundamental health care service.* Education about prevention, healthy lifestyles, and the power of self-healing should be made an integral part of the curricula of all health care professionals and should be made available to the public of all ages.
 9. *Dissemination of comprehensive and timely information.* The quality of health care can be enhanced by promoting efforts that thoroughly and thoughtfully examine the evidence on which CAM systems, practices, and products are based and make this evidence widely, rapidly, and easily available.
 10. *Integral public involvement.* The input of informed consumers and other members of the public must be incorporated in setting priorities for health care and health care research and in reaching policy decisions, including those related to CAM, within the public and private sectors.

CAM is a heterogeneous group of medical, health care, and healing systems other than those intrinsic to mainstream health care in the United States. While "complementary and alternative medicine" is the term used in this report, the Commission recognizes that the term does not fully capture all of the diversity with which these systems, practices, and products are being used by consumers, CAM practitioners, and mainstream health care institutions.

The Commission recognizes that most CAM modalities have not yet been scientifically studied and found to be safe and effective. The fact that many Americans are using CAM modalities should not be confused with the fact that most of these modalities remain unproven by high-quality clinical studies. The Commission believes that conventional and CAM systems of health and healing should be held to the same rigorous standards of good science.

Therefore, substantially more funding for research is needed to determine the possible benefits and limitations of a variety of CAM modalities, especially those that are already in widespread use. Well-designed scientific research and demonstration projects can help to determine which CAM modalities and approaches are clinically effective and cost-effective. With information from these studies, the public can

make informed, intelligent decisions about their own health and well-being and the appropriate use of CAM interventions. Conventional and CAM practitioners also will benefit from the dissemination of this information.

Although most CAM modalities have not yet been proven safe and effective, it is likely that some of them eventually will be, whereas others will not. The recommendations and actions in this report constitute a road map to help guide research and policy decisions over the next several years as more scientific and other information becomes available. In this context, many of the recommendations and actions may be useful immediately. Others may be more useful once a greater body of scientific evidence has been developed and made available.

The Commission also notes the lack of an appropriate definition of complementary and alternative medicine and the need to differentiate between interventions that have been, or have the potential to be, found safe and effective and those that lack any scientific evidence of safety or effectiveness. Including the entire mix of CAM interventions under one umbrella fails to identify the merits and shortcomings of specific interventions. It is essential to begin separating the safe from the unsafe and the effective from the ineffective. Likewise, the heterogeneous array of education, training, and qualifications of CAM practitioners has made it difficult for the Commission to clearly and succinctly target its recommendations. This limitation must be addressed during the process of implementing the recommendations and actions.

Coordination of Research

The public's increased use of CAM has added urgency to the need to examine the safety and effectiveness of CAM practices and products and to discover the basic mechanisms underlying them. Basic, clinical, and health services research in CAM are essential for including CAM in the mainstream health care system.

In addition, the growing influence of consumers on the health care system has created a need for more population-based research on CAM use and for public participation in shaping the direction of CAM research. Federal requirements and opportunities for such participation currently exist. Public members of Federal advisory committees, as well as the agencies they advise, would gain from orientation and training programs on how to provide input most effectively.

Support for Research

The NCCAM at the NIH is an example of how quality research in CAM can be executed by a Federal agency. Similar efforts should now be extended to other Federal agencies. These agencies with research and health care responsibilities need to assess the scope of scientific, clinical practice, health services, and public needs regarding CAM that are related to their missions and develop funding strategies to address them. Federal support is particularly needed for research on CAM products that are unpatentable and those that are frequently used by the public but unlikely to attract private research dollars. Congress and the Administration should consider simultaneous legislative and administrative incentives to stimulate private sector investment in such products. Also, CAM approaches that appear to be effective but may not attract private investment, should be considered for Federal support.

Federal, private, and nonprofit sector support is essential to developing a body of evidence-based knowledge about CAM. Among the areas in need of study are the complex compounds and mixtures found in CAM products, multiple-treatment interventions, the effect of patient-practitioner interactions on outcomes, the individualization of treatments, modalities designed to improve self-care and promote

wellness behaviors, and core questions posed by CAM that might expand our understanding of health and disease.

The Commission commends the National Center for Complementary and Alternative Medicine (NCCAM) for its leadership and contributions to CAM research, methodology, research training, and infrastructure development and supports increases in these crucial activities, including database development and information dissemination. In addition, NCCAM should collaborate with 1) the Institute of Medicine, to develop guidelines for establishing research priorities in CAM and to address the ambiguity regarding definitions of CAM, thus making it easier to decide how to allocate resources; 2) the National Science Foundation, to examine frontier areas of science associated with CAM that lie outside the current research paradigm and to develop methodological approaches to study them; and 3) the World Health Organization, to study traditional systems of medical practice from a variety of cultures.

The Commission also recognizes the work of the Office of Dietary Supplements, the National Cancer Institute's Office of Cancer Complementary and Alternative Medicine, the National Library of Medicine, and the other components of the National Institutes of Health (NIH) that are supporting research and related activities in CAM and recommends that they continue their efforts.

Scope of Research

A dialogue between CAM and conventional medicine appears to be emerging and efforts should be made to strengthen it. CAM and conventional medical practitioners and researchers; accredited research institutions; Federal and state research, health care, and regulatory agencies; private and nonprofit organizations; and the general public need to be included in the dialogue. Communication and cooperation are essential to improving the quality of CAM research and to the success of research applications.

The same high standards of quality, rigor, and ethics must be met in both CAM and conventional research, research training, publication of results in scientific, medical, and public health journals, presentations at research conferences, and review of products and devices. Properly qualified CAM and conventional medical professionals should be represented on research, journal, regulatory, and health insurance review and advisory committees.

Investigators engaged in research on CAM must ensure that people participating in clinical studies receive the protections to which they are entitled and which are required for all human subjects in clinical research. Moreover, licensed, certified, or otherwise authorized practitioners who are engaged in research on CAM should not be sanctioned solely because they are engaged in such research, as long as 1) their studies are well designed and approved by an appropriately constituted institutional review board (IRB), 2) they are following the requirements for the protection of human subjects, and 3) they are meeting their professional and ethical responsibilities. All CAM and conventional practitioners, whether they are engaged in research or not, must meet whatever state practice requirements or standards govern their authorization to practice. IRBs that review CAM research studies need the expertise of qualified CAM professionals, and accredited CAM institutions and professional organizations should establish IRBs whenever possible.

Publication of research results in recognized peer-reviewed research journals is needed to provide reliable information about CAM to researchers, clinical practitioners, health services professionals, third party payors and the public. In addition, the decisions of third-party payors regarding access to and reimbursement for CAM therapies should be based on published evidence. Public and private resources

can be used to conduct and update systematic reviews of the research literature on CAM. The Agency for Health Care Research and Quality (AHRQ) should expand its systematic reviews of CAM systems and treatments for use by private and public entities, and NCCAM and AHRQ should issue and regularly update a comprehensive, understandable summary of current clinical evidence in CAM for health care practitioners and the public.

Research Training and Infrastructure

Sustained, adequate funding is essential to building and maintaining a strong infrastructure for training skilled CAM researchers and conducting rigorous research. Federal agencies that have training programs as part of their health care missions should support training that addresses CAM-related questions relevant to their missions. Academic health centers at conventional institutions are gradually developing venues for exchanging experiences with CAM professionals regarding the training of conventional researchers in CAM practices, the introduction of CAM practitioners to the conventional research culture, and inclusion of CAM in research, research training, clinical, and medical education activities. Accredited CAM institutions are gradually expanding their capacity to conduct research and research training and to establish cooperative arrangements with conventional medical health centers. Public and private resources should be increased to strengthen the infrastructure for CAM research and research training at conventional medical and CAM institutions.

Education and Training of Health Care Practitioners

Because the public uses both CAM and conventional health care, the education and training of conventional health professionals should include CAM, and the education and training of CAM practitioners should include conventional health care. The result will be conventional providers who can discuss CAM with their patients and clients, provide guidance on CAM use, collaborate with CAM practitioners, and make referrals to them, as well as CAM practitioners who can communicate and collaborate with conventional providers and make referrals to them.

The education and training of all practitioners should be designed to ensure public safety, improve health, increase the availability of qualified and knowledgeable CAM and conventional practitioners, and enhance collaboration among them. Education and training programs can do this by developing curricula and programs that facilitate communication and foster collaboration between CAM and conventional students, practitioners, researchers, educators, institutions, and organizations.

Conventional health professional schools, postgraduate training programs, and continuing education programs should develop core curricula regarding CAM to prepare practitioners to discuss CAM with their patients and clients and help them make informed choices about the use of CAM. The challenges to developing these core curricula include:

- Professional, organizational, and institutional resistance to change,
- Lack of funding,
- Inadequate incentives to adopt the curricula,
- Logistical design, development, and implementation difficulties,
- Lack of consensus on curricula,
- Lack of adequately trained faculty and faculty development, and
- Limited ability to add to already very full curricula.

Likewise, CAM education and training programs need to develop core curricula that reflect the fundamental elements of biomedical science and conventional health care as they relate to and are

consistent with the CAM practitioners' scope of practice. The challenges to developing such core curricula for CAM education are similar to those stated above.

Support for CAM Programs, Faculty, and Students

Access to increased funding and other resources for CAM faculty, curricula, and program development at both CAM and conventional institutions* could result in better CAM education and training, which, in turn, could translate into more skilled practitioners, improved CAM services, and greater patient satisfaction and safety. Faculty development is essential for improved CAM education and training at CAM and conventional institutions. Currently, funding is limited and appears to be directed toward only a small number of curricula and program development projects at largely conventional institutions. Increased Federal, state, and private support should be made available to expand and evaluate CAM faculty, curricula, and program development at accredited CAM and conventional institutions.

CAM students, institutions, and professional organizations have expressed considerable interest in participating in loan and scholarship programs. Currently, the only CAM students eligible for participation in the Scholarship for Disadvantaged Students program are chiropractic students. No CAM students are eligible for the National Health Service Corps Scholarship program at this time.

In general, expansion of Federal loan programs to CAM students appears easier to accomplish than participation in the scholarship program. The Department of Health and Human Services (DHHS) should conduct a feasibility study to determine whether appropriately educated and trained CAM practitioners can enhance or expand health care provided by primary care teams. The feasibility study could be followed with demonstration projects to determine what types of CAM practitioners, education and training requirements, practice sites, and minimal clinical competencies result in improved health outcomes

Additional Education and Training in CAM

To improve the competency of practitioners and the quality of services, CAM education and training should continue beyond the entry, professional school, or qualifying degree level. However, before establishing new CAM postgraduate education and training programs or expanding current ones, appropriate CAM candidates must be identified and the feasibility, type, duration, and impact of the programs determined.

Since community health centers represent a unique opportunity for combining education in ethnically, racially, and culturally diverse learning environments with service to medically underserved populations who otherwise might not have access to CAM, current and proposed CAM postgraduate education and training programs affiliated with such centers should be given special consideration.

Continuing education can provide a powerful means of affecting conventional and CAM practitioners' behavior, thereby enhancing public health and safety. Currently, the number, type, and availability of programs with content appropriate for all practitioners who provide CAM services and products are not sufficient. Therefore, continuing education programs need to be improved and made available to all conventional health professionals as well as to all practitioners who provide CAM services and products.

Development and Dissemination of Information about CAM

One of society's greatest achievements-and one of its greatest challenges-has been the dramatic improvement in the development and dissemination of information. Not only does information travel faster, significantly more of it has become available. This is especially true of health information, including information about CAM.

To ensure public safety in the continually evolving area of CAM, accurate information must be available so that people can make informed choices. This includes choosing the most appropriate type of practitioner, deciding what type of approach can benefit certain conditions, ascertaining the ingredients in a product (such as a dietary supplement), and determining whether ingredients are safe and can assist in maintaining health. Yet far too often information to help make these choices is nonexistent, inaccurate, or difficult to find.

The ready availability of accurate information is especially important to people who are confronting a life-threatening illness. For someone newly diagnosed with a serious or life-threatening illness, seeking information about their disease and treatment options is often their first course of action. Many people quickly become overwhelmed by the vast array of often conflicting information that is available, and yet for some diseases and conditions, there is a scarcity of reliable information.

Promoting Accurate, Easily Accessible Information

To be effective, information must be tailored to the population it seeks to reach. People of different cultural, ethnic, and socioeconomic backgrounds frequently have different views of health and healing, different patterns of use of health care services and products, and different ways of acquiring information. People's views and behavior also vary with their age, literacy, and specific health conditions. Informational materials need to reflect the characteristics and behavior of the target population.

The Federal government should make accurate and easily accessible information on CAM practices and products available to the public. It can do this by establishing a task force to facilitate the development and dissemination of CAM information within the Federal government and to eliminate existing gaps in information about CAM. In addition, more librarians can be trained to help consumers find information on CAM.

The Internet has given people access to vast amounts of health care information that would not have been available to them previously, but this technology raises concerns about quality. People may be making life-and-death decisions based on information that is misleading, incomplete, or inaccurate. This is particularly true in the case of CAM, for which a broad base of evidence is not yet available. Establishing a public-private partnership to develop voluntary standards for CAM information on the Internet, and conducting a public education campaign to help people evaluate information, should improve the quality and accuracy of CAM information from this source. Actions should also be taken to protect consumers' privacy.

Training, licensing requirements, certification, and scope of practice; regulations; and even definitions of CAM practitioners can vary considerably. Therefore, practitioners' qualifications should be readily available to consumers to help them make informed choices about selecting and using practitioners. Information on State regulations, requirements, and disciplinary actions should also be readily available to help ensure consumers' safety.

Consumers frequently learn about CAM products and services through advertising and marketing. While most advertisers of CAM products and services comply with current laws, misleading and fraudulent health claims do exist. Some people, particularly those who are ill, who have limited language or

educational skills, or who lack access to the conventional health care system, are especially susceptible to advertisements that promise to cure a disease, symptom, or problem. Not only are some of these products, services, and treatments ineffective, they may even be harmful, especially if they delay necessary treatment or take money away from persons with limited resources. Efforts to enforce existing laws curbing such abuses should be increased.

Ensuring the Safety of CAM Products

One of the most rapidly growing areas in CAM has been the use of dietary supplements. Sales of these products totaled \$17 billion in 2000, and more than 158 million consumers used them. Dietary supplements are not subject to the same rigorous testing and oversight required of prescription drugs, which are targeted toward disease conditions. While this has greatly increased the public's access to supplements, it has limited the information required on the label regarding potential risks, benefits, and appropriate use.

The public expects that products sold in the United States are safe. Since many dietary supplements are purchased without the knowledge or advice of an appropriately trained and credentialed provider, information on ingredients, benefits, appropriate use, and potential risks should be made easily available to consumers at the time of purchase, especially information affecting vulnerable consumers such as children, the elderly, pregnant or nursing women, and people with certain health conditions or compromised immune systems.

CAM products that are available to U.S. consumers must be safe and meet appropriate standards of quality and consistency. Efforts to ensure the development of analytical methods and reference materials for dietary supplements should be increased. Good Manufacturing Practices for Dietary Supplements should be published expeditiously, followed by timely review of comments and completion of a final rule. The Food and Drug Administration (FDA) will need adequate resources to complete this task. Federal agencies responsible for enforcing current laws monitoring the quality of imported raw materials and finished products intended for use as dietary supplements will also require adequate funding.

Manufacturers should have on file and make available to the FDA upon request scientific information to substantiate their determinations of safety, and current statutory provisions should be reexamined periodically to determine whether safety requirements for dietary supplements are adequate. An objective process for evaluating the safety of dietary supplement products should be developed by an independent expert panel.

Reporting of adverse events associated with dietary supplements is voluntary: Manufacturers and distributors are not required to notify the FDA of adverse reactions that have been reported to them. Congress should require dietary supplement manufacturers to register their products and suppliers with the FDA. Until this requirement is in place, the agency should encourage voluntary registration so that manufacturers, suppliers, and consumers can be notified promptly if a serious adverse event is identified. Dietary supplement manufacturers and suppliers should be required to maintain records and report serious adverse events to the FDA.

Additional resources and support are needed to simplify the adverse event reporting system for dietary supplements. The system should be made easier to use, its database streamlined to permit timely review and follow-up on reports received, and its outreach to consumers and health professionals (including poison control centers, emergency room physicians, CAM practitioners, and midlevel marketers) improved. Simplifying the adverse event reporting system will improve both manufacturers' and consumers' awareness of and participation in voluntary reporting.

To ensure the safety of the public and to give consumers confidence in the products they are using, Congress should periodically evaluate the effectiveness, limitations, and enforcement of the Dietary Supplement Health and Education Act of 1994 and take appropriate action when needed.

Access and Delivery

The Commission heard numerous concerns about access to CAM practitioners and products, including access to qualified CAM practitioners, state regulation of CAM practitioners, integration of CAM and conventional health care, collaboration between CAM and conventional practitioners, and the cost of CAM services. Many people expressed a desire for increased access to safe and effective CAM, along with conventional services. The Commission recognizes that Americans want to be able to choose from both conventional and CAM practices and that they want assurances that practitioners are qualified.

Improving Access to CAM

As is true of conventional health care, many factors influence access to CAM services and their delivery. The distribution and availability of local providers, regulation and credentialing of providers, policies concerning coverage and reimbursement, and characteristics of the health care delivery system all affect the quality and availability of care and consumer satisfaction. Equally important, access is limited by income, since most CAM practices and products are not covered under public or private health insurance programs. Moreover, access is more difficult for rural, uninsured, underinsured, and other special populations. The issue of access is further compounded by the lack of scientific evidence for many CAM practices and products.

A better understanding of how the public uses CAM is needed to determine what can be done to improve access to safe and effective CAM within the context of other public health and medical needs. In addition, more information is needed on what constitutes "appropriate access" to CAM services.

A few community health centers have begun to use the services of CAM practitioners, such as chiropractors, naturopathic physicians, and acupuncturists. These centers might provide models for other community health centers and public health service programs, but first their impact on access to care and the cost-benefit picture needs to be determined. Hospice care for the terminally ill is another important model of care that should be evaluated. Some hospice programs are beginning to include CAM practitioners on the treatment team. The Federal government should support demonstration projects that integrate safe and effective CAM services into the health care programs of hospices and community health centers.

Special populations, such as racial and ethnic minorities, and vulnerable populations, such as the chronically and terminally ill, have unique challenges and needs regarding access to CAM. Yet efforts to address their access to CAM must take into consideration their need for access to conventional health care, and scarce resources must be allocated carefully. The Federal government should facilitate and support the evaluation of CAM practices to help meet the health care needs of these populations and support practices found to be safe and effective. Ways of supporting the practice of indigenous healing in the United States and improving communication among indigenous healers, conventional health care professionals, and CAM practitioners should also be identified.

Now is the time to look at policy options for the future and to design strategies for addressing potential issues of access and safety. A variety of issues need to be considered: protecting the public, maintaining free competition in the provision of CAM services, and maintaining the consumer's freedom to choose

appropriate health professionals. The need to maintain CAM styles of practice, rather than allowing them to be subsumed into the conventional medical model, also must be considered when addressing the issue of access.

To improve consumers' access to safe and effective CAM practices and qualified practitioners, and to ensure accountability, the Federal government should evaluate current barriers and develop strategies for removing them. It should also help states evaluate the impact of state legislation on access to CAM practices and on public safety. Health care workforce data and other studies can help identify current and future health care needs and the relevance of safe and effective CAM services to those needs.

Ensuring CAM Practitioners' Accountability to the Public

States should consider whether a regulatory infrastructure for CAM practitioners is necessary to promote quality of care and patient safety and to ensure practitioners' accountability to the public. The Federal government should offer assistance to states and professional organizations in developing and evaluating guidelines for practitioner accountability and competence, including regulation of practice and periodic review and assessment of the effects of regulations on consumer protection. When appropriate, states should implement provisions for licensure, registration, and exemption that are consistent with a practitioner's education, training, and scope of practice.

Nationally recognized accrediting bodies should evaluate how health care organizations are using CAM practices and develop strategies for the safe and appropriate use of qualified CAM practitioners. In partnership with other public and private organizations, they should evaluate the present use of CAM practitioners in health care delivery settings and develop strategies for their appropriate use in ways that will benefit the public. Current standards and guidelines should be reviewed to ensure safe use of CAM practices and products in health care delivery organizations.

Coverage and Reimbursement

The coverage and reimbursement policies of public and private organizations that pay for, provide, or insure conventional health care services have played a crucial role in shaping the health care system and they will play an increasingly important role in determining the future of CAM and its place in the nation's health care system.

Coverage of CAM services and products varies among purchasers of health plans, but employer-sponsored plans appear more likely than others to offer them. These plans generally offer a chiropractic benefit, and a growing number cover acupuncture and massage therapy. When offered, CAM coverage often places a ceiling on the number of visits, restricts the clinical applications, and specifies the qualifications of the practitioner. Typically, CAM is offered as a supplemental benefit rather than as a core or basic benefit. Benefit designs also include discount programs, in which covered individuals pay reduced fees for services provided by a network of CAM practitioners, and annual benefit accounts against which services may be purchased.

Barriers to Coverage

Overcoming barriers to coverage and reimbursement will require first amassing scientific evidence to assess the benefits and cost-effectiveness of CAM and then giving equitable, impartial consideration to those practices and products proven to be safe and effective.

Gathering a body of evidence will require DHHS, other Federal agencies, states, and private organizations to develop a health services research agenda and to increase funding for studies of the outcomes of CAM.

interventions in treating acute, chronic, and life-threatening conditions. Research, demonstrations, and evaluations should focus not only on safety but also on clinical effectiveness, costs, and the ratio of costs to benefits. In addition, health services research can be used to support the development and study of models for providing safe and effective CAM within the nation's health care system. Prototypes should include integrative and collaborative models for CAM and conventional health care, comparisons of conventional and CAM treatments for the same condition, and evaluations of various combinations of services and products. Information on health services research should be made available through the clearinghouse of NCCAM.

To conduct health services research, investigators need data from claim and encounter forms, specifically data coded using nationally accepted, standardized systems. National coding systems such as Common Procedure Terminology recognize some CAM interventions, but they are currently limited in scope and specificity. More recently, a coding system for CAM procedures, services, and products-ABCodes-has been developed and is being used in a number of settings. The National Committee for Vital and Health Statistics and DHHS should authorize a national coding system that supports standardized data on CAM for use in clinical and health services research. In addition, the coding system should support practitioners and insurers who cover CAM services in complying with the electronic claims requirements of the Health Insurance Portability and Accountability Act.

Any medical or health care intervention that has undergone scientific investigation and has been shown to improve health or functioning, or to be effective in treating the chronically or terminally ill, should be considered for inclusion in health plan coverage. To accomplish this, health insurance and managed care organizations should modify their benefit design and coverage processes in order to offer purchasers health benefit plans that include safe and effective CAM interventions. Similarly, purchasers should enhance the processes they use to develop health benefits and give consideration to safe and effective CAM interventions. DHHS can support these efforts by convening work groups and conferences to assess the state-of-the-science of CAM services and products and to develop consensus and other types of guidance for Medicare, other public and private purchasers, health plans, and even consumer representatives.

Coverage of and reimbursement for most health care services are linked to a provider's ability to furnish services legally within the scope of his or her practice. This legal authority to practice is given by the state in which services are provided. Thus, even if insurers, managed care organizations, and other health plan sponsors are interested in covering safe, cost-effective CAM interventions, they cannot do so unless properly licensed, or otherwise legally authorized, practitioners are available in a state. State governments are encouraged to consider how regulation of CAM practitioners could affect coverage and third-party reimbursement of safe and effective CAM interventions.

Criteria for Using CAM

Once a CAM service is covered, health insurers, managed care organizations, and government agencies must be able to determine whether use of the service or product in a particular situation is generally accepted or investigational, and whether the service or product is medically necessary in that situation. Few criteria are available to guide practitioners in deciding the medical or clinical necessity of CAM interventions. DHHS, preferably through a centralized CAM office, should work with health care and professional associations, CAM experts, health insurance and managed care organizations, benefits experts, and others to guide changes in health plan coverage for safe and effective CAM services and products and to develop criteria for use of CAM interventions.

Purchasers, health insurers, and managed care organizations will need CAM expertise when developing changes in coverage and reimbursement policies that involve CAM. CAM practitioners and experts should be included on advisory bodies and work groups considering CAM benefits and other appropriate health benefit issues.

CAM in Wellness and Health Promotion

In recent years, people have come to recognize that a healthful lifestyle can promote wellness and prevent illness and disease, and many people have used CAM approaches to attain this goal. Wellness is defined in many ways, but all agree that it is more than the absence of disease. Wellness can include a broad array of activities and interventions that focus on the physical, mental, spiritual, and emotional aspects of one's life. The concomitant rise in interest in CAM and in wellness and prevention presents many new and exciting opportunities for the health care system.

CAM's Role in Attaining the Nation's Health Goals

Since 1979, the U.S. Public Health Service has led a national initiative to define goals and objectives for the nation's health. As is clear from the resulting Healthy People series, a wide range of disciplines and social institutions is needed to improve health and wellness, prevent illness and disease, and manage disabilities and chronic conditions. The effectiveness of the health care delivery system in the future will depend upon its ability to make use of all approaches and modalities that provide a sound basis for promoting health.

There is evidence that certain CAM practices, such as acupuncture, biofeedback, yoga, massage therapy, and tai chi, as well as certain nutritional and stress reduction practices may be useful in contributing to the achievement of the nation's health goals and objectives. Federal agencies and public and private organizations should evaluate CAM practices and products that have been shown to be safe and effective to determine their potential for promoting wellness and helping to achieve the nation's health promotion and disease prevention goals. Demonstration programs should be funded for those determined to be beneficial.

The Federal government, in partnership with public and private organizations, should support the development of a national campaign that teaches and encourages healthful behaviors for all Americans, including children. The campaign would focus on improving nutrition, promoting exercise, and teaching stress management. Safe and effective CAM practices and products should be included, where appropriate. The role of safe and effective CAM practices and products in the workplace should also be evaluated, and incentives should be developed to encourage the use of those found to be beneficial.

The application of CAM wellness and prevention practices to the management of chronic disease and disabilities is a largely unexplored area. CAM principles and practices may be useful not only in preventing some of these diseases and conditions, but also in enhancing recovery and preventing further illness. Increased research in this area will help to determine how CAM principles and practices can best be used to meet the goals of the health care system. DHHS and other Federal agencies should fund demonstration projects to evaluate the clinical and economic impact of comprehensive health promotion programs that include CAM. These studies should include underserved and special populations.

Wellness and Health Promotion in Programs for Special and Vulnerable Populations

Early interventions that promote the development of good health habits and attitudes could help prevent many of the negative behaviors and lifestyle choices that begin in childhood or adolescence. Poor dietary habits, lack of exercise, smoking, suicide, substance abuse, homicide, and depression are epidemic among young people. The Commission believes that it is time for wellness and health promotion to be made a national priority. CAM practices and products that have been shown to be appropriate for children and young people should be included in this effort, which must involve all sectors of the community, particularly schools.

The Federal government funds many programs that serve vulnerable populations, such as children, the poor, and the elderly. The programs have a direct impact on the health and quality of life of the people they serve, and they may benefit from a wellness and prevention component that includes safe and effective CAM practices and products. The agencies that administer these programs should evaluate safe and effective CAM practices and products to determine their applicability to the programs and fund demonstration projects for those found to be beneficial.

Federally funded health care delivery programs, such as the Department of Veterans Affairs, The Department of Defense, the Indian Health Service, community and migrant health centers, maternal and child health programs, and school health programs, should also evaluate the applicability of CAM wellness and prevention activities to their services. Demonstration programs should be funded for CAM practices and products found to be beneficial to these populations. Other Federal, State, public, and private health care delivery systems and programs would also be well-advised to evaluate CAM practices and products to determine their applicability to programs and services that help promote wellness and health.

The Secretary of Health and Human Services should bring together public and private health care organizations to evaluate the contribution of safe and effective CAM practices and products to wellness and health and to determine how they may be used in health systems and programs, especially in the nation's hospitals and long-term care facilities and in programs serving the aged, persons with chronic illness, and those at the end of life.

CAM and conventional health professional training programs should offer students training and education in self-care and lifestyle decision-making, both to improve practitioners' health and to enable them to impart this knowledge to their patients or clients.

Coordinating Federal CAM Efforts

Integration of safe and effective CAM practices and products into the nation's health care system will require an ongoing, coordinated Federal presence. Establishment of a centralized office is the most effective means of accomplishing this goal. Responsibilities of the office should include:

- Coordinating Federal CAM activities,
- Serving as a Federal CAM policy liaison with conventional health care and CAM professionals, organizations, educational institutions, and commercial ventures,
- Planning, facilitating, and convening conferences, workshops, and advisory groups,
- Acting as a centralized point of contact for the public, CAM practitioners, conventional health care providers, and the media,
- Facilitating implementation of the recommendations and actions of the White House Commission on Complementary and Alternative Medicine Policy, and
- Exploring additional and emerging topics not included in the Commission's Executive Order.

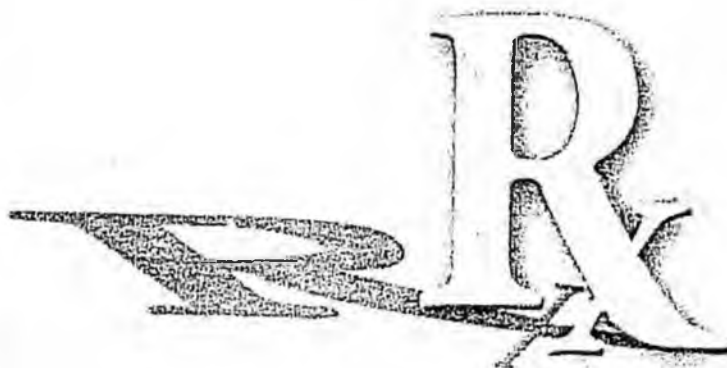
The Commission recommends that the President, Secretary of Health and Human Services, or Congress create an office to coordinate Federal CAM activities and to facilitate the integration of safe and effective practices and products into the nation's health care system. The office should be established at the highest possible appropriate level in DHHS and be given sufficient staff and budget to meet its responsibilities. The office should charter an advisory council whose members would include representatives of the private and public sectors as well as CAM and conventional practitioners with the necessary expertise, diversity of backgrounds, and training to guide and advise the office about its activities.

U.S. Department of Justice
Drug Enforcement Administration
Office of Diversion Control



Pharmacist's Manual

March 2001



An Informational Outline of the
Controlled Substances Act of 1970

cies may only engage in those activities which are authorized under state law in the jurisdiction where the pharmacy is located. In many cases state law is more stringent than federal law, and must be complied with in addition to federal law. Pharmacists should make sure they understand their state and DEA controlled substance regulations.

Drug Enforcement Administration

The Drug Enforcement Administration (DEA) is the primary agency within the Federal Government responsible for the enforcement of the Controlled Substances Act (CSA). In cooperation with state authorities and other federal agencies, DEA is tasked with preventing the diversion of controlled substances for illicit purposes. In carrying out its mission, DEA complies with international treaty obligations, works closely with foreign as well as domestic state and local governments, private industry, and other organizations concerned with drug abuse and diversion.

The CSA, which became effective May 1, 1971, consolidates into one piece of legislation many diverse laws passed by Congress since the Harrison Narcotics Act of 1914, the first comprehensive federal legislation to control addicting drugs. Subsequent amendments to the CSA include the 1984 Diversion Control Amendments, the Controlled Substance Registrant Protection Act of 1984, the Narcotic Addict Treatment Act of 1984, the Chemical Diversion and Trafficking Act of 1988, the Domestic Chemical Diversion Control Act of 1993, and the Comprehensive Methamphetamine Control Act of 1996.

The provisions of the CSA are designed to improve the administration and regulation of the manufacture, import/export, distribution and dispensing of controlled substances

by providing a "closed system" for distribution. Under this closed system, a controlled substance can be traced from the time it is manufactured to the time it is dispensed to the ultimate user. This system has proven effective in reducing the diversion of these substances from legitimate channels to the illicit market.

Schedules of Controlled Substances

The controlled substances and their derivatives listed under the CSA can be found in the Code of Federal Regulations, Title 21 under "Part 1308—Schedules of Controlled Substances."

The drugs and drug products under the jurisdiction of the CSA are divided into five schedules. **Controlled substances in Schedules II-V have an accepted medical use in the United States, and Schedule I substances do not.** The characteristics and some examples of the drugs in each schedule are outlined below.

Schedule I Substances

The substances in this schedule have a high abuse potential and no accepted medical use in the United States. This is the only schedule that includes drugs that are not available for prescribing, dispensing or administering. DEA does allow for research involving Schedule I substances. This requires a separate registration as a researcher.

Some examples of substances classified as Schedule I narcotics include heroin and propiram. Some hallucinogenic substances found in Schedule I include LSD, marijuana and MDMA (Ecstasy).

Other examples of Schedule I substances are the depressant methaqualone, and gamma hydroxybutyric acid (GHB) and the stimulant methcathinone.

Schedule II Substances

Substances in Schedule II have a high abuse potential with severe psychological or physical dependence liability, have an accepted medical use in the United States, and are available for practitioners to prescribe, dispense and administer.

Some examples of single entity Schedule II narcotics include morphine, codeine, hydrocodone and opium. Other Schedule II narcotic substances and their common name and brand products include: hydromorphone (Dilaudid®), meperidine (Demerol®), oxycodone (Percodan®) and fentanyl (Sublimaze®).

Some examples of Schedule II stimulants include amphetamine (Dexedrine®, Adderall®), methamphetamine (Desoxyn®) and methylphenidate (Ritalin®).

Other Schedule II substances include cocaine, amobarbital, glutethimide, pentobarbital and secobarbital.

Schedule III Substances

The substances in this schedule have an abuse potential less than those in Schedule II, but more than Schedule IV substances.

Some examples of Schedule III narcotics include products containing less than 15 milligrams of hydrocodone per dosage unit (Vicodin®, Lorcet®, Tussionex®), and products containing not more than 90 milligrams of codeine per dosage unit (codeine with acetaminophen, aspirin, or ibuprofen).

Other Schedule III substances include anabolic steroids, benzphetamine (Didrex®), phendimetrazine, and any compound, mixture, preparation or suppository dosage form containing amobarbital, secobarbital, pentobarbital, dronabinol (Marinol®) or ketamine.

Schedule IV Substances

The substances in this schedule have an abuse potential less than those listed in Schedule III and more than substances in Schedule V.

Some examples of Schedule IV narcotics include propoxyphene (Darvon®), butorphanol (Stadol®) and pentazocine (Talwin-NX®).

The following benzodiazepine substances are also found in Schedule IV. They include alprazolam (Xanax®), clonazepam (Klonopin®), clorazepate (Tranxene®), diazepam (Valium®), flurazepam (Dalmane®), halazepam (Paxipam®), lorazepam (Ativan®), midazolam (Versed®), orazepam (Serax®), prazepam (Verstran®), temazepam (Restoril®), triazolam (Halcion®), and quazepam (Doral®).

Other Schedule IV substances include barbital, phenobarbital, chloral hydrate, ethchlorvynol (Placidyl®), chlor-diazepoxide (Librium®), ethinamate, meprobamate, paraldehyde, methohexital, phentermine, diethylpropion, pemoline (Cylert®), mazindol (Sanorex®), and sibutramine (Meridia®).

Schedule V Substances

The substances in this schedule have an abuse potential less than those listed in Schedule IV and consist primarily of preparations containing limited quantities of certain narcotic and stimulant drugs generally for antitussive, antidiarrheal and analgesic purposes. Some examples are cough preparations containing not more than 200 milligrams

of codeine per 100 milliliters or per 100 grams (Robitussin AC®, Phenergan with Codeine®) and buprenorphine (Buprenex®).

Registration Requirements

Every pharmacy which dispenses any controlled substance must be registered with the DEA. Since DEA does not register *pharmacists*, they must obtain their license to practice pharmacy from their state regulatory authority. To obtain a DEA registration, a pharmacy can request a DEA Form-224 (*Application for New Registration*, see Appendix E) from any DEA Registration Field Office (see Appendix T) or from the DEA Headquarters Registration Unit in Washington, D.C. at 1-800-882-9539 (Registration Call Center).

The completed DEA Form-224 must be submitted to:

Drug Enforcement Administration
Registration Unit
Central Station
P.O. Box 28083
Washington, D.C. 20038-8083

Pharmacy registrations must be renewed every three years. The cost of the registration is annotated on the application form. The certificate of registration must be maintained at the registered location and kept available for official inspection. If a person owns and operates more than one pharmacy, each place of business must be registered.

Every pharmacy currently registered with DEA will receive a renewal application approximately 45 days before the registration expiration date. The renewal application will be sent to the address listed on the current registration certificate. If the renewal form is not received within 30 days before the expiration date of the current registration, the

pharmacy should contact the DEA registration unit for their state (see Appendix T), and request a renewal registration form.

Chemical Registration Requirements

Under DEA's chemical control regulations there is an exemption from the registration requirement for a retail distributor. A *retail distributor* is defined as a grocery store, general merchandise store, drug store, or other entity or person whose activities as a distributor of legal drug products containing listed chemicals pseudoephedrine, phenylpropanolamine (PPA), combination ephedrine and single-entity ephedrine are limited almost exclusively to sales for personal use, both in number and volume of sales, either directly to walk-in customers or in face to face transactions. *Personal use* means the distribution of below "threshold quantities"⁴ in a single transaction to an individual for legitimate medical use.

Federal law requires any person who is engaged in the wholesale distribution of drug products containing List I chemicals to obtain a registration as a chemical distributor. A distributor who does not meet *all* the requirements for a retail distributor is a *wholesale distributor*.

Retail pharmacies that are registered to handle controlled substances *need not* obtain a separate DEA chemical registration for retail distribution of the drug products contain-

⁴ The quantity of a particular chemical, above which recordkeeping and other control provisions of the CSA apply. See Appendix B "List I Chemicals with Domestic Threshold Amounts".