

HB

282

26-LS1208\W
Bullard
3/30/10

CS FOR HOUSE BILL NO. 282()

IN THE LEGISLATURE OF THE STATE OF ALASKA

TWENTY-SIXTH LEGISLATURE - SECOND SESSION

BY

Offered:

Referred:

Sponsor(s): REPRESENTATIVES MUÑOZ, Austerman

A BILL

FOR AN ACT ENTITLED

1 **"An Act relating to naturopaths and to the practice of naturopathy; establishing an**
2 **Alaska Naturopathic Medical Board; authorizing medical assistance program coverage**
3 **of naturopathic services; amending the definition of 'practice of medicine'; and**
4 **providing for an effective date."**

5 **BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF ALASKA:**

6 *** Section 1.** AS 08.01.010(26) is amended to read:

7 (26) Alaska Naturopathic Medical Board (AS 08.45.003)
8 [REGULATION OF THE PRACTICE OF NATUROPATHY UNDER AS 08.45];

9 *** Sec. 2.** AS 08.01.050(d) is amended to read:

10 (d) At the request of one of the following boards, the department may contract
11 with public agencies and private professional organizations to provide assistance and
12 treatment to persons licensed by the board who abuse alcohol, other drugs, or other
13 substances:

14 (1) Board of Social Work Examiners;

- 1 (2) Board of Dental Examiners;
- 2 (3) [REPEALED
- 3 (4)] State Medical Board;
- 4 (4) [(5)] Board of Nursing;
- 5 (5) [(6)] Board of Examiners in Optometry;
- 6 (6) [(7)] Board of Pharmacy;
- 7 (7) [(8)] State Physical Therapy and Occupational Therapy Board;
- 8 (8) [(9)] Board of Professional Counselors;
- 9 (9) [(10)] Board of Psychologist and Psychological Associate
- 10 Examiners;
- 11 (10) [(11)] Board of Veterinary Examiners;
- 12 (11) [AND (12)] Board of Marital and Family Therapy; and
- 13 (12) Alaska Naturopathic Medical Board.

* Sec. 3. AS 08.03.010(c) is amended by adding a new paragraph to read:

(23) Alaska Naturopathic Medical Board (AS 08.45.003) - June 30, 2015.

* Sec. 4. AS 08.45 is amended by adding new sections to read:

Sec. 08.45.003. Board created; organization. (a) There is created the Alaska Naturopathic Medical Board. The board consists of seven members appointed by the governor as follows:

(1) three members shall be naturopaths licensed under this chapter who have been engaged in the practice of naturopathic medicine in the state for at least five years immediately preceding appointment, at least one of whom lives outside the third judicial district;

(2) one member shall be a licensed pharmacist;

(3) one member shall be a licensed physician;

(4) one member shall be a hospital administrator; and

(5) one member shall be a public member who may be a licensed physician.

(b) The board shall select from among its members a chair and a secretary. The board shall meet at least twice a year, and additional meetings shall be held on

1 request of the chair or on request of the department.

2 (c) Notwithstanding AS 08.01.035, members of the board serve staggered
3 terms of three years unless removed by the governor for neglect of duty or other just
4 cause.

5 (d) Four members of the board constitute a quorum for the transaction of all
6 business properly before the board.

7 (e) When appointing naturopaths under (a) of this section, the governor may
8 consider licensed naturopaths who have been nominated by the Alaska Association of
9 Naturopathic Physicians.

10 (f) In the event of the death, resignation, or removal of a member, the vacancy
11 shall be filled for the unexpired portion of the term in the same manner as the original
12 appointment.

13 **Sec. 08.45.005. Duties of the board.** The board shall

14 (1) approve naturopathic medical programs;

15 (2) implement the continuing education requirements of AS 08.45.058;

16 and

17 (3) adopt regulations necessary to implement this chapter in a manner
18 that protects public health, including regulations that define a physician-patient
19 relationship for purposes of AS 08.45.045(6).

20 * **Sec. 5.** AS 08.45.030 is amended to read:

21 **Sec. 08.45.030. Issuance of license.** The board shall request that the
22 department [SHALL] issue, and the department may issue, a license to practice
23 naturopathy to an applicant who provides proof satisfactory to the board
24 [DEPARTMENT] that the applicant has received a degree from an accredited four-
25 year college or university, has paid the applicable fees, and

26 (1) on or before December 31, 1987, has graduated from a school of
27 naturopathy that required four years of attendance at the school and after graduation
28 has received a license in another state after passing an examination for licensure in
29 that state and is licensed by a state at the time of application; or

30 (2) after December 31, 1987, has

31 (A) graduated from a school of naturopathy that required four

1 years of attendance at the school and at the time of graduation the school was
 2 accredited or a candidate for accreditation by the Council on Naturopathic
 3 Medical Education or a successor organization recognized by the United States
 4 Department of Education; and

5 (B) passed the Naturopathic Physicians Licensing Examination.

6 * Sec. 6. AS 08.45.035(a) is amended to read:

7 (a) The board shall request that the department [SHALL] issue, and the
 8 department may issue, a temporary license to practice naturopathy to an applicant
 9 who has applied for and is qualified to take the next Naturopathic Physicians
 10 Licensing Examination offered after the date of application and provides proof
 11 satisfactory to the board [DEPARTMENT] that the applicant

- 12 (1) has paid the applicable fees;
- 13 (2) meets the requirements of AS 08.45.030(2)(A); and
- 14 (3) [(2)] has not previously failed the Naturopathic Physicians
 15 Licensing Examination.

16 * Sec. 7. AS 08.45 is amended by adding a new section to read:

17 **Sec. 08.45.045. Scope of practice as a naturopath.** A naturopath may

- 18 (1) use physical examinations consistent with naturopathic medical
 19 education and training for diagnostic purposes;
- 20 (2) perform and administer therapies consistent with naturopathic
 21 medical education and training, including intravenous delivery of dietetic substances;
- 22 (3) order or conduct medical imaging and laboratory examinations
 23 consistent with naturopathic medical education and training;
- 24 (4) perform preemployment, school, and workplace health
 25 examinations;
- 26 (5) perform minor surgery; in this paragraph, "minor surgery"
 27 (A) means the use of
 28 (i) operative, electrical, or other methods for surgical
 29 repair and care incidental to superficial lacerations and abrasions or
 30 superficial lesions and the removal of foreign bodies located in
 31 superficial tissues; and

1 (ii) antiseptics and local anesthetics in connection with
2 methods authorized under (i) of this subparagraph;

3 (B) does not include use of general or spinal anesthetics,
4 surgery of the body cavities, or specialized surgery, such as plastic surgery,
5 surgery involving the eyes, or surgery involving tendons, ligaments, nerves, or
6 blood vessels; and

7 (6) subject to AS 08.45.050, administer and prescribe prescription
8 drugs, vaccines, hormones, and medical devices for a person with whom the
9 naturopath has a physician-patient relationship as defined by the board in regulations,
10 except a naturopath may not administer or prescribe a schedule IA, IIA, IIIA, IVA,
11 VA, or VIA controlled substance under state law or a schedule I, II, III, IV, or V
12 controlled substance under federal law.

13 * **Sec. 8.** AS 08.45.050 is amended to read:

14 **Sec. 08.45.050. Restrictions on practice of naturopathy.** A person who
15 practices naturopathy may not

16 (1) give, prescribe, or recommend in the practice

17 (A) a prescription drug, vaccine, or hormone, except as
18 authorized under AS 08.45.045(6);

19 (B) a controlled substance;

20 (C) a poison;

21 (2) engage in surgery, except minor surgery as authorized under
22 AS 08.45.045;

23 (3) use general or spinal anesthetics; or

24 (4) administer ionizing radioactive substances for therapeutic
25 purposes [USE THE WORD "PHYSICIAN" IN THE PERSON'S TITLE].

26 * **Sec. 9.** AS 08.45 is amended by adding a new section to read:

27 **Sec. 08.45.058. Continuing education requirements.** (a) For each biennial
28 license period, a person licensed to practice naturopathy under AS 08.45.030 shall
29 complete and submit to the board evidence of at least 35 hours of continuing
30 education, at least 15 of which are in pharmaceutical education. The 35 hours of
31 continuing education must be in training programs approved by the board.

1 (b) The department shall publish, on a regular basis, a listing of training
2 programs that may be used to satisfy the continuing education requirements of this
3 section.

4 * **Sec. 10.** AS 08.45.100 is amended to read:

5 **Sec. 08.45.100. Regulations.** The board and the department
6 [DEPARTMENT OF COMMERCE, COMMUNITY, AND ECONOMIC
7 DEVELOPMENT] shall adopt regulations to implement this chapter.

8 * **Sec. 11.** AS 08.45 is amended by adding a new section to read:

9 **Sec. 08.45.110. Fees.** The department shall set fees under AS 08.01.065 for
10 each of the following:

- 11 (1) a license issued under this chapter;
- 12 (2) a temporary license issued under this chapter;
- 13 (3) renewal of a license issued under this chapter.

14 * **Sec. 12.** AS 08.45.200 is amended by adding, a new paragraph to read:

15 (4) "board" means the Alaska Naturopathic Medical Board established
16 under this chapter.

17 * **Sec. 13.** AS 08.64.380(6) is amended to read:

18 (6) "practice of medicine" or "practice of osteopathy" means:

19 (A) for a fee, donation or other consideration, to diagnose,
20 treat, operate on, prescribe for, or administer to, any human ailment, blemish,
21 deformity, disease, disfigurement, disorder, injury, or other mental or physical
22 condition; or to attempt to perform or represent that a person is authorized to
23 perform any of the acts set out in this subparagraph;

24 (B) to use or publicly display a title in connection with a
25 person's name, including "doctor of medicine," "physician," "M.D.," or "doctor
26 of osteopathic medicine" or "D.O.," unless the designation additionally
27 contains the word "naturopathy" or "naturopathic" in the title, or to use
28 or publicly display a specialist designation, such as [INCLUDING]
29 "surgeon," "dermatologist," or a similar title, in such a manner as to show that
30 the person is willing or qualified to diagnose or treat the sick or injured;

31 * **Sec. 14.** AS 08.80.400 is amended to read:

1 **Sec. 08.80.400. Other licensees not affected.** This chapter does not affect the
2 practice of medicine by a licensed medical doctor and does not limit a licensed
3 medical doctor, osteopath, podiatrist, physician assistant, advanced nurse practitioner,
4 dentist, veterinarian, dispensing optician, naturopath, or optometrist in supplying a
5 patient with any medicinal preparation or article within the scope of the person's
6 license.

7 * **Sec. 15.** AS 47.07.030(b) is amended to read:

8 (b) In addition to the mandatory services specified in (a) of this section and the
9 services provided under (d) of this section, the department may offer only the
10 following optional services: case management and nutrition services for pregnant
11 women; personal care services in a recipient's home; emergency hospital services;
12 long-term care noninstitutional services; medical supplies and equipment; advanced
13 nurse practitioner services; naturopathic services; clinic services; rehabilitative
14 services for children eligible for services under AS 47.07.063, substance abusers, and
15 emotionally disturbed or chronically mentally ill adults; targeted case management
16 services; inpatient psychiatric facility services for individuals age 65 or older and
17 individuals under age 21; psychologists' services; clinical social workers' services;
18 midwife services; prescribed drugs; physical therapy; occupational therapy;
19 chiropractic services; low-dose mammography screening, as defined in
20 AS 21.42.375(e); hospice care; treatment of speech, hearing, and language disorders;
21 adult dental services; prosthetic devices and eyeglasses; optometrists' services;
22 intermediate care facility services, including intermediate care facility services for the
23 mentally retarded; skilled nursing facility services for individuals under age 21; and
24 reasonable transportation to and from the point of medical care.

25 * **Sec. 16.** AS 47.07.900 is amended by adding a new paragraph to read:

26 (20) "naturopathic services" means services that are furnished by a
27 person who is licensed to practice naturopathy under AS 08.45.030 or 08.45.035 and
28 that are within the person's scope of practice under AS 08.45.045.

29 * **Sec. 17.** The uncodified law of the State of Alaska is amended by adding a new section to
30 read:

31 **TRANSITION: REGULATIONS.** The Department of Commerce, Community, and

1 Economic Development may proceed to adopt regulations necessary to implement the
2 changes made by this Act. The regulations take effect under AS 44.62 (Administrative
3 Procedure Act), but not before the effective date under sec. 21 of this Act.

4 * Sec. 18. The uncodified law of the State of Alaska is amended by adding a new section to
5 read:

6 TRANSITIONAL PROVISIONS APPLICABLE TO ALASKA NATUROPATHIC
7 MEDICAL BOARD. Notwithstanding AS 08.45.003, as enacted in sec. 4 of this Act, the
8 terms of the first members of the Alaska Naturopathic Medical Board appointed by the
9 governor are as follows: (1) one licensed naturopath member, the licensed pharmacist
10 member, and the physician member shall be appointed for three-year terms; (2) one licensed
11 naturopath member and the public member shall be appointed for two-year terms; and (3) one
12 licensed naturopath member and the hospital administrator member shall be appointed for a
13 one-year term. The governor shall specify the term of office of each licensed naturopath
14 member appointed subject to this section.

15 * Sec. 19. The uncodified law of the State of Alaska is amended by adding a new section to
16 read:

17 TRANSITIONAL PROVISIONS AFFECTING EXISTING LICENSEES.
18 Notwithstanding AS 08.45.030, as amended by sec. 5 of this Act, and AS 08.45.035(a), as
19 amended by sec. 6 of this Act,

20 (1) a license issued under those provisions by the Department of Commerce,
21 Community, and Economic Development before the effective date of this section is valid for
22 the period issued until renewal under the provisions of this Act; and

23 (2) the Department of Commerce, Community, and Economic Development,
24 without prior approval of the Alaska Naturopathic Medical Board, may issue a license or
25 renew a license to practice naturopathy on or after the effective date of this section and until
26 the day before the effective date of the regulations initially adopted by the board setting out
27 procedures under which license applications and renewals are submitted for board review and
28 approval.

29 * Sec. 20. Section 17 of this Act takes effect immediately under AS 01.10.070(c).

30 * Sec. 21. Except as provided in sec. 20 of this Act, this Act takes effect July 1, 2010.

FISCAL NOTE

STATE OF ALASKA
2010 LEGISLATIVE SESSION

Fiscal Note Number: _____
 Bill Version: CSHB 282 (L&C)
 () Publish Date: _____

Identifier (file name): HB282CS(L&C)-CED-CBPL-3-31-10 Dept. Affected: DCCED
 Title: Naturopaths RDU: Corp, Bus, & Prof Licensing (117)
 Component: Corp, Bus, & Prof Licensing
 Sponsor: Representative Munoz
 Requester: House Labor and Commerce Component Number: 2360

Expenditures/Revenues (Thousands of Dollars)

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

	Appropriation Required	Information						
		FY 2011	FY 2011	FY 2012	FY 2013	FY 2014	FY 2015	FY 2016
OPERATING EXPENDITURES								
Personal Services	28.3	0.0	28.3	28.3	28.3	28.3	28.3	28.3
Travel	7.6	0.0	7.6	7.6	7.6	7.6	7.6	7.6
Contractual	2.0	0.0	2.0	2.0	2.0	2.0	2.0	2.0
Supplies	0.5	0.0	0.5	0.5	0.5	0.5	0.5	0.5
Equipment								
Land & Structures								
Grants & Claims								
Miscellaneous								
TOTAL OPERATING	38.4	0.0	38.4	38.4	38.4	38.4	38.4	38.4

CAPITAL EXPENDITURES								
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CHANGE IN REVENUES (1156)	38.4	0.0	0.0	76.8	0.0	76.8	0.0
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FUND SOURCE (Thousands of Dollars)

1002 Federal Receipts								
1003 GF Match								
1004 GF								
1005 GF/Program Receipts								
1037 GF/Mental Health								
Other: RSS (1156)	38.4	0.0	38.4	38.4	38.4	38.4	38.4	38.4
TOTAL	38.4	0.0	38.4	38.4	38.4	38.4	38.4	38.4

Estimate of any current year (FY2010) cost: 0.0

POSITIONS

Full-time								
Part-time	1	0	1	1	1	1	1	1
Temporary								

ANALYSIS: (Attach a separate page if necessary)

This legislation amends AS 08.45 to establish the Alaska Naturopathic Medical Board and expands the scope of practice of naturopaths.

The program is required to cover its costs with licensing fees under AS 08.01.065, and revenue generated from program fees must cover its full operating costs.

A detailed analysis of costs is attached.

Prepared by: Jennifer Strickler, Division Operations Manager
 Division: Corporations, Business & Professional Licensing
 Approved by: Emil Notti, Commissioner
Commerce, Community and Economic Development

Phone (907) 465-2144
 Date/Time 03/22/2010 1:00PM
 Date 3/31/2010

FISCAL NOTE

STATE OF ALASKA
2010 LEGISLATIVE SESSION

BILL NO. CSHB 282 (L&C)

ANALYSIS CONTINUATION

Total PERSONAL SERVICES: \$28.3

- One (1) part-time Occupational Licensing Examiner position, Range 13, to staff the Board. A position is needed to support Board activities by keeping the official records and providing administrative support to the Board and the licensing program. The current licensing program is supported by a position that is assigned ten of the non-board licensing programs. Adding requirements to that position in support of a Board is not realistic.

Total TRAVEL: \$7.6

- The legislation establishes the Alaska Naturopathic Medical Board consisting of 7 members. In accordance with Section 4 of the bill, AS 08.45.003(b) requires the Board to meet at least twice a year. The estimated travel costs for 7 members and 1 staff will cover two meetings, assuming one is held in Anchorage and one is held in Juneau.

Total CONTRACTUAL: \$2.0

- Contractual costs include public notices of meetings, regulations, legal review of regulations, communications, and printing expenses.

Total SUPPLIES: \$0.5

- Supplies consists of standard operating desk top supplies (paper, etc.)

REVENUE: Revenue will be generated from license fees. A majority of the fees will be collected biennially during the biennial licensing renewal period. The bill is set to take effect immediately upon passage and current naturopath licenses are due to expire on March 31, 2010. Therefore, fees for existing licensees will be adjusted prior to the March 31, 2012 license renewal period.

Program costs average \$5.9 annually; \$11.8 biennially (representing the two-year licensing cycle). CSHB 282 (L&C) is expected to increase costs by \$38.4 annually, for a total annual program cost of \$44.3 (\$5.9 + \$38.4); \$88.6 over the biennial licensing cycle. Since fees are adjusted prior to the biennial license renewal, fees will need to cover the biennial licensing costs every other year.

At the end of FY09, there were 40 current licensees. For projection purposes, the 40 licensees can expect to pay license fees totaling \$2,215 for the biennium (\$88.6 divided by 40 = \$2,215), in comparison to the present biennial fee of \$470; an increase of \$1,745. Since the next renewal period will not occur until March 31, 2012, the fee analysis will be based on actual expenditure and revenue information.

Alaska State House of Representatives

Interim:

Phone: (907)
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Session:

State Capitol, Room 409
Juneau, AK 99801-1182
Phone: (907) 465-3744
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Sponsor Statement from:

Representative Cathy Munoz R - District 4

RELEASED: February 3, 2010

CONTACT: Kendra Kloster, 465-4712

HB282 - Naturopaths

"An Act relating to naturopaths and to the practice of naturopathy; establishing an Alaska Naturopathic Medical Board; authorizing medical assistance program coverage of naturopathic services; amending the definition of 'practice of medicine'; and providing for an effective date."

Status: PREFILE RELEASED >> (H) L&C : 2010-01-19

House Bill 282 creates a Naturopathic Medical Board for the purpose of expanding allowed practices and procedures of Naturopathic Doctors (NDs) and regulates the practice of naturopathic medicine. The board will consist of three naturopaths, one licensed pharmacist, and one public member. The board will work with the Division of Occupational Licensing to issue licenses, and will have authority to investigate and discipline as required. In addition, the state will authorize prescription endorsement which will be offered for the first time for NDs who have practiced for five years; participated in 60 hours of pharmacology education from an approved program; and met all the requirements relating to administration and prescription of drugs, vaccinations, hormones, and medical devices. The prescription endorsement must be renewed every two years. The bill mandates continuing medical education of 35 hours bi-annually, 15 of which must be in pharmacy education.

Prescribing authority will give flexibility to NDs to provide necessary medical treatment to patients. Prescription rights, which are already permitted for advanced nurse practitioners, will allow access to a range of commonly prescribed medicines that can be used in correlation with naturopathic treatment to improve patient care.

HB 282 will align the definition of a naturopathic physician with the U.S. Department of Labor which released a new definition of naturopathic physician to include job titles of "Naturopathic Doctor, Physician, and Doctor of Naturopathic Medicine." This is an important step in recognizing NDs as qualified doctors and primary care physicians.

Naturopathic doctors are highly trained medical professionals. NDs attend a four-year post-graduate professional naturopathic medical program and are educated in the same basic sciences as conventional medical students. Studies concentrate on holistic and traditional approaches to therapy with a strong emphasis on disease prevention and optimization of wellness. Naturopathic doctors take similar rigorous professional board exams for licensure and continue educational training each year.

As Alaska continues to face shortages in the healthcare professions, HB 282 provides an avenue to help fill the gap of primary care physicians. This bill will reasonably expand the services of naturopaths and follow the responsibilities set forth by the board while providing the important services for keeping Alaskans healthy.

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House Majority Press: <http://housemajority.org/spon.php?id=26HB282>

FISCAL NOTE

STATE OF ALASKA
2010 LEGISLATIVE SESSION

Fiscal Note Number: 1
 Bill Version: CSHB 282(L&C)
 (H) Publish Date: 3/22/10

Identifier (file name): HB282-CED-CBPL-2-26-10 Dept. Affected: DCCED
 Title NATUROPATHS RDU Corp, Bus, & Prof Licensing (117)
 Component Corp, Bus, & Prof Licensing
 Sponsor Representative Munoz
 Requester House Labor and Commerce Component Number 2360

Expenditures/Revenues (Thousands of Dollars)

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

	Appropriation Required	Information						
		FY 2011	FY 2011	FY 2012	FY 2013	FY 2014	FY 2015	FY 2016
OPERATING EXPENDITURES								
Personal Services	28.3		28.3	28.3	28.3	28.3	28.3	28.3
Travel	5.6		5.6	5.6	5.6	5.6	5.6	5.6
Contractual	2.0		2.0	2.0	2.0	2.0	2.0	2.0
Supplies	0.5		0.5	0.5	0.5	0.5	0.5	0.5
Equipment								
Land & Structures								
Grants & Claims								
Miscellaneous								
TOTAL OPERATING	36.4		36.4	36.4	36.4	36.4	36.4	36.4

CAPITAL EXPENDITURES								
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CHANGE IN REVENUES (1156)	36.4		0.0	72.8	0.0	72.8	0.0
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FUND SOURCE (Thousands of Dollars)

1002 Federal Receipts							
1003 GF Match							
1004 GF							
1005 GF/Program Receipts							
1037 GF/Mental Health							
Other: RSS (1156)	36.4		36.4	36.4	36.4	36.4	36.4
TOTAL	36.4		36.4	36.4	36.4	36.4	36.4

Estimate of any current year (FY2010) cost: 0.0

POSITIONS

Full-time							
Part-time	1		1	1	1	1	1
Temporary							

ANALYSIS: (Attach a separate page if necessary)

This legislation amends AS 08.45 to establish the Alaska Naturopathic Medical Board and expands the scope of practice of naturopaths.

The program is required to cover its costs with licensing fees under AS 08.01.065, and revenue generated from program fees must cover its full operating costs.

A detailed analysis of costs is attached.

Prepared by: Jennifer Strickler, Division Operations Manager
 Division Corporations, Business & Professional Licensing
 Approved by: Emil Notti, Commissioner
Commerce, Community and Economic Development

Phone (907) 465-2144
 Date/Time 02/25/2010 10:45AM
 Date 2/26/2010

FISCAL NOTE #1

STATE OF ALASKA
2010 LEGISLATIVE SESSION

BILL NO. CSHB 282(L&C)

ANALYSIS CONTINUATION

Total PERSONAL SERVICES: \$28.3

- One (1) part-time Occupational Licensing Examiner position, Range 13, to staff the Board. A position is needed to support Board activities by keeping the official records and providing administrative support to the Board and the licensing program. The current licensing program is supported by a position that is assigned ten of the non-board licensing programs. Adding requirements to that position in support of a Board is not realistic.

Total TRAVEL: \$5.6

- The legislation establishes the Alaska Naturopathic Medical Board consisting of 5 members. In accordance with Section 3 of the bill, AS 08.45.003(b) requires the Board to meet at least twice a year. The estimated travel costs for 5 members and 1 staff will cover two meetings, assuming one is held in Anchorage and one is held in Juneau.

Total CONTRACTUAL: \$2.0

- Contractual costs include public notices of meetings, regulations, legal review of regulations, communications, and printing expenses.

Total SUPPLIES: \$0.5

- Supplies consists of standard operating desk top supplies (paper, etc.)

REVENUE: Revenue will be generated from license and endorsement fees. A majority of the fees will be collected biennially during the biennial licensing renewal period. The bill is set to take effect immediately upon passage and current naturopath licenses are due to expire on March 31, 2010. Therefore, fees for existing licensees will be adjusted prior to the March 31, 2012 license renewal period.

Program costs average \$5.9 annually; \$11.8 biennially (representing the two-year licensing cycle). HB 282 is expected to increase costs by \$36.4 annually, for a total annual program cost of \$42.3 (\$5.9 + \$36.4); \$84.6 over the biennial licensing cycle. Since fees are adjusted prior to the biennial license renewal, fees will need to cover the biennial licensing costs every other year.

At the end of FY09, there were 40 current licensees. For projection purposes, the 40 licensees can expect to pay license fees totaling \$2,115 for the biennium (\$84.6 divided by 40 = \$2,115), in comparison to the present biennial fee of \$470; an increase of \$1,645. Since the next renewal period will not occur until March 31, 2012, the fee analysis will be based on actual expenditure and revenue information.

FISCAL NOTE

STATE OF ALASKA
2010 LEGISLATIVE SESSION

Fiscal Note Number: 2
 Bill Version: CSHB 282(L&C)
 (H) Publish Date: 3/22/10

Identifier (file name): HB 282-DHSS-MAA-2-25-10 Dept. Affected: Health & Social Services
 Title: Naturopaths RDU: Health Care Services
 Component: Medical Assistance Administration
 Sponsor: Munoz
 Requester: House L&C Component Number: 242

Expenditures/Revenues (Thousands of Dollars)

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

	Appropriation Required	Information						
		FY 2011	FY 2011	FY 2012	FY 2013	FY 2014	FY 2015	FY 2016
OPERATING EXPENDITURES								
Personal Services								
Travel								
Contractual	150.0							
Supplies								
Equipment								
Land & Structures								
Grants & Claims								
Miscellaneous								
TOTAL OPERATING	150.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0

CAPITAL EXPENDITURES								
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CHANGE IN REVENUES (
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FUND SOURCE (Thousands of Dollars)

	FY 2011	FY 2011	FY 2012	FY 2013	FY 2014	FY 2015	FY 2016
1002 Federal Receipts							
1003 GF Match							
1004 GF	150.0						
1005 GF/Program Receipts							
1037 GF/Mental Health							
Other Interagency Receipts							
TOTAL	150.0	0.0	0.0	0.0	0.0	0.0	0.0

Estimate of any current year (FY2010) cost: _____

POSITIONS

Full-time							
Part-time							
Temporary							

ANALYSIS: (Attach a separate page if necessary)

This legislation would require the Medicaid program to cover naturopathy services. The Department does not anticipate increased expenditures of Medicaid services because naturopathy services would largely replace other covered services, and any increase in total covered services would be offset by payment of naturopaths at a lower rate than physicians. However, there would be a one-time cost to make system changes to the MMIS, the Department's Medicaid claims processing system. The Department is in the process of replacing its existing MMIS with a new system. Because this change would be made to the old system prior to replacement, it would not be eligible for matching federal reimbursement.

Prepared by: William J. Streur, Deputy Commissioner Phone 279-7827
 Division: Health Care Services Date/Time 1/28/10 12:22 PM

Approved by: Alison Elgee, Assistant Commissioner Date 2/25/2010
DHSS Finance & Management Services

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

March 22, 2010

SUBJECT: Sectional Summary of CSHB 282()
(Work Order No. 26-LS1208\C)

TO: Representative Cathy Muñoz
Attn: Kendra Kloster

FROM: Alpheus Bullard *AB*
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. If you would like an interpretation of the bill as it may apply to a particular set of circumstances, please advise.

Section 1. Adds the Alaska Naturopathic Board to the list of boards and professions to which AS 08.01 applies.

Section 2. Adds the Alaska Naturopathic Board (board) to a list of boards that may request that the Department of Commerce, Community, and Economic Development (department) provide assistance and treatment to the boards' licensees who abuse alcohol, drugs, or other substances.

Section 3. Provides that the board will terminate June 30, 2015.

Section 4. Adds new sections to AS 08.45 (Naturopaths).

Sec. 08.45.003. Provides for the establishment and organization of the Alaska Naturopathic Board.

Sec. 08.45.005. Provides the duties and powers of the board.

Section 5. Amends AS 08.45.030 to provide that the board shall request the department to issue a license to practice naturopathy to an applicant who has provided satisfactory proof of the applicant's educational qualifications and paid the applicable fees.

Section 6. Amends AS 08.45.035(a) to provide that the board shall request that the department, and that the department may, issue a temporary license to practice naturopathy to an applicant who has provided satisfactory proof to the board of the applicant's qualifications and paid the applicable fees.

Section 7. Adds a new section to AS 08.45 defining the scope of practice of naturopaths.

Section 8. Amends AS 08.45.050 (restrictions on the practice of naturopathy) to (1) allow a naturopath authorized under AS 08.45.056(6) to be able to prescribe and recommend certain substances, engage in minor surgery authorized under AS 08.45.045, and use the word "physician" in the person's title and (2) prohibit a naturopath from prescribing or recommending a vaccine or hormone (except as may be authorized under AS 08.45.045(6)), using general or spinal anesthetics, or administering ionizing radioactive substances for therapeutic purposes.

Section 9. Establishes continuing education requirements for naturopaths.

Section 10. Amends AS 08.45.100 to provide that both the department and the board shall adopt regulations to implement AS 08.45.

Section 11. Adds a new section that provides what fees may be charged by the department under AS 08.45.

Section 12. Adds a definition for "board" to AS 08.45.

Section 13. Amends the statutory definition of the "'practice of medicine' or 'practice of osteopathy'" in AS 08.64 to permit a practitioner of naturopathy to use or publically display a title in connection with that person's name that includes the words "doctor of medicine" or "physician," if the designation additionally contains the word "naturopathy" or "naturopathic" in the title.

Section 14. Adds naturopaths to the list of licensees whose practices are not limited by the statutes applicable to pharmacists in AS 08.80, as long as the naturopath is acting within the scope of the license or endorsement under AS 08.45.

Section 15. Adds naturopathic services to the list of services that are eligible for Medicaid reimbursement under state law.

Section 16. Provides a definition of naturopathic services for AS 47.07 (Medical Assistance for Needy Persons).

Section 17. Adds a provision to uncodified law allowing the department to adopt regulations necessary to implement the Act.

Section 18. Adds a provision to uncodified law that provides transitional provisions governing the terms of the first members of the Alaska Naturopathic Board.

Section 19. Adds a provision to uncodified law that provides for treatment of naturopathic licensees licensed before the effective date of the Act.

Section 20. Gives an immediate effective date to sec. 17 so that the regulations process can start before the rest of the bill takes effect (90 days after becoming law).

Section 21. Provides that the Act, except as provided in sec. 20, will take effect July 1, 2010.

TLAB:ljw
10-200.ljw

The Future of Naturopathic Medicine: A Message from Karen E. Howard, Executive Director of the American Association of Naturopathic Physicians

Throughout 2010, the American Association of Naturopathic Physicians (AANP) celebrates its 25th Anniversary. Looking forward in this New Year, one must wonder what future the US Congress is divining as it struggles to reform our current healthcare system. It is likely that the Senate and House of Representatives will successfully complete a conference on healthcare reform legislation and send President Obama a bill to sign into law. Will this bill be good for patients, or has compromise forced decisions that will do little to effect change?

If you have a glass half-full mentality, you understand that the virtue of patience can yield amazing opportunities. This can be the first step on the road to reform. Perhaps forcing millions more into a failing system will accomplish two things. First, people will not be at risk for losing life savings, they will no longer avoid going to the doctor for life-threatening conditions, nor will they be forced to rely on their local emergency room for healthcare. Second, in the matter of a few short years, the experts who continue to assert that our system is unsustainable might be proven correct. It is likely we will witness a collapse that will force legislators into implementing true change. Regardless, the public is demanding ownership of their health and a return to wellness. A final vote in the House and Senate is not likely to quell their voice, nor will it fulfill the objectives of the American Association of Naturopathic Physicians (AANP).

The AANP's vision is to transform the healthcare system from disease management to health promotion by incorporating the principles of naturopathic medicine. The mission of the AANP is to serve our members by advancing the profession of naturopathic medicine and preserving its integrity. The question of how the AANP shows up in the world, with our long-term commitment to creating sustainable healthcare, lies at the heart of each naturopathic physician's practice and the work of the association itself.

While the number of licensed naturopathic physicians continues to grow, the AANP is working to further empower our public policy efforts by developing strong collaborative relationships with like-minded organizations representing practitioners, patients, products, and environmental interests. Our external partnerships are diverse in nature and universal in intent.

The power of the AANP's relationships enables pursuit of a broader agenda, one more fitting to the naturopathic philosophy. Working with likeminded groups adds voice to a larger, less parochial agenda. By teaming with this larger audience, we seek to establish a voice in the larger reform effort and the reengineering of healthcare reform proposals to embody a wellness model. In partnership with the associations in the natural products realm, the AANP actively advocates for passage of food stamp legislation and other public health initiatives aimed at significantly impacting health status for at-risk populations. As a leader in the Coalition for Patient Rights, whose membership of 35 organizations represents more than 3.3 million providers, the AANP is advancing a unified message to expand consumer choice and access to qualified providers.

Our purpose for engaging in partnership is to support the rights of consumers to access highly qualified practitioners of their choice. The AANP honors the credentials of each of our partners, and we are strong advocates for practitioners' rights to practice to the full extent of their abilities, education, qualifications, and legal authority. Our commitment to establishing standards for naturopathic medicine is evidenced by our work to gain licensure in all 50 states and our efforts to establish recognition at the federal level. This fall, the US Department of Labor released a new definition of "naturopathic physician" in its Occupational Information Network System (the replacement for the old Department of Labor Dictionary of Occupational Titles). The 2009 Department of Labor custom report for naturopathic physicians now defines members of our profession as people who:

"Diagnose, treat, and help prevent diseases using a system of practice that is based on the natural healing capacity of individuals. May use physiological, psychological or mechanical methods. May also use natural medicines, prescription or legend drugs, foods, herbs, or other natural remedies.

Sample job titles include Naturopathic Physician, Naturopathic Doctor, Physician, and Doctor of Naturopathic Medicine." (Occupational Information Network, 2009)

This is a monumental success for the naturopathic profession. The federal government now officially recognizes naturopathic medicine as one of 965 recognized occupations and defines the key features of this "occupation" by using a standardized, measurable set of variables. The outdated Department of Labor definition of "Naturopathic Doctor" is now null and void. This independent data will be updated on a regular basis for employers, prospective students, and educators. The new definition will stand as a cornerstone for our work to advance the profession in the following ways.

- Advocating for inclusion in all federal loan repayment programs, on par with graduates of conventional medical programs, to support naturopathic medical graduates as they pursue opportunities to support underserved populations. Legislation enumerating inclusion in the Indian Health Service loan repayment program is now moving forward in Congress.
- Advancement of state licensing efforts. Efforts in Pennsylvania, New York, Massachusetts, and a host of other states will continue in 2010 and beyond as we aggressively seek regulation in all 50 states.
- Expansion of Scope of Practice. In the past 2 years several licensed jurisdictions have been successful in expanding the naturopathic scope of practice, and these efforts will continue.
- Inclusion in employer-funded, state-sponsored, and federal healthcare programs. The expansion of Medicaid, creation of

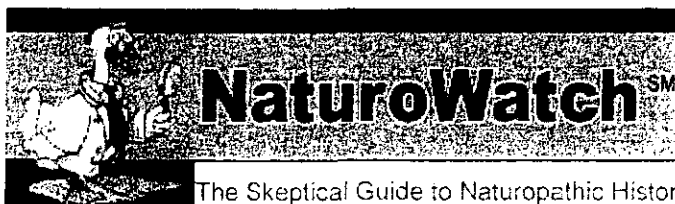
state-based insurance programs with the pending insurance reform legislation, and the expansion of wellness programs by self-insured employers will create enormous demand for the skills of naturopathic physicians who are perfectly qualified to provide primary care and address the needs of people suffering from chronic disease.

Each of the individual professions in the field of integrative medicine has similarly worthy and essential legislative and regulatory agendas. And we now have a unique opportunity to pursue a parallel intention that reflects our interconnectedness and vision. If you see the glass as half empty on the eve of passage of "insurance reform" legislation, you might fear we've lost our chance for real reform where everyone has uniform, cost-effective coverage for services that will improve their health. While very far from perfect, this legislation sets the stage for creating the new paradigm we seek—over the long term. And while we have virtually no control over the result of this effort, one thing is absolutely certain: Each of us as individuals, our professional associations, and indeed the collective commitment of our united collaborations have an obligation to be the voice of sustainable healthcare and personal empowerment—for the sake of generations to come.

Karen E. Howard serves as the Executive Director for the American Association of Naturopathic Physicians (AANP). Howard is responsible for overseeing the AANP, the nation's only national professional organization representing licensed naturopathic physicians, and ensuring that it fulfills its mission. The AANP is committed to changing the current healthcare system from one that treats disease to one that promotes health.



In addition, the organization is actively engaged in state and national discussions with policy makers and industry experts to affect change. Howard has spent almost 25 years working with Congress, state legislatures and healthcare provider organizations to develop innovative healthcare policy and programs for public and private organizations. She has also served in a variety of executive positions and worked as a national lobbyist on Capitol Hill. Her policy experience is in mental health, managed care, integrative medicine, and natural medicine.



The Skeptical Guide to Naturopathic History, Theories, and Practices

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Overview of Naturopathic Regulation

Colorado Department of Regulatory Agencies
October 14, 2005

The legal status of naturopathy varies from state to state. In some states, the practice of naturopathy, though not regulated, is protected through court rulings or attorney general opinions. In most states, naturopathic physician status is unprotected or unclear. Two states, Florida and Nevada, have repealed regulation of this profession. Nevada ceased licensing naturopathic physicians in 1987 (in Nevada naturopathic physicians were required to be supervised by medical doctors). Although naturopathic licensing in Florida was discontinued in 1959, there are still laws and a board regulating those naturopaths still practicing. Florida allows naturopathic physicians licensed prior to program termination dates to continue to practice. In Tennessee and in South Carolina, the practice of naturopathy is illegal. Tennessee law, for example, provides that the practice of naturopathy is a Class B misdemeanor, but renders this prohibition inapplicable to "persons who comply with the regulatory laws of the state with respect to the practice of the various healing arts." Without a similar textual qualification, however, a South Carolina statute prohibits the practice of naturopathy and subjects offenders to a fine not to exceed \$500 or imprisonment for a period not exceeding one year, or both.

The multiplicity of therapies and techniques that typically comprise the statutory definition of naturopathy may often fall within the scope of practice for other professions. The Montana Naturopathic Practice Act expressly acknowledges this fact by recognizing that many of the therapies used by naturopathic physicians, such as the use of nutritional supplements, herbs, foods, homeopathic preparations, and such physical forces as heat, cold, water, touch, and light, are not the exclusive privilege of naturopathic physicians, and their use, practice, prescription, or administration by persons not licensed to practice naturopathic medicine is not prohibited by this practice act.

Currently, 15 states and the District of Columbia license naturopathic physicians: Alaska, Arizona, California, Connecticut, Florida, Hawaii, Idaho, Kansas, Maine, Montana, New Hampshire, Oregon, Utah, Vermont, and Washington. In several states, licensed naturopathic physicians must also qualify for a certificate to practice natural childbirth, acupuncture, or to dispense a natural substance or device. The following highlights the regulatory programs found in the 15 states.

Alaska

Alaska's law places several restrictions on the practice of naturopathy. A person who practices naturopathy may not prescribe a prescription drug, perform surgery, or use the word "physician" as a title. There are currently 36 licensed naturopathic doctors in Alaska.

Arizona

Arizona's Naturopathic Physicians Board of Medical Examiners (Arizona Board) was established in 1935. Arizona remains the state with the third highest number of licensed naturopathic physicians (400). The Arizona Board has the statutory authority to adopt rules for recognizing naturopathic specialties. The Arizona Board has approved training programs in four specialty areas and has issued certificates to at least 16 naturopaths in the specialty of family medicine. Additionally, the Arizona Board has assembled a formulary of more than 460 items that naturopathic physicians may dispense including both prescription drugs and some controlled substances. In 2000, the Arizona Board underwent a performance audit. The review concluded that terminating the Arizona Board would not significantly harm the public's health and safety since the practice of medicine would continue to be regulated by the Allopathic Board of Medical Examiners. Naturopaths could continue to perform many traditional activities, but would no longer be allowed to act as primary medical care providers. However, the review further stated that terminating the Arizona Board could harm the public's welfare by potentially limiting access to alternative medical care. Subsequently, there was no action taken by the Arizona legislature to repeal the Arizona Board.

California

California's Bureau of Naturopathic Medicine (Bureau) within the Department of Consumer Affairs was established to administer the Naturopathic Doctor's Act and was authorized to collect fees and receive license applications beginning January 1, 2004. This act authorizes the creation of an advisory committee comprised of three licensed naturopathic doctors, three licensed physicians, and three public members. The committee's first meeting was convened on December 13, 2004. Additionally, a naturopathic formulary advisory committee was formed and a naturopathic childbirth attendance advisory committee was created to issue recommendations concerning the practice of naturopathic childbirth attendance. The scope of practice for licensed naturopathic doctors includes diagnosis and treatment of patients, including the authority to order lab tests and prescribe most drugs subject to supervision of a medical or osteopathic physician. Licensed naturopathic doctors may perform minor procedures, such as treating lacerations and removing moles and growths. The program began accepting license applications in January 2005. Currently there are 129 licensed naturopathic doctors in California.

Connecticut

Connecticut's law, which was enacted in 1920, does not allow licensed naturopathic physicians to perform minor surgery, prescribe drugs, or practice obstetrics and gynecology. The statute requires that naturopathic physicians maintain professional liability insurance. There are currently 196 licensed naturopaths in Connecticut.

District of Columbia

In May 2004, final approval was given to the Naturopathic Medicine Licensing Amendment Act of 2004 to license naturopathic physicians as primary care providers. The act recognized naturopathic physicians who have completed four-years of naturopathic medical college training and successfully passed the NPLEX. Prior to the passage of this act, the District of Columbia had a registration program for naturopaths. A person registered to practice naturopathy was entitled to use the title "Doctor of Naturopathy." The only requirements for registration were that applicants must be at least 18 years of age and not have been convicted

of a crime of moral turpitude that bears directly on the applicant's fitness to be registered. The practice specifically excluded the use of x-rays, performing any surgical procedure, injecting any substance into a person by needle, or performing any invasive procedure. As of September 2005, the District of Columbia had not promulgated any rules or issued any licenses.

Florida

Florida's licensing authority for naturopathic physicians was abolished in 1959 and licensees who were licensed at that time were allowed to continue practicing naturopathic medicine. Draft legislation proposed by the Florida Naturopathic Physician Association was introduced in 2004 to reestablish regulation of naturopathic medicine through licensure and to create the Board of Naturopathic Medicine within the Department of Health. A 2004 Sunrise Report on Proposed Licensure of Naturopathic Physicians, by the Florida House of Representatives, Committee on Health Care, concluded that while there is evidence for support of licensure based on the existence of accredited training programs and licensure examinations, there is no documented evidence of substantial risk from not licensing naturopathic physicians. Moreover, there is potential risk from licensing naturopathic physicians and allowing them to provide a broad range of primary care services.

Hawaii

Hawaii has regulated naturopathic physicians since 1925. There are currently 81 licensed naturopaths. Originally, the Board of Health was responsible for conducting examinations and issuing licenses. In 1969, the regulation was transferred to the Department of Regulatory Agencies, now the Department of Commerce and Consumer Affairs. The regulation of naturopathy was reviewed in 1978 and 1985, with continued regulation recommended in both instances.

Idaho

Idaho became the 15th state in 2005 to create a licensure program for naturopathic physicians. The legislation is a full scope and title protection act. The law requires the creation of a formulary council to determine pharmaceutical privileges for naturopathic physicians.

Kansas

Kansas passed legislation during the 2002 legislative session to regulate the practice of naturopathic medicine. The bill, signed into law in May 2003, provides registration for naturopathic doctors, rather than licensing, yet requires educational and testing requirements. Naturopathic medicine is defined to include such procedures as venipuncture, naturopathic acupuncture, and minor office procedures. Naturopathic doctors may not perform surgery, practice obstetrics, administer ionizing radiation or prescribe, dispense or administer any controlled substances or any prescription-only drugs except those listed on the naturopathic formulary adopted by the Kansas board.

Maine

Maine's Board of Complimentary Health Care Providers regulates 19 naturopathic doctors. Naturopathic doctors have the exclusive right to the use of the terms "naturopathic doctors," "naturopathic," "naturopath," "doctor of naturopathic medicine," "Doctor of Naturopathy,"

"naturopathic medicine," "naturopathic health care," "naturopathy," and "N.D." Use of the term "physician" by a licensee is prohibited. Naturopathic Doctors have a limited scope of prescriptive authority.

Montana

Montana's Naturopathic Health Care Practice Act was enacted in 1991 to regulate lay midwives and naturopathic physicians. Naturopathic physicians are authorized to perform minor surgery, attend a natural childbirth if in possession of a certificate of specialty practice, and prescribe certain drugs as established by the natural substance formulary list. When the program first began there were only five licensed naturopathic physicians in the state, however, as of August 2005, there were 66.

New Hampshire

New Hampshire's Naturopathic Health Care Practice Act was enacted in 1994. Specialty certificates in naturopathic childbirth and acupuncture are offered. Doctors of naturopathic medicine with specialty certification in naturopathic childbirth are authorized to use oxytocin and pitocin. There are currently 36 licensed naturopathic physicians in New Hampshire.

Oregon

Oregon first began licensing naturopathic physicians in 1927, although they were able to practice before then under an exemption in the Osteopathic Practice Act. The total number of licensed naturopathic physicians in Oregon equals 636, ranking second for licensees in a state. Oregon also has the most encompassing law as practitioners are allowed to prescribe drugs, perform minor surgery, and practice natural childbirth with a certificate of special competency.

Utah

Utah's Naturopathic Physicians Licensing Board was created in 1996. The board currently issues five different categories of licenses: naturopath, naturopath including surgery/obstetrics, naturopathic physician, temporary naturopathic physician, and naturopathic controlled substance. In order to perform naturopathic childbirth, a licensee must satisfy the standards of the American College of Naturopathic Obstetricians or its successor.

Vermont

Vermont's licensed naturopathic physicians may order, prescribe, dispense, and administer certain medications of mineral, animal, or botanic origin and must adhere to the Naturopathic Physician Formulary Rules promulgated by the Vermont Department of Health. Licensees may not practice naturopathic childbirth unless they have obtained a special endorsement that requires specific education; training; passage of an examination; and actual childbirth assistance, participation, and observation.

Washington

Washington has regulated naturopathic physicians since 1919, as part of its law created to regulate professions engaged in "drugless healing." The law was substantially amended in 1988 to reflect the current practice of naturopathic physicians. The total number of licensed

naturopathic physicians in Washington is 650, ranking first for licensees in a state.

This article was extracted from the [Sunrise Review of Naturopathic Physicians](#), published by the Colorado Department of Regulatory Agencies' Office of Policy, Research and Regulatory Reform in October 2005.

This article was posted on November 20, 2005.

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ref HB 282

Emily A. Kane, ND LAc

Naturopathic Doctor

Alaska License No 22

Licensed Acupuncturist

Alaska License No 18

March 3, 2010

The Honorable Kurt Olson
Chair, House Labor and Commerce
State Capitol Building, Room 24
Juneau AK 99801

Dear Representative Olson,

Thank you for your consideration in hearing HB 282, an act relating to naturopaths, with intent to promote improved access for all Alaskans to safe, effective, health promoting therapies. Naturopathic Medicine is continuously evolving, deeply wedded to evidence based practices, and built on a foundation of thoroughly trained health scientists.

I enclose for your review a document comparing MD/DO education and that of naturopathic doctors in the 21st century. Also attached is a book list for students enrolled in US DOE-accredited institutions of higher learning which offer the doctorate degree in Naturopathic Medicine.

As you may know, in 2006 the American Medical Association (AMA) undertook a massive, well funded, effort to restrict the scope of practice of 10 "ancillary" healthcare professionals, including PAs and ANPs. The SOPP document is especially vitriolic, and inaccurate, in discussing Naturopathic Medicine. I would like the opportunity to offer referenced corrections to many of the gross mischaracterizations of Naturopathic Medicine in the SOPP document which you recently received from Dr. Brion Beerle.

I mention Physician Assistants and Advanced Nurse Practitioners because both of these mid-level medical professionals have enjoyed expanded scope in Alaska, to no detriment to the wellbeing of Alaskans. Please note, moreover, that PAs capture their degree with 2 years of post-college training, and that ANPs also hold master's level degrees. This is in contrast to Naturopathic Doctors, who have doctorate level training (at least 4 years, plus a year of preceptorship - our word for residency) after achieving a bachelor's degree from an accredited 4-year undergraduate college. My intention is not to undermine the usefulness or training of my mid-level professional colleagues. It is to point out that Naturopathic Doctors are highly trained, and there already exist strict standards for our practice in Alaska. Further, there exists precedent for Naturopathic Physicians being registered with the federal Drug Enforcement Agency, and also for NDs to serve Medicaid patients.

418 Harris Street, Suite 329 Juneau, AK 99801

Phone: 907-586-3655 FAX: 907-586-4326 email: DoctorEm@aol.com

In Alaska, however, we are underutilized. Properly trained and licensed NDs (Alaskan law does not permit any of the ANMA-variety "traditional" naturopaths to practice here) are indeed part of the answer to our failing healthcare delivery system. We have deep and broad training in pharmacology not so much because we turn to drugs primarily for therapy – we have very effective and generally much safer, less expensive treatment modalities – but because we see patients taking multiple prescriptive medications daily. Many of these patients are unwell, and we are uniquely positioned to help them transition to less dependence on pharmaceuticals which may be undermining, not always supporting, their health. We employ the most effective and least harmful therapy to our patients at every encounter. Sometimes that means choosing legend drugs, and sometimes it means modifying drug use. Naturopathic physicians specialize not only in comprehensive and holistic approaches to medicine, but in individualized protocols for each and every patient. There is no "one size fits all" fix; each patient is considered in their entirety, with all their personal physical and psycho-social history.

Most of the licensed NDs in Alaska have been serving the constituents for at least a decade. I personally have been in practice in Juneau for over 15 years, with over 12 years of professional affiliation with our regional hospital. Integrated models of healthcare are burgeoning all over the country. The consumers are demanding it and in response many MD/DOs are actually practicing elements of naturopathic medicine with much less training than we receive! Just to be clear – at a national policy level, naturopathic physicians welcome integrative care. We share patients with MDs, DOs, ANPs, and chiropractors, acupuncturists, massage therapists, etc. One of the most important aspects of my job is to "case manage" or help integrate the care of my patients with their many providers.

Thank you for your attention. I look forward to further explaining my training and commitment to providing safe, effective, patient-centered, health-promoting protocols for all Alaskans.

Best wishes,



Dr. Emily A. Kane
Naturopathic Doctor
Licensed Acupuncturist

Attachments:

- 1) comparison of medical education MD/DO and ND
- 2) representative textbook list for the contemporary ND curriculum
- 3) US Department of Labor definition of Naturopathic Physician 2009

cc Rep Cathy Mmcoz



Assuring Safe Naturopathic Medical Practices for Alaskans

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
Naturopathic Medicine:						
Advanced Naturopathic Therapeutics	-	44	20	-	-	-
Ayurvedic Medicine	-	22	20	-	-	-
Botanical Medicine	96	110	120	-	-	-
Therapeutic Nutrition (3)	144	132	130	-	-	-
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 Philosophy	72	55	60	-	-	-
Oriental Medicine	72	33	200	-	-	-
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 Hopkins, Yale and Stanford included in psychiatry coursework.
- 5) Hours which also could 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*
 1995-96 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

- Data Collection Program
- O*NET Academy
- U.S. Department of Labor
- Related Sites

Updated 2009

Summary Report for: 29-1199.04 - Naturopathic Physicians

Diagnose, treat, and help prevent diseases using a system of practice that is based on the natural healing capacity of individuals. May use physiological, psychological or mechanical methods. May also use natural medicines, prescription or legend drugs, foods, herbs, or other natural remedies.

Sample of reported job titles: Naturopathic Physician, Naturopathic Doctor, Physician, Doctor of Naturopathic Medicine

View report: **Summary** Details Custom

[Tasks](#) | [Tools & Technology](#) | [Knowledge](#) | [Abilities](#) | [Work Activities](#) | [Work Context](#) | [Job Zone](#) | [Interests](#) | [Work Styles](#) | [Work Values](#) | [Wages & Employment](#)

Tasks

- Interview patients to document symptoms and health histories.
- Advise patients about therapeutic exercise and nutritional medicine regimens.
- Administer, dispense, or prescribe natural medicines such as food or botanical extracts, herbs, dietary supplements, vitamins, nutraceuticals, and amino acids.
- Document patients' histories, including identifying data, chief complaints, illnesses, previous medical or family histories, or psychosocial characteristics.
- Educate patients about health care management.
- Diagnose health conditions based on patients' symptoms and health histories, laboratory and diagnostic radiology test results, or other physiological measurements, such as electrocardiograms and electroencephalographs.
- Conduct physical examinations and physiological function tests for diagnostic purposes.

- Maintain professional development through activities such as post-graduate education, continuing education, preceptorships, and residency programs.
- Order diagnostic imaging procedures such as radiographs (x-rays), ultrasounds, mammograms, and bone densitometry tests, or refer patients to other health professionals for these procedures.
- Administer treatments or therapies, such as homeopathy, hydrotherapy, Oriental or Ayurvedic medicine, electrotherapy and diathermy, using physical agents including air, heat, cold, water, sound, or ultraviolet light to catalyze the body to heal itself.

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Tools & Technology

Tools used in this occupation:

Electrotherapy combination units — Electrical stimulation equipment; Interferential electrical stimulation machines

Galvanic or faradic stimulators — High-voltage galvanic stimulation machines; Low-voltage galvanic stimulation machines

Microcentrifuges

Ophthalmoscopes or otoscopes or scope sets — Ophthalmoscopes; Otoscopes

Therapeutic heating or cooling pads or compresses or packs — Therapeutic cold packs; Therapeutic hot packs

Technology used in this occupation:

Accounting software — EZ-Zone Software Alternative Medical Billing

Information retrieval or search software — Online medical databases

Medical software — Enova eNatro; NaturaeMed OfficePro; Trigram Software AcuBase Pro; ZYTO LSA Pro

Point of sale POS software

Spreadsheet software — Microsoft Excel

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Knowledge

Medicine and Dentistry — Knowledge of the information and techniques needed to diagnose and treat human injuries, diseases, and deformities. This includes symptoms, treatment alternatives, drug properties and interactions, and preventive health-care measures.

Biology — Knowledge of plant and animal organisms, their tissues, cells, functions, interdependencies, and interactions with each other and the environment.

Psychology — Knowledge of human behavior and performance; individual differences in ability, personality, and interests; learning and motivation; psychological research methods; and the assessment and treatment of behavioral and affective disorders.

Therapy and Counseling — Knowledge of principles, methods, and procedures for diagnosis, treatment, and rehabilitation of physical and mental dysfunctions, and for career counseling and guidance.

Customer and Personal Service — Knowledge of principles and processes for providing customer and personal services. This includes customer needs assessment, meeting quality standards for services, and evaluation of customer satisfaction.

English Language — Knowledge of the structure and content of the English language including the meaning and spelling of words, rules of composition, and grammar.

Chemistry — Knowledge of the chemical composition, structure, and properties of substances and of the chemical processes and transformations that they undergo. This includes uses of chemicals and their interactions, danger signs, production techniques, and disposal methods.

Education and Training — Knowledge of principles and methods for curriculum and training design, teaching and instruction for individuals and groups, and the measurement of training effects.

Administration and Management — Knowledge of business and management principles involved in strategic planning, resource allocation, human resources modeling, leadership technique, production methods, and coordination of people and resources.

Sales and Marketing — Knowledge of principles and methods for showing, promoting, and selling products or services. This includes marketing strategy and tactics, product demonstration, sales techniques, and sales control systems.

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Abilities

Problem Sensitivity — The ability to tell when something is wrong or is likely to

go wrong. It does not involve solving the problem, only recognizing there is a problem.

Oral Comprehension — The ability to listen to and understand information and ideas presented through spoken words and sentences.

Inductive Reasoning — The ability to combine pieces of information to form general rules or conclusions (includes finding a relationship among seemingly unrelated events).

Oral Expression — The ability to communicate information and ideas in speaking so others will understand.

Deductive Reasoning — The ability to apply general rules to specific problems to produce answers that make sense.

Speech Clarity — The ability to speak clearly so others can understand you.

Written Comprehension — The ability to read and understand information and ideas presented in writing.

Information Ordering — The ability to arrange things or actions in a certain order or pattern according to a specific rule or set of rules (e.g., patterns of numbers, letters, words, pictures, mathematical operations).

Speech Recognition — The ability to identify and understand the speech of another person.

Category Flexibility — The ability to generate or use different sets of rules for combining or grouping things in different ways.

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Work Activities

Getting Information — Observing, receiving, and otherwise obtaining information from all relevant sources.

Assisting and Caring for Others — Providing personal assistance, medical attention, emotional support, or other personal care to others such as coworkers, customers, or patients.

Making Decisions and Solving Problems — Analyzing information and evaluating results to choose the best solution and solve problems.

Documenting/Recording Information — Entering, transcribing, recording, storing, or maintaining information in written or electronic/magnetic form.

Updating and Using Relevant Knowledge — Keeping up-to-date technically and applying new knowledge to your job.

Identifying Objects, Actions, and Events — Identifying information by

categorizing, estimating, recognizing differences or similarities, and detecting changes in circumstances or events.

Establishing and Maintaining Interpersonal Relationships — Developing constructive and cooperative working relationships with others, and maintaining them over time.

Interpreting the Meaning of Information for Others — Translating or explaining what information means and how it can be used.

Performing for or Working Directly with the Public — Performing for people or dealing directly with the public. This includes serving customers in restaurants and stores, and receiving clients or guests.

Thinking Creatively — Developing, designing, or creating new applications, ideas, relationships, systems, or products, including artistic contributions.

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Work Context

Telephone — How often do you have telephone conversations in this job?

Face-to-Face Discussions — How often do you have to have face-to-face discussions with individuals or teams in this job?

Freedom to Make Decisions — How much decision making freedom, without supervision, does the job offer?

Structured versus Unstructured Work — To what extent is this job structured for the worker, rather than allowing the worker to determine tasks, priorities, and goals?

Contact With Others — How much does this job require the worker to be in contact with others (face-to-face, by telephone, or otherwise) in order to perform it?

Indoors, Environmentally Controlled — How often does this job require working indoors in environmentally controlled conditions?

Deal With External Customers — How important is it to work with external customers or the public in this job?

Electronic Mail — How often do you use electronic mail in this job?

Frequency of Decision Making — How frequently is the worker required to make decisions that affect other people, the financial resources, and/or the image and reputation of the organization?

Physical Proximity — To what extent does this job require the worker to perform job tasks in close physical proximity to other people?

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Job Zone

Title Job Zone Five: Extensive Preparation Needed

Education Most of these occupations require graduate school. For example, they may require a master's degree, and some require a Ph.D., M.D., or J.D. (law degree).

Related Experience Extensive skill, knowledge, and experience are needed for these occupations. Many require more than five years of experience. For example, surgeons must complete four years of college and an additional five to seven years of specialized medical training to be able to do their job.

Job Training Employees may need some on-the-job training, but most of these occupations assume that the person will already have the required skills, knowledge, work-related experience, and/or training.

Job Zone Examples These occupations often involve coordinating, training, supervising, or managing the activities of others to accomplish goals. Very advanced communication and organizational skills are required. Examples include librarians, lawyers, aerospace engineers, wildlife biologists, school psychologists, surgeons, treasurers, and controllers.

SVP Range (8.0 and above)

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Interests

Interest code: **IS**

Investigative — Investigative occupations frequently involve working with ideas, and require an extensive amount of thinking. These occupations can involve searching for facts and figuring out problems mentally.

Social — Social occupations frequently involve working with, communicating with, and teaching people. These occupations often involve helping or providing service to others.

Artistic — Artistic occupations frequently involve working with forms, designs and patterns. They often require self-expression and the work can be done without following a clear set of rules.

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Work Styles

Integrity — Job requires being honest and ethical.

Concern for Others — Job requires being sensitive to others' needs and feelings and being understanding and helpful on the job.

Self Control — Job requires maintaining composure, keeping emotions in check, controlling anger, and avoiding aggressive behavior, even in very difficult situations.

Dependability — Job requires being reliable, responsible, and dependable, and fulfilling obligations.

Initiative — Job requires a willingness to take on responsibilities and challenges.

Attention to Detail — Job requires being careful about detail and thorough in completing work tasks.

Analytical Thinking — Job requires analyzing information and using logic to address work-related issues and problems.

Independence — Job requires developing one's own ways of doing things, guiding oneself with little or no supervision, and depending on oneself to get things done.

Leadership — Job requires a willingness to lead, take charge, and offer opinions and direction.

Stress Tolerance — Job requires accepting criticism and dealing calmly and effectively with high stress situations.

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Work Values

Relationships — Occupations that satisfy this work value allow employees to provide service to others and work with co-workers in a friendly non-competitive environment. Corresponding needs are Co-workers, Moral Values and Social Service.

Achievement — Occupations that satisfy this work value are results oriented and allow employees to use their strongest abilities, giving them a feeling of accomplishment. Corresponding needs are Ability Utilization and Achievement.

Independence — Occupations that satisfy this work value allow employees to work on their own and make decisions. Corresponding needs are Creativity, Responsibility and Autonomy.

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Wages & Employment Trends

National

Median wages data collected from **Health Diagnosing and Treating Practitioners, All Other**.
Employment data collected from **Health Diagnosing and Treating Practitioners, All Other**.

Median wages (2008) \$31.67 hourly, \$65,880 annual

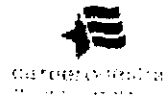
Employment (2006) 65,000 employees

Projected growth (2006-2016) ■ Average (7% to 13%)

Projected need (2006-2016) 19,000 additional employees

State & National

Select a State



Source: Bureau of Labor Statistics [2008 wage data](#) and [2006-2016 employment projections](#).
"Projected growth" represents the estimated change in total employment over the projections period (2006-2016). "Projected need" represents job openings due to growth and net replacement.

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Appendix B

BASTYR UNIVERSITY
SCHOOL OF NATUROPATHIC MEDICINE
Booklist Academic Year 08-09 (FALL 2009)
Submitted by Jane Guiltinan, ND, Dean

FALL 2009

BC 5104 Biochemistry 1

Marks' Basic Medical Biochemistry 3rd edition– Lieberman
Required
Medical Biochemistry at a Glance 2nd edition – Salway
Recommended

BC 5107 Human Physiology 1 Lec/Lab

Human Physiology 4th edition – Rhoades
Required
Physiology Coloring Book, 2nd edition – Kapit
Recommended

BC 5110 Histology Lec/Lab

Netter's Essential Histology – Ovalle
Required
Photographic Atlas of Histology – Leboffe
Required
Histology Lab Manual – Frederickson/Love
Required

BC 5112 Embryology

Developing Human 8th ed – Moore
Required

BC 5122 Gross Human Anatomy 1 Lec

Clinically Oriented Anatomy 5th Edition – Moore
Required
Bates Guide to Physical Examination 9th Edition – Bickley
Required
Physical Examination of the Spine and Extremities 2nd Ed– Hoppenfield
Required
Atlas of Human Anatomy 4th Edition – Netter
Required
Gray's Atlas of Anatomy – Drake
Highly Recommended
Color Atlas of Anatomy 6th – Rothen
Recommended
Anatomy Coloring Book 3rd ed- Kapit
Recommended

Choose one:

Stedman's Medical Dictionary 28th ed
Highly recommended (*this or Dorland's – see below)
Dorland's Illustrated Medical Dictionary 31st ed
Highly recommended (*this or Stedman's – see above)

BC 5122L Gross Human Anatomy 1 Lab

Grant's Dissector 14th ed – Tank
Required

Atlas of Human Anatomy 4th Edition – Netter
Recommended
Color Atlas of Anatomy 6th – Rohen
Recommended

BC 6200 Human Pathology 1

Robbins and Cotrans Pathologic Basis of Disease 8th ed – Kumar
Required
Pocket Companion to Pathologic Basis of Disease 7th ed – Mitchell
Optional

BC 6204 A&B Immunology

Immune System 3rd edition – Parham
Required

BO 6301 Botanical Medicine 2

Medical Herbalism – Hoffman
Required
Principles and Practice of Phytotherapy – Mills
Required
Herbal Medicine from the Heart of the Earth – Tilgner
Recommended
Book of Herbal Wisdom – Wood
Recommended

BO 7300 Botanical Medicine 4

Herbal Medicine: Classic edition – Weiss
Required
Medical Herbalism – Hoffman
Recommended
Principles and Practice of Phytotherapy – Mills
Recommended
Medicinal Plants of the Pacific West – Moore
Recommended

BO 7300L Botanical Medicine 4 – Lab

See BO 7300 lecture for textbooks

HO 6300 Homeopathy 1

Pocket Manual of Homeopathic Materia Medica and Repertory – Boericke
Required
Lectures on Homeopathic Materia Medica – Kent
Required
Repertory of the Homoeopathic Materia Medica – Kent
Required
Leaders in Homoeopathic Therapeutics – Nash
Required
Homeopathic Treatment of Children – Herscu
Recommended
Lectures on Homoeopathic Philosophy – Kent
Recommended

MW 7320 Normal Maternity

Heart and Hands, Midwife's GT Pregnancy and Birth 4th Ed – Davis
Required
Holistic Midwifery, Volumes 1 & 2 – Frye

Recommended
Ina May's Guide to Childbirth – Gaskin
Recommended
Varney's Midwifery, 4th edition – Varney
Recommended
Williams Obstetrics, 23rd edition – Cunningham
Recommended (due 11/13/09)

NM 5113 Naturopathic Medicine in Historical Context

Vitalism: History of Herbalism, Homeopathy, Flower Essences – Wood
Required
Nature Doctors – Kirchfeld
Required
Nature Cure – Lindlahr
Required
Energy Medicine – Oschman
Recommended
Embracing Mind – Wallace
Recommended
Art of Possibility – Zander
Recommended

NM 5804 Clinic Entry

No Textbook

NM 6210 Clinical Lab Diagnosis

Clinical Hematology and Fundamentals of Hemostasis 5th ed – Harmening
Required
Manual of Laboratory & Diagnostic Tests, 8th ed – Fischbach
Required
Merck Manual, 18th edition – Beers
Required
Cecil Essentials of Medicine 7th edition – Andreoli
Recommended
5-Minute Clinical Consult 2010 – Domino
Recommended
Ferri's Clinical Advisor 2010 – Ferri
Recommended

NM 6210D Clinical Lab Diagnosis Discussion

Field Guide to Bedside Diagnosis 2nd edition – Smith
Required

NM 6210L Clinical Lab

Color Atlas of Hematology 3rd edition – Thiel
Required
Color Atlas & Instruction Manual of Peripheral Blood Cell Morphology – O'Connor
Recommended
Interpretation of Diagnostic Tests 8th ed - Wallach
Recommended

NM 6221 Physical/Clinical Diagnosis 1 Lecture

Bates Guide to Physical Examination and History 9th ed – Bates
Required
Harrisons Principles of Internal Medicine 17th ed – Fauci
Highly Recommended

Merck Manual
Recommended
Ferri's Clinical Advisor 2010 – Ferri
or
5-Minute Clinical Consult, 2010 -
Domino

NM 6221L Physical/Clinical Diagnosis 1 Lab

Bates Guide to Physical Examination and History 9th Edition – Bickley
Required
Orthopedic Physical Assessment 5th Edition – Magee
Recommended

NM 7302 Gastroenterology

Naturopathic Gastroenterology -Yarnell
Highly Recommended

NM 7307 Ear, Eye, Nose, and Throat

Natural Approach to Ophthalmology/Otolaryngology 6th ed – Conroy
Required
Basic Ophthalmology 8th Edition – Bradford
Recommended
Essentials of Otolaryngology 5th Edition – Lucente
Recommended

NM 7313 Gynecology

Berek & Novak's Gynecology 14th Edition – Berek
Recommended
Women's Encyclopedia of Natural Medicine 2nd ed– Hudson
Recommended
Contraceptive Technology 19th ed – Hatcher
Recommended
Glass' Office Gynecology 6th edition – Curtis
Recommended
Women's Gynecologic Health – Schulling
Recommended
Managing Contraception pocket version 2007/2009 edition – Hatcher
Optional

NM 8101 Ethics

Principles of Biomedical Ethics 6th ed – Beauchamp
Recommended
Clinical Ethics 6th ed – Jonsen
Recommended

NM 8206 Radiographic Interpretation 1 Lecture

No Textbook

NM 8207 Radiographic Interpretation 1 Lab

Pocket Atlas of Radiographic Anatomy 2nd ed – Moeller
Required
Merrill's Pocket Guide to Radiography 6th ed – Frank
Required
Normal Findings in Radiography – Moeller
Recommended

NM 8303 Geriatrics

Primary Care Geriatrics 5th ed – Ham
Required

Merck Manual of Geriatrics 3rd Ed – Merck
Recommended(out of print)

NM 8308 Endocrinology

Greenspan's Basic and Clinical Endocrinology 8th Edition – Greenspan
Required

Endocrinology and Naturopathic Therapies 8th Ed – Powell
Highly Recommended

NM 8312 Urology

Naturopathic Urology and Men's Health – Yarnell
Required

NM 8413 Advanced Naturopathic Therapeutics 1

Adrenal Fatigue: The 21st Century Syndrome - Wilson
Recommended

Hypothyroidism Type 2 – Starr
Recommended

PM 7301 Naturopathic Manipulation 2

Muscle Energy Techniques 3rd ed– Chaitow
Recommended

Photographic Manual of Regional Orthopaedic and Neurological Tests 4th ed – Cipriano
Recommended

PM 7302 Naturopathic Manipulation 3

Instructor: TBA

Chiropractic Technique – Peterson
Required

PM 7305 Orthopedics

Photographic Manual of Regional Orthopaedic and Neurological Tests 4th ed – Cipriano
Recommended

Physical Examination of the Spine – Hoppenfield
Recommended

Orthopedic Physical Assessment – Magee
Recommended

PS 6305 Naturopathic Counseling 1

Essentials of Intentional Interviewing – Ivey
Required

PS 6305L Naturopathic Counseling 1 Lab

No Textbook

PS 7200 Psychological Assessment

DSM IV TR – APA
Required

TR 6310 Food Dietary Systems & Assessment

Healing with Whole Foods – Pitchford
Recommended

Worlds Healthiest Foods – Mateljan
Recommended
Omnivore's Dilemma – Pollan
Recommended

TR 7411 A&B Diet & Nutrient Therapy 1

No Textbook

WINTER 2009

BC 5105 Biochemistry 2

Mark's Basic Medical Biochemistry: A Clinical Approach 2nd Ed – Smith
Required

Metabolism at A Glance 3rd ed – Salway
Recommended

BC 5108 Human Physiology 2 Lec/Lab

Medical Physiology 3rd edition – Rhoades
Required

Physiology Coloring Book 2nd edition – Kapit
Required

BC 5112 Embryology

Developing Human 8th ed – Moore
Required

BC 5123 Gross Anatomy 2

Gray's Atlas of Anatomy – Drake
Required

Clinically Oriented Anatomy 5th Edition – Moore
Required

Bates Guide to Physical Examination 9th Edition – Bickley
Required

Physical Examination of the Spine and Extremities – Hoppenfield
Required

Anatomy Coloring Book 2nd edition – Kapit
Recommended

Atlas of Human Anatomy 4th edition – Netter
Recommended

Choose one:

Stedman's Medical Dictionary 28th ed.

Highly recommended (*this or Dorland's – see below)

Dorland's Illustrated Medical Dictionary 31st ed.

Highly recommended (*this or Stedman's – see above)

BC 5123L Gross Human Anatomy 2 Lab

Grant's Dissector 14th ed – Sauerland
Required

Atlas of Human Anatomy 4rd ed – Netter
Recommended

Color Atlas of Anatomy 6th ed – Rothen
Recommended

BC 5142 Fundamentals of Research Design

Epidemiology 4th edition – Gordis
Required

Clinical Epidemiology & Evidence Based Med – Katz

Recommended

BC 6201 Human Pathology 2

Robbins and Cotran Pathologic Basis of Disease 7th Ed – Kumar

Required

Lecture Outlines in Human Pathology 2 - Frederickson

Recommended

BC 6209 Infectious Disease

Mim's Medical Microbiology 4th edition – Goering

Required

Sanford GT Antimicrobial Therapy 2008 – Gilbert

Required

BC 6305 Pharmacology

Principles of Pharmacology 2nd edition – Golan

Required

Sanford GT Antimicrobial Therapy 2008 – Gilbert

Recommended

BO 6302 Botanical Medicine 3

Women, Hormones & the Menstrual Cycle 2nd ed – Trickey

Required

HO 6301 Homeopathy 2

Leaders in Homeopathic Therapeutics – Nash

Required

Desktop Guide to Keynotes & Symptoms – Morrison

Required

Repertory of the Homoeopathic Materia Medica – Kent

Required

Pocket Manual of Homoeopathic Materia Medica & Repertory – Boericke

Required

NM 5114 Funds. of Naturopathic Clinical Theory

Nature Cure – Lindlahr

Required

Organon of the Medical Art (O'Reilly) – Hahnemann

Required

Nature Doctors – Kirchfeld

Recommended

NM 5804 Clinic Entry 1

No Required Textbook

NM 6211 Clinical Lab Diagnosis 2

Clinical Chemistry 6th Edition – Marshall

Required

Clinical Hematology and Fundamentals of Hemostasis 5th ed – Harmening

Required

Cecil's Essentials of Medicine 7th edition – Andreoli

Required

Color Atlas of Hematology 2nd edition – Thiel

Recommended

Clinical Hematology Atlas 3rd edition – Carr

Recommended

Manual of Laboratory & Diagnostic Tests, 8th ed – Fischbach
Recommended
Interpretation of Diagnostic Tests 8th edition – Wallach
Recommended

NM 6211D Clinical Lab Diagnosis 2 Disc

Field Guide to Bedside Diagnosis 2nd ed – Smith
Recommended

NM 6211L Clinical Lab Diagnosis 2 Lab

Manual of Laboratory and Diagnostic Tests 8th ed - Fischbach
Required
Interpretation of Diagnostic Tests 8th ed - Wallach
Required

NM 6222 Physical/Clinical Diagnosis 2

Bates Guide to Physical Examination 9th ed – Bickley
Required
Harrisons Principles of Internal Medicine 17th edition –Fauci/Kasper
Highly recommended
Merck Manual 18th edition – Merck
Recommended
5-Minute Clinical Consult 2009 - Domino
Recommended

NM 6223L Physical/Clinical Diagnosis 2 Lab

Bates Guide to Physical Examination 9th ed – Bickley
Required
Orthopedic Physical Assessment 4th ed – Magee
Recommended

NM7101 Environmental Medicine

Needed Books on reserve at library

NM7102 Public Health

Understanding Health Policy 5th ed – Bodenheimer
Required

NM 7115 Naturopathic Clinical Theory 2

Instructor did not respond to Bookstore

NM 7142 Critical Evaluation of Medical Literature

Evidence Based Medicine Toolkit 2nd ed. – Heneghan
Recommended

NM 7304 Dermatology

Fitzpatrick's Color Atlas/Synopsis Clinical Dermatology, 5th ed. – Wolff
Required

NM 7306 Oncology

Oncology 2nd edition - Watson
Required

NM 7314 Pediatrics I

Herbal Treatment of Children – McIntyre
Required

Choose one of these two:

Nelson's Essentials of Pediatrics 5th Ed – Behrman

Required or choose

Current Pediatric Diagnosis/Treatment 18th ed – Hay

Required

NM 8101 Ethics

Principles of Biomedical Ethics 5th ed – Beauchamp

Recommended

Clinical Ethics 6th edition – Jonsen

Recommended

NM 8212 Radiographic Interpretation 2

Chest X-Ray Made Easy 2nd edition – Corne

Optional

Essential Radiology – Gunderman

Optional

Essentials of Skeletal Radiology 2nd ed. – Yochum

Special order

NM 8213 Diagnostic Imaging

Essential Radiology 2nd – Gunderman

Required

Right Imaging Study – Eisenberg

Recommended

NM 8309 Rheumatology

Integrative Rheumatology – Vasquez

Required

Primer on the Rheumatic Diseases 13th ed – Klippel

Recommended

NM 8325 Nat Case Analysis

No Textbook

NM 8414 Adv. Naturopathic Therapeutics 2

Adrenal Fatigue: The 21st Century Syndrome – Wilson

Recommended

Hypothyroidism Type 2 – Starr

Recommended

PM 5301 Hydrotherapy/Physiotherapy Lecture

Evidence Based Guide To Therapeutic Physical Agents – Belanger

Required

Lectures in Naturopathic Hydrotherapy – Boyle

Recommended

Manual of Hydrotherapy and Massage – Moor

Recommended

PM 5305 Hydrotherapy/Physiotherapy Lab

No Textbooks

PM 7302 Naturopathic Manipulation 3

Chiropractic Technique – Bergmann

Required

PM 7303 Naturopathic Manipulation 4

Chiropractic Technique – Bergmann

Required

PM 7341 Sports Medicine/Therapeutic Exercise

Conditioning for Outdoor Fitness - Musnick

Highly Recommended

Clinical Sports Medicine, 3rd edition – Brukner

Required

PS 6306 Naturopathic Counseling 2

Cognitive Therapy: Basics and Beyond – Beck

Required

Clinical Handbook of Psychological Disorders 4th ed – Barlow

Recommended

Mindfulness and Psychotherapy – Germer

Recommended

Acceptance and Commitment Therapy – Hayes

Recommended

PS 7203 Addictions and Disorders

Uppers, Downers, All Arounders 6th ed– Inuba

Recommended

TR 6311 Macro & Micronutrients

Advanced Nutrition and Human Metabolism 5th ed– Groff

Required

Evidence-Based Approach to Vitamins and Minerals – Higdon

Required

Biochemical and Physiological Aspects of Human Nutrition 2nd ed – Stipanuk

Recommended

TR 7412 Diet & Nutrient Therapy 2

Instructor: Brignall

No Textbook

SPRING 2009

BC 5106 Biochemistry 3

Mark's Basic Medical Biochemistry 2nd edition – Smith

Required

Metabolism at a Glance 3rd edition – Salway

Recommended

BC 5109 Human Physiology 3 Lecture

Medical Physiology 3rd edition – Rhoades

Required

Physiology Coloring Book, 2nd edition – Kapit

Required

BC 5124 Gross Human Anatomy 3 Lecture

Gray's Atlas of Anatomy – Drake

Required

Clinically Oriented Anatomy 5th Edition – Moore

Required

Bates Guide to Physical Examination 9th Edition – Bickley

Required

Physical Examination of the Spine and Extremities – Hoppenfield

Required

Anatomy Coloring Book 2nd edition – Kapit

Recommended

Choose one:

Stedman's Medical Dictionary 28th ed.

Highly recommended (*this or Dorland's – see below)

Dorland's Illustrated Medical Dictionary 31st ed.

Highly recommended (*this or Stedman's – see above)

BC 5124L Gross Human Anatomy 3 Lab

Grant's Dissector 14th ed – Sauerland

Required

Atlas of Human Anatomy 4rd ed – Netter

Recommended

Color Atlas of Anatomy 6th ed – Rothen

Recommended

BC 5129 Neuroscience

The Human Brain, 6th edition – Nolte

Required

Neuroanatomy Atlas of Structures, Sections, Systems 7th – Haines

Required

BC 5142 Fundamentals of Research Design

Epidemiology 4th edition – Gordis

Required

BC 6202 Human Pathology 3

Robbins and Cotran Pathologic Basis of Disease 7th Ed – Kumar

Required

BC 6209 Infectious Diseases

Mim's Medical Microbiology 4th edition – Goering

Required

Sanford Guide to Antimicrobial Therapy 2009 ed – Gilbert

Required

BC 6305 Pharmacology

Principles of Pharmacology 2nd edition – Golan

Required

Sanford GT Antimicrobial Therapy 2009 ed – Gilbert

Recommended

BO 5301 Botanical Medicine 1

Medical Herbalism – Hoffman

Required

Herbal Medicine from the Heart of the Earth – Tilgner

Recommended

BO 6303 Bot Med Dispensary Lab

No Textbook

BO 7301 Botanical Medicine 5

Herbal Medicine classic edition – Weiss

Required

Principles and Practice of Phytotherapy – Mills
Recommended
Medical Herbalism – Hoffmann
Recommended
Herbal Vade Mecum – Skendari
Recommended

HO 6302 Homeopathy 3

Lectures on Homeopathic Philosophy – Kent
Required
Lectures on Homeopathic Materia Medica – Kent
Required
Pocket Manual of Homeopathic Materia Medica & Repertory - Boericke
Required

HO 9303 Homeopathy 6

Homeopathic Treatment of Children – Herscue
Required
Lectures on Homeopathic Materia Medica – Kent
Required
Kent's Repertory of the Homoeopathic Materia Medica – Kent
Required
Key Notes and Red Line Symptoms – Lippe
Recommended
Pocket Manual of Homeopathic Materia Medica & Repertory - Boericke
Recommended

NM 5115 Naturopathic Medicine in Global Context

In Search of the Medicine Buddha – Crow
Recommended

NM 5804 Clinic Entry 1

No Textbook

NM 6212 Clinical Lab Diagnosis 3

Clinical Chemistry 6th Edition – Marshall
Required
Cecil's Essentials of Medicine 7th ed – Andreoli
Required
Manual of Laboratory Diagnostic Tests 8th Edition – Fischbach
Recommended

NM 6212D Clinical Lab Diagnosis 3 Disc

Field Guide to Bedside Diagnosis 2nd ed – Smith
Recommended

NM 6212L Clinical Lab Diagnosis 3 Lab

Handbook of Routine Urinalysis – Graff
Recommended

NM 6223 Physical/Clinical Diagnosis 3 Lec

Bates' Guide to Physical Examination 9th ed – Bickley
Required
Differential Diagnosis in Primary Care 4th edition – Collins
Recommended

NM 6223L Physical/Clinical Diagnosis 3 Lab

Bates' Guide to Physical Examination 9th ed – Bickley
Required

Orthopedic Physical Assessment 5th edition – Magee
Recommended

NM 6804 Clinic Entry 2

No Textbook

NM 7109A Practice Management 1

Success Signals – Hiler
Recommended

NM 7109B Practice Management 1

12 Months to Your Ideal Practice: a workbook – Grodzki
Recommended

NM 7302 Gastroenterology

Naturopathic Gastroenterology – Yarnell
Required

NM 7305 Clinical Ecology

Food Allergies and Food Intolerance – Brostoff
Required

Coping with Food Intolerances 4th edition – Thom
Recommended

NM 7311 Neurology

Four-Minute Neurologic Exam – Goldberg
Required

Neurology for the Non-Neurologist 5th edition – Weiner
Recommended

NM 7315 Pediatrics 2

Herbal Treatment of Children – McIntyre
Required

Choose one of these two:

Nelson's Essentials of Pediatrics 5th Ed – Behrman
Required or choose

Current Diagnosis and Treatment in Pediatrics 19th ed – Hay
Required

NM 7320 Family Medicine

No Textbook

NM 7330 Healing Systems

No Textbook

NM 7341 Cardiology

Pathophysiology of Heart Disease 4th ed – Lilly
Required

Rapid Interpretation of EKGs 6th ed – Dubin
Required

NM 7416 Minor Office Procedures

No Textbook

NM 7417 Medical Procedures

Plumer's Principles and Practice of IV Therapy 8th ed – Weinstein
Recommended

NM 8102 Jurisprudence

Primary Care Provider's Guide to Compensation and Quality 2nd ed– Buppert
Recommended

Success Signals – Hiler
Recommended

NM 8109B Practice Management 2

12 Months to Your Ideal Practice: a workbook – Grodzki
Required

NM 8212 Radiographic Interpretation 2

Essential Radiology 2nd edition - Gunderman
Required

Clinical Radiology Made Ridiculously Simple 2nd ed – Ouellette
Recommended

Chest X-Ray Made Easy 2nd edition – Come
Recommended

NM 8213 Diagnostic Imaging

Essential Radiology 2nd edition – Gunderman
Optional

NM 8308 Endocrinology

Greenspan's Basic & Clinical Endocrinology 8th ed – Gardner
Required

Endocrinology & Naturopathic Therapies 8th ed – Powell
Highly Recommended

NM 8314 Pulmonary Medicine

No Textbook

NM 8325 Nat Case Analysis & Mgmt 2

No Textbook

NM 9562 IV Therapy

Plumer's Principles and Practice of Intravenous Therapy 8th ed – Weinstein
Recommended

OM 5120 Fundamental Principles of TCM (ND)

Web That Has No Weaver – Kaptchuk
Required

PM 5310 Myofascial Analysis

Anatomy Trains, 2nd edition – Myers
Recommended

Palpation and Assessment Skills 2nd edition – Chaitow
Recommended

Patient Gowns required for the class are located by the lab coats.

PM 6300 Naturopathic Manipulation 1
Physical Examination of the Spine – Hoppenfeld

Recommended
Anatomy Trains, 2nd edition – Myers
Recommended
Photographic Manual of Regional Orthopaedic/Neurological Tests 4th ed – Cipriano
Recommended

PM 7303 Naturopathic Manipulation 4

Chiropractic Technique 2nd edition – Peterson
Recommended

PS 7315 Naturopathic Counseling 3

Motivational Interviewing – Miller
Required
Learning ACT: Training Manual for Therapist – Luoma
Required
Cognitive Therapy: Basics and Beyond – Beck
Recommended

SUMMER 2009

AV 9110 Fundamentals of Ayurvedic Medicine

Textbook of Ayurveda – Lad
Recommended

BC 5110 Histology

Netter's Essential Histology – Ovalle
Required
Photographic Atlas of Histology – Leboffe
Required
Histology Laboratory Guide – Frederickson
Required

BC 5110L A Histology Lab

See BC 5110 lecture

BC 5110L B Histology Lab

See BC 5110 lecture

BC 5142 Fundamentals of Research Design

Epidemiology 4th ed –Gordis
Required

BC 6204 Immunology

Immune System 3rd edition – Parham
Required

BC 9505 Laboratory Research Methods

No Textbook

BO 6303 Bot Med Dispensary Lab

Herbal Medicine-Makers Handbook – Green
Required
Encyclopedia of Herbal Medicine 2nd edition – Chevallier
Recommended
Herbal Medicine from the Heart of the Earth – Tilgner
Recommended
Complex Herbs-Complete Medicines – Brinker

Recommended
Making Plant Medicine 3rd edition – Cech
Recommended
Phytochemistry and Pharmacy for Practitioners – Yarnell
Recommended
Medical Herbalism – Hoffman
Recommended
Herbal Recipes for Vibrant Health – Gladstar
Recommended

NM 7325 Nat Case Analysis & Mgmt 1
Clinicians Handbook of Natural Medicine 2nd ed – Pizzorno
Required

NM 7341 A&B Cardiology
Pathophysiology of Heart Disease 4rd ed – Lilly
Required
Rapid Interpretation of EKGs 6th ed – Dubin
Required

NM 7416 Minor Office Procedures
No Textbook

NM 7417 Medical Procedures
Plumer's Principles and Practice of IV Therapy – Weinstein
Recommended

NM 8206A Radiographic Interp 1 Lecture
No Textbook

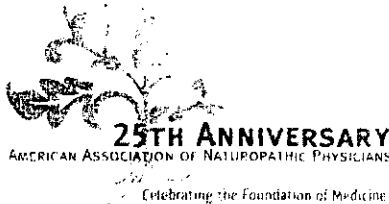
NM 8207 Radiographic Interp 1 Lab
Pocket Atlas of Radiographic Anatomy 2nd ed. – Moeller
Required
Pocket Guide to Radiography 6th ed. – Ballinger
Required
Normal Findings in Radiography – Moeller
Recommended

OM 5120 Fundamental Principles of TCM (ND)
Web That Has No Weaver – Kaptchuk
Required

PM 7301 Naturopathic Manipulation 2
Muscle Energy Techniques 3rd ed – Chaitow
Recommended
Photographic Manual of Regional Orthopaedic and Neurological Tests – Cipriano
Recommended

PS 7200 Psychological Assessment
DSM-IV-TR – APA
Required
DSM-IV Made Easy – Morrison
Recommended

TR 7412 Diet & Nutrient Therapy 2
No Textbook



AANP STATE LEGISLATIVE AFFAIRS
AMA Attempting to Restrict Access to Primary Care

March 10, 2010

Governor Sean Parnell
PO Box 110001
Juneau AK 99811-0001

The American Association of Naturopathic Physicians urges you to support **HB 282 and SB 70**, which would allow comprehensively trained medical professionals the ability to serve all Alaskans to the extent of their considerable training.

Access to quality healthcare is fundamental to the wants and needs of Americans. Patients are best served when they have a team of healthcare professionals who work together to ensure overall health and wellness. Currently there is a divisive and coordinated movement led by the American Medical Association to restrict valuable services provided by more than 3.3 million licensed healthcare professionals who are not DOs or MDs. Known as the Scope of Practice Partnership (SOPP), this campaign is designed to limit patient access to safe, high-quality and cost-effective healthcare.

What is a Naturopathic Physician? Naturopathic physicians are doctors trained to provide family healthcare and to emphasize the use of natural therapies to prevent and treat acute and chronic illnesses.

What training is required to become a Naturopathic Physician? Naturopathic physicians hold a doctorate in naturopathic medicine from a four-year, graduate-level, federally-recognized and accredited naturopathic medical school. These schools train physician-level practitioners in diagnosis and scientifically-based treatment with emphasis on natural therapies. There are currently five such schools in the United States and two in Canada.

The ND degree confers the title of Doctor of Naturopathic Medicine and provides a guarantee to the public that the doctor possesses the necessary training to practice naturopathic medicine. The doctorate degree prepares naturopathic doctors to offer qualified naturopathic medical care and to work together with other medical providers.

What therapies do Naturopathic Physicians employ for their patients? Naturopathic physicians use a variety of natural and non-invasive therapies, including clinical nutrition, herbal medicine, lifestyle counseling, homeopathy, physical medicine and hydrotherapy. Naturopathic physicians also have expertise in drug / herb / nutrient interactions. Many naturopathic physicians receive additional certification in disciplines such as midwifery, acupuncture and Oriental medicine.

Why are Naturopathic Physicians critical for so many patients in Alaska? Naturopathic physicians work in private practice or in integrated settings with other medical providers such as

conventional medical doctors and osteopathic physicians. The result is a patient-centered, comprehensive approach that provides the most appropriate treatment for an individual's needs. Naturopathic physicians educate patients about why they are unhealthy and provide them with the tools for achieving optimal health.

Naturopathic medicine affords a high degree of personalized care, a focus on disease prevention, lower costs and much lower incidences of harm or malpractice. We ask for your consideration in evaluating the outdated and inaccurate claims made by the Alaska branch of the American Medical Association. Please also consider that the large majority of MDs and DOs work effectively and cooperatively with all the mid-level healthcare professionals targeted by the AMA. It is only a few, politically motivated, physicians who insist on pulling outdated and inaccurate material to protect their "turf." If successful, the SOPP will place an enormous and unnecessary burden on the American healthcare system.

Naturopathic medicine is one of 10 professions selected for profiling by the AMA. The SOPP document, made available to legislators across the county, fails to appropriately define either the practice of naturopathic medicine or the training of naturopathic physicians. Following is the federal Department of Labor current definition of naturopathic medicine and the responsibilities of naturopathic physicians, based on their training.

DEFINITION NATUROPATHIC MEDICINE: U.S. DEPARTMENT OF LABOR 2009

Naturopathic Medicine: Diagnose, treat, and help prevent diseases using a system of practice that is based on the natural healing capacity of individuals. May use physiological, psychological or mechanical methods. May also use natural medicines, prescription or legend drugs, foods, herbs, or other natural remedies.

Sample of reported job titles: Naturopathic Physician, Naturopathic Doctor, Physician, Doctor of Naturopathic Medicine¹

Department of Labor further defines naturopathic medical practice in 5 areas that follow:

1. Professional and Public Health Obligations

- Conduct periodic public health maintenance activities such as immunizations and screenings for diseases and disease risk factors.
- Monitor updates from public health agencies to keep abreast of health trends.
- Report patterns of patients' health conditions, such as disease status and births, to public health agencies.
- Maintain professional development through activities such as post-graduate education, continuing education, preceptorships, and residency programs.

¹ Occupational Information Network. (2009). 29-1199.04 - Naturopathic Physicians. Retrieved December 1, 2009, from the Occupational Information Network website: <http://online.onetcenter.org/link/details/29-1199.04#Education>

2. Patient Intake and Diagnosis

- Document patients' histories, including identifying data, chief complaints, illnesses, previous medical or family histories, or psychosocial characteristics.
- Interview patients to document symptoms and health histories.
- Conduct physical examinations and physiological function tests for diagnostic purposes.
- Diagnose health conditions based on patients' symptoms and health histories, laboratory and diagnostic radiology test results, or other physiological measurements, such as electrocardiograms and electroencephalographs.
- Order diagnostic imaging procedures such as radiographs (x-rays), ultrasounds, mammograms, and bone densitometry tests, or refer patients to other health professionals for these procedures.

3. Patient Education/Advocacy

- Educate patients about health care management.
- Advise patients about therapeutic exercise and nutritional medicine regimens.
- Administer, dispense, or prescribe natural medicines such as food or botanical extracts, herbs, dietary supplements, vitamins, nutraceuticals, and amino acids.

4. Naturopathic Medical Practice

- Administer treatments or therapies, such as homeopathy, hydrotherapy, Oriental or Ayurvedic medicine, electrotherapy and diathermy, using physical agents including air, heat, cold, water, sound, or ultraviolet light to catalyze the body to heal itself.
- Naturopathic physicians consistently consult with other health professionals to provide optimal patient care, referring patients to traditional health care professionals as necessary.
- Obtain medical records from previous physicians or other health care providers for the purpose of patient evaluation.
- Perform minor surgical procedures, such as removing warts, moles, or cysts, sampling tissues for skin cancer or lipomas, and applying or removing sutures.
- Prescribe synthetic drugs under the supervision of medical doctors or within the allowances of regulatory bodies.

5. Naturopathic Prescribing Practice

It is well known that overuse of pharmaceuticals has led to thousands of preventable deaths as well as antibiotic resistance. While naturopathic doctors preferentially choose natural therapies to treat disease, they are also trained to utilize pharmaceutical drugs when in the best interest of the patient. This practice is reflected in the Survey data from the Department of Labor.

"While no naturopathic physicians reported prescribing on an hourly basis, 32% prescribe on a daily or weekly basis, and 54% prescribe more than once a month."

According to the Institute for Medicine (IOM) an estimated 15 million adults take herbal remedies or high-dose vitamins along with prescription drugs. Naturopathic doctors are the **only** physicians trained in the contraindications of herbs and botanicals with pharmaceuticals.

PRIMARY CARE EDUCATION AND TRAINING

The U.S. Secretary of Education recognizes CNME as the national accrediting agency for programs leading to the Doctor of Naturopathic Medicine (ND or NMD) or Doctor of Naturopathy (ND) degree. The program is a resident course of at least 4 years and 4620 hours of study. Clinical education requirements for, as mandated by accreditation agencies, include a minimum of 1200 clock hours in direct patient contact. All licensed naturopathic physicians have matriculated from the CNME approved schools, and successfully passed a national exam administered by the North American Board of Naturopathic Examiners (NABNE).

Both the Department of Education and the Carnegie Institute classify the ND degree under "doctorate-professional" (clinical) on par with the MD and DO degrees.

State Legislatures Address Primary Care Shortage

Six state legislatures designate NDs as primary care givers: Alaska, California, Montana, New Hampshire, Utah, and Vermont. Across the country legislatures are expanding scope and access to naturopathic medicine.

- Arizona, Hawaii, Oregon and Washington allow NDs full prescriptive authority.
- Vermont utilizes NDs in its Medicaid program.
- Hawaii expanded naturopathic scope of practice to include IV Therapy and minor surgery, in addition to prescribing authority.

States are acting to improve health status of its citizens by accessing science and evidenced-based medicine of highly educated and trained (non-MD and DO) providers of primary care.

State of Oregon	Naturopathic Physicians	Family Nurse Practitioners
Scope of Practice	Can diagnose and treat any condition	Can diagnose and treat any condition
Drugs Controlled Drugs	Can prescribe "Legend" drugs Schedule II-V	Can prescribe "Legend" drugs Schedule II-V
Basic and Clinical Sciences	224.50 credits	64 credits
Supervised Clinical Practice	1548 hours	760 hours
Pharmacology	72 hours	45 hours

The doctor shortage in Alaska and nationwide is no secret; this problem will only increase as the population ages. Naturopathic physicians are highly skilled, rigorously trained, licensed health care professionals who stand ready to meet the unmet needs of consumers in urban, rural, and underserved areas.

Sincerely,

Karen Howard,
Executive Director, American Association of Naturopathic Physicians

Re: Support SB 70 and HB 282

Dear Legislator,

At the same time Alaska faces a healthcare crisis with a serious deficit in primary care physicians there are at least 40 competent doctors already in Alaska eagerly waiting to provide care to this underserved population. Naturopathic doctors are trained at 4 year accredited medical schools an in most other Northwest states are board certified primary care providers. They are proficient in all the basic sciences, conventional diagnostics, and management of disease in both Western allopathic treatments as well as naturopathic treatment modalities (botanicals, physical medicine, etc). This training includes 1 year of pharmacology, minor surgery, and complete physical exam and assessment.

A major challenge in delivering primary care to Alaska is that naturopathic doctors are not licensed to practice their full scope of training including prescriptive privileges and minor surgery - including mole removals, biopsies, and superficial laceration repairs. To be able to provide the most effective and efficient primary care to Alaska's diverse patient population, naturopathic doctors must be able to prescribe antibiotics if indicated and suture wounds when needed.

As more mid-levels, such as nurse practitioners, are licensed to prescribed medications in Alaska, access to healthcare as well as patient outcomes across the state have improved. Naturopathic doctors have been licensed to practice medicine in Alaska since 1986, but the legal scope of practice has not kept up with other Pacific Northwest states who regulate the same physicians. Granting naturopathic doctors the legal ability to practice their full scope will increase the number of practitioners able to travel to remote villages, increase availability to specialists when they are needed, decrease undue burden on emergency rooms, increase access to education, prevention and primary care, and a likely decrease overall statewide healthcare costs.

The majority of the Westerns states have already passed legislation allowing naturopathic doctors to practice their full scope including prescriptive privileges and minor surgery. Alaska must act now to pass SB 70 and HB 282 to increase the quality and accessibility to healthcare.

Thank you for your time and I hope you consider endorsing SB 70 and HB 282 to increase access to primary care for your constituents and for all Alaskans.

Sincerely,

Abby Laing NDC .

Homer Alaska
abbylaing@gmail.com

Tom Laing
35035 Lowbush St, Homer, AK
tac.laing@gmail.com

Re: Support for SB 70 and HB 282

Dear Legislator,

I am writing to ask for your support of SB70 or HB 282, which would expand the scope of practice of Naturopathic Doctors (ND's) in Alaska. As I'm sure you know, Alaska has a serious deficit in primary care physicians, which will continue to worsen in the foreseeable future. Allowing Naturopathic Doctors to practice their full scope of training would greatly help to alleviate this shortage of primary medical care. To me, it seems foolish, and a waste of good resources, to not allow any professional to do the work they were trained to do whether they be architects, lawyers or Naturopathic Doctors.

Naturopathic doctors have all completed a 4-year university degree plus 4 years of an accredited medical school, the same duration as their allopathic counterparts, and have passed rigorous board testing. In most Western states, ND's are board certified primary care providers. They are trained in, and proficient in all the basic sciences, conventional diagnostics, and management of disease in conventional allopathic methods as well as naturopathic treatment modalities. This training includes 1 year of pharmacology, minor surgery, and complete physical exam and assessment. All have clinical experience as part of their training.

ND's face a huge obstacle in delivering primary care within Alaska since they are not allowed to practice using their full scope of training, which including prescribing medications such as antibiotics, performing minor surgery (including mole removals, biopsies, and superficial laceration repairs). Even nurse practitioners who have much less training than ND's have these rights.

ND's have been licensed to practice medicine in Alaska since 1986, but the legal scope of practice does not recognize the full extent of their training. Granting Naturopathic Doctors the legal ability to practice to the full extent of their training will increase the number of practitioners able to travel to remote Alaska villages, increase availability to specialists when they are needed, decrease undue burden on emergency rooms, increase access to education, prevention and primary care, and likely slow the increase of statewide healthcare costs.

I urge you to support SB 70 and HB 282 I hope you consider endorsing to increase access to primary care for your constituents and for all Alaskans.

Sincerely,

Tom Laing

Homer, AK

Kendra Kloster

From: Rep. Cathy Munoz
Int: Tuesday, March 09, 2010 2:53 PM
To: Kendra Kloster
Subject: FW: In support of SB 70 and HB 282

For naturopathic bill

From: Jessica McCord [mailto:mccordjess@gmail.com]
Sent: Monday, March 08, 2010 6:07 PM
To: Sen. Dennis Egan; Sen. Bill Wielechowski; Rep. Kyle Johansen; Sen. Lesil McGuire; Rep. Cathy Munoz; Sen. Bettye Davis; Rep. Beth Kerttula; Rep. Peggy Wilson; Sen. Bert Stedman
Subject: In support of SB 70 and HB 282

March 8, 2010

In support of SB 70 and HB 282

Dear Legislators,

There is a severe doctor shortage in Alaska. Many Medicaid patients in the state today are unable to find a doctor who accepts Medicaid assignment. Naturopathic physicians, who graduate from federally accredited medical schools with doctorate-level training, would like to serve this population without legal barriers.

Some of the challenges in delivering more care for less cost can be met by expanding the scope of practice for naturopathic physicians, a highly trained group of mid-level health care professionals who currently operate under a restricted legal system.

Consider the benefits Alaskans have enjoyed by legislating increased scope for advanced nurse, dental hygienists and optometrists. Chronic, and non-emergency medical, dental and vision problems can now be resolved without costly referrals.

Nurse practitioners were granted prescription endorsement because they made the case that expanding their scope of practice would better serve. This has proven to be true. There are, at this time, fewer naturopathic physicians in Alaska than ANPs and therefore we have less lobbying power. Nevertheless, naturopathic physicians, who have been licensed to practice medicine in Alaska since 1986, have significantly more medical training than nurse practitioners (doctorate level natural medical training – whereas advanced nurse practitioners hold masters level degrees).

We would like to bring our laws into line with our training. We see no controversy in this proposal. We are the most highly trained experts in preventive medicine. We are critically important in helping to change the currently unsustainable model of health care, which is increasingly expensive disease management.

Naturopathic physicians offer an alternative to drugs as a first choice for medical intervention. We will always choose safer, effective therapies (such as diet changes, or plant remedies) before going to drugs or riskier interventions. However, it is inconvenient, inefficient and potentially dangerous (because of delay in service) to refer a patient needing minor surgery or a short-term legend drug remedy to another doctor when we are perfectly capable of effectively providing these services to our patients, usually for significantly less cost.

I have a personal interest in returning to Alaska, my home state, to practice medicine. I was in the top my class at Bartlett High School in Anchorage, graduated with a B.S. in Zoology with honors from Northern Michigan University, and I am now pursuing a doctorate degree in naturopathic medicine at the National College of Naturopathic Medicine (a federally accredited college) in Portland, OR. However, the restrictions placed on naturopathic doctors in Alaska have provided me with reservations about ever being able to return and practice as a physician. I hope that this will change, and that I will be able to consider practicing medicine in Alaska one day.

Thank you for your consideration to endorse SB 70 and HB 282, which will allow holistically oriented physicians, with deep and rigorous scientific training and an excellent safety record, to more fully serve your constituents.

Sincerely,

Jessica McCord

Naturopathic Medical Student

Born and raised in Alaska (Hope, Seward and Anchorage)

Kendra Kloster

From: Rep. Cathy Munoz
nt: Friday, January 22, 2010 3:21 PM
o: Kendra Kloster
Subject: FW: Thank you for HB 282

From: cidickess@gci.net [mailto:cidickess@gci.net]
Sent: Thursday, January 21, 2010 11:51 AM
To: Rep. Cathy Munoz
Cc: Daniel J. Young
Subject: Thank you for HB 282

Dear Representative Cathy Munoz,

I'm writing to thank you for your interest in natural medicine and for your belief in freedom of choice in health care and working creatively towards a solution to our national health care crisis. I want to share with you my personal experience with naturopathic medicine with the vested interest in seeing it expand its benefit to me and others.

I am fortunate to have access to a Naturopathic Physician, Dr. Daniel Young at the Center for Natural Medicine (CNM), as my primary care provider. Although I qualify for Indian Health Services through Southcentral Foundation and the Alaska Native Medical Center at no cost to me, I have chosen to change my primary care to CNM since August, 2009. The difference in the quality of care has been worth the \$6,000 out of my pocket that I paid to CNM for medical services in 2009.

In my experience, naturopathic physicians practice medicine the way it should be practiced—with the patient's needs as the driving force, rather than meeting system needs first. For example, as a patient at the Primary Care Center (PCC) run by Southcentral Foundation, I was allocated 15 minutes for an office visit, regardless of the presenting issue. I could request 30 minutes to be seen for more than one issue, but the visits rarely lasted longer than that. When I see Dr. Young, the visits are as long as they need to be to address the issue(s) at hand. At the PCC, for over a year, I never saw the same care provider twice and when I was seen, the provider didn't have my chart to reference. Since I started seeing Dr. Young in August, he has gotten to know me better than any other provider I've seen since I was a child. The care is clearly patient-centered.

Another positive difference in the quality of care I've received via ND vs. MD or traditional practitioner is that Dr. Young listens to what I tell him about my experience with my own body. ND's respect the patient's knowledge of his/her own body, whereas the traditional practitioner will follow the results of a lab test regardless of any evidence to the contrary provided by the patient.

There are so many other reasons that I'm supporting the cause of naturopathic physicians to expand their ability to practice as they have been trained to do through companion bills SB70 and HB 282, not the least of which is that the practice of ND's is ultimately sustainable. ND's promote wellness, which reduces our dependency on late-stage disease management. This standard of practice not only saves money and valuable resources, but it also improves the patient's quality of life.

Again, thank you for your forward thinking in expanding access to all qualified health care providers in Alaska.

Sincerely,
Clarice Stewart

January 31, 2010

RE: HB 282

Dear Representative Cathy Munoz:

Thank you so much for your support of naturopathic care! Over the years, I have had two naturopathic care doctors – Dr. Torrey Smith/Anchorage and Dr. Daniel Young/Eagle River. Both have provided excellent care. I actually prefer “alternative” care since I do not wish to be on prescription medications unless absolutely necessary, but most of all, Dr. Smith and Dr. Young actually listen to my concerns.

In March of 2008, I started going to Dr. Young. Since my husband and I are both retired teachers, he was able to accept my health insurance. Needless to say, I was thrilled! The most wonderful thing was the time he spent with *speaking* with me regarding my health concerns. No hurry-hurry, no rush-rush. Here was a doctor who fully listened to my questions and concerns. He asked me questions and had me fill out a survey so that he could see me as a “whole” patient.

At that point, I had two main concerns – an ear problem and what seemed to be something like irritable bowel syndrome. I had spent Christmas 2007 a nervous wreck taking Imodium AD to relieve symptoms, and I was particularly nervous about flying.

Before going to Dr. Young, I had gone to 3 different ear specialists. One doctor was extremely rude – so rude in fact, I wrote a letter to him to express my dismay with his personal comments during an appointment. I was so shocked at his comments that I didn’t even speak. By the way, his response to my letter consisted of six, hand-written, rambling pages assuring me that he got 1,500 new patients each year, and basically said I just didn’t understand his *sense of humor*. Really?

Dr. Young used acupuncture to treat my ear, but my insurance did not cover acupuncture, so he recommended an ear specialist that I now trust and go to regularly.

As for my other concern, Dr. Young was able to diagnose and help me almost immediately through office treatments and herbal formulas.

Currently I am on Medicare and since he does not accept Medicare, I have to pay Dr. Young out of pocket. Even with that, I prefer to go to him because of his excellent, personal care.

Please, please work to expand access to *all qualified health care providers in Alaska*. As Alaskans, we are so blessed to have their devoted care.

Thank you so much.

Sincerely,

Sharon Sellens/Wasilla
ssellens2008@gmail.com

 **WELLSPRING**
Integrative Medical Center

January 21, 2009

Dear Alaskan Legislators:

I write in support of establishment of a Naturopathic Medical Board consisting of three (3) Naturopathic Doctors (ND), one (1) pharmacist and one (1) member of the public. This board is needed to assure the Alaskan public of safe naturopathic care complying with the regulations of ND practice in Alaska.

Wellspring, an Integrative Medical Center, located in Juneau, Alaska, has employed a naturopathic doctor for nine years. Patients constantly acknowledge their gratefulness for this option. However, he has been unable to fully practice his profession in Alaska because there is no ND Board overseeing the totality of his practice for which he was educated for four years, post-baccalaureate degree.

Please support this ND bill to improve wellness and health care for Alaskans, to increase access to ND care and to provide cost-effective options for our communities.

Please contact me if you have further questions.

Sincerely,

C. Trollan, ANP
Advanced Nurse Practitioner
Owner

February 5, 2010

In support of SB 70 and HB 282

Dear Legislators,

There is a severe doctor shortage in Alaska. Many Medicaid patients in the state today are unable to find a doctor who accepts Medicaid assignment. Naturopathic physicians, who graduate from federally accredited medical schools with doctorate-level training, would like to serve this population without legal barriers.

Some of the challenges in delivering more care for less cost can be met by expanding the scope of practice for naturopathic physicians, a highly trained group of mid-level health care professionals who currently operate under a restricted legal system.

Consider the benefits Alaskans have enjoyed by legislating increased scope for advanced nurse, dental hygienists and optometrists. Chronic, and non-emergency medical, dental and vision problems can now be resolved without costly referrals.

Nurse practitioners were granted prescription endorsement because they made the case that expanding their scope of practice would better serve. This has proven to be true. There are, at this time, fewer naturopathic physicians in Alaska than ANPs and therefore we have less lobbying power. Nevertheless, naturopathic physicians, who have been licensed to practice medicine in Alaska since 1986, have significantly more medical training than nurse practitioners (doctorate level natural medical training – whereas advanced nurse practitioners hold masters level degrees).

We would like to bring our laws into line with our training. We see no controversy in this proposal. We are the most highly trained experts in preventive medicine. We are critically important in helping to change the currently unsustainable model of health care which is increasingly expensive disease management.

Naturopathic physicians offer an alternative to drugs as a first choice for medical intervention. We will always choose safer, effective therapies (such as diet changes, or plant remedies) before going to drugs or riskier interventions. However, it is inconvenient, inefficient and potentially dangerous (because of delay in service) to refer a patient needing minor surgery or a short-term legend drug remedy to another doctor when we are perfectly capable of effectively providing these services to our patients, usually for significantly less cost.

Thank you for your consideration to endorse SB 70 and HB 282, which will allow holistically oriented physicians, with deep and rigorous scientific training and an excellent safety record, to more fully serve your constituents.

Sincerely,



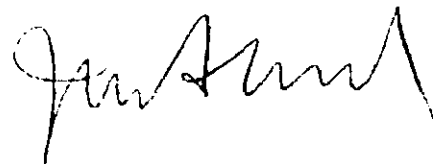
Dr. Emily A. Kane
serving Juneau since 1995

Wayne Aderhold
353 Grubstake Ave
Homer, AK 99603

RECEIVED
MAR 10 2010

Testimony to House L&C Committee
March 10, 2010
Re: HB 282

- I am 60 yrs old, resident of AK since '74 and utilize Naturopathic Physicians as my primary care providers since approx 1993. I see HB 282 as primarily a benefit to consumers like me.
- There are currently at least 2 practicing ND's on the Kenai Peninsula serving many residents of both Homer and Kenai/Soldotna with primary care by traveling between our communities on a weekly basis.
- There is currently a troubling shortage of primary care physicians both nationwide (ref Newsweek of March 8th) and statewide (ref current legislation by AK Senate to offer monetary incentives to lure primary care physicians to AK)
- Improvement of primary care is the documented solution to containing and even reducing overall healthcare cost to the community.
- HB 282 is the culmination of many year's effort by the ND community and others to both increase the services provided by ND's and improve their governance structure (via a Board) with NO ADDITIONAL COST to the State. It is as close to perfection as it can get now.
- Personally, I could have benefitted from both the prescriptive and minor surgical provisions of this bill between '02 and now, had it been enacted earlier. Sooner than I might like to admit, the Medicare provision will also apply to me.
- There is no logical reason not to move this bill forward immediately and assure it's passage during this session. Doing so, you will be **safely increasing the utilization** of these skilled and dedicated professionals who have already committed themselves to serving our community and the State of Alaska. Please move HB 282 forward now.



Plus 3 page backup.



A CRITICAL SHORTAGE OF PRIMARY-CARE PHYSICIANS IS YET ANOTHER SYMPTOM OF OUR AILING HEALTH-CARE SYSTEM.

BY MARY CARMICHAEL

AFTER TAKING A MONTH TO REGROUP, the White House has put health care back at the top of its agenda, asking Republicans for new ideas and trying to regain momentum for old ones. But last week's summit came down mostly to the same old talking points. And even if the president does manage to get some version of health-insurance reform passed

in the next few months, he and the country are still going to be dealing with the related crisis of America's doctor shortage. Primary-care physicians, family docs, general practitioners—whatever you call them, they're the country's first line of defense, the ones responsible for promoting preventive care, finding ways to keep people from getting sick in the

first place, and thus bringing down costs throughout the system. If every American went to one of these doctors regularly, health-care costs might come down as much as 5.6 percent a year, saving \$67 billion, according to one estimate. Yet we don't have nearly enough doctors to make that happen, and fewer are being produced every year.

... covered by
... No. 100 Ad. 10. 10



**IN SOME SURVEYS,
AS MANY AS HALF
OF PRIMARY-CARE
PROVIDERS HAVE
STOPPED TAKING
NEW PATIENTS.**

The annual number of American medical students who go into primary care has dropped by more than half since 1997. It's hard to get an appointment with the doctors who remain. In some surveys, as many as half of primary-care providers have stopped taking new patients. The other half are increasingly overworked and harried. Clearly we need to find a way to increase their ranks, and both the congressional health-care bills and President Obama's reform proposal make moves in that direction. But those efforts are somewhat limited, and a more comprehensive solution could be thwarted by the same thing that's stalled the rest of health-care reform so far: politics.

The reason behind America's doctor gap is a matter of money. The average income in primary care is somewhere in the mid-\$100,000s, which sounds like a lot but is less than half what specialists such as radiologists and dermatologists make. Given that doctors may graduate with as much as \$200,000 in med-school debt, it's easy to see why primary care started hemorrhaging recruits more than a decade ago and why radiology and other well-paid, high-tech specialties took off in popularity.

The field has since entered a vicious cycle. As fewer people have entered primary care, the doctors who are left have been forced by tight schedules to short-change some patients, forgoing the long, meandering chats that used to be a big part of checkups in favor of 15-minute, checklist-style appointments. The close relationships that general practitioners once had with patients drew many idealistic students into the field. Now recruiters face an extra-tough sell: they have to convince bright young would-be docs to pursue a career that won't pay very well and won't be as emotionally fulfilling as it once was.

How can schools entice more aspiring doctors into primary care? The Tufts University School of Medicine, to take one example, offers a \$25,000-per-year scholarship for med students who agree to work in primary-care practices in rural Maine for much of their training period. Students on this Maine Track start shadowing doctors on the third day of orientation. This year's program drew 257 applicants for just 36 slots.

The problem with the Maine Track is that it doesn't actually require med students to enter primary care after they graduate. It can't, says Peter Bates, chief medical officer at Maine Medical Center, which jointly administers the program with Tufts. "If you're a bright kid with a great future, being told you have to be a family physician in rural Maine—even if that's what you want to do [now]—might strike you as confining," Bates says. "Why would you close down your opportunities?"

There are dozens of training programs like Tufts's around the country, as well

as the National Health Service Corps, which pays back loans and hands out scholarships and stipends in exchange for a few years of service in rural areas, where the shortage of primary-care providers is most acute. Obama and the Senate have both called for an expansion of the program in their proposals for reform, which has already received \$200 million in stimulus funds. Several new medical schools, including some that focus on primary care, have also recently opened. But all those changes may not be enough to fill the gap. "We need more than half of doctors in this country doing primary care," says Harris Berman, interim dean of the medical school at Tufts. "It's a bigger problem than we can solve with programs like ours."

So what else can be done? Lately, some policymakers have argued that instead of having a primary-care doctor, more people—especially young, healthy patients with simple medical needs—should see a nurse or physician assistant who administers routine care and kicks more complex problems up to a doctor when they arise. "If you're just coming in to have your blood pressure checked and your pulse taken, you really don't need to see a doctor, and you might not need to see a nurse, either," says David Barrett, president and CEO of the Lahey Clinic in Burlington, Mass. "There are three-stripe military sergeants with two-year degrees who can provide excellent primary care. There's absolutely no reason to force all primary-care providers to have an M.D."

The Lahey Clinic is an "integrated group practice"—one of the teamwork-oriented organizations, like the Mayo Clinic and the Cleveland Clinic, that have been lauded for cutting costs and eliminating waste in the health system. In its primary-care service, a "team captain" physician supervises nurses,

SOUTH FLORIDA—BLOOMBERG VIA GETTY IMAGES

PAs, and other health-care professionals who perform tasks like checking blood pressure but don't necessarily make formal diagnoses on their own. The problem with taking this approach nationwide is that nurses and PAs are subject to the same economic forces that drive medical students. Almost half of current nurse practitioners and physician assistants work in specialty practices, where the money is. Then there's the fact that the country already has a nursing shortage. How are nurses going to replace doctors if there aren't enough nurses to begin with?

There's one more group of people, foreign medical graduates, who could theoretically fill in for the missing primary-care providers. The trouble is, they're already doing that. More than a quarter of primary-care doctors currently practicing in the United States have gotten their diplomas abroad. Increasing their numbers would be problematic for both the left (which might object to poaching doctors from developing countries that need them) and the right (which would surely object to recruiting non-Americans to do a job that reliably pulls in six figures, especially when unemployment is high).

Inevitably, then, the solution to the primary-care crisis is going to have to involve something simpler: paying primary-care providers more, so as to draw more bright young physicians into the field. At least it sounds simpler. But even this turns out to be maddeningly complex.

Most primary-care doctors, like all other physicians, are paid bit by bit for each medical task they perform (unless they work somewhere like the Lahey or the Mayo, which pay set annual salaries). Private insurers decide how much they'll reimburse docs for each task partly by looking to Medicare's policies for guidance. Medicare, in turn, makes its decisions by committee. Here is the bad

news for primary-care docs: most of the physicians on the committee that sets the reimbursement rates are specialists. Medicare—and, consequently, private insurance—doesn't reimburse primary-care doctors as lavishly as it does their more specialized counterparts. That's why primary-care incomes are relatively low in the first place.

Changing anything about the way primary-care providers are paid will be immensely complicated. For one thing, rural doctors sometimes perform specialized procedures because no one else is available—would they still qualify for a raise? And then, what exactly constitutes a task that should be reimbursed? For a high-tech specialist, this is often clear-cut: each scan or chemical test counts. But what about all the things primary-care doctors do that don't involve technology? "You don't get paid to talk to people and tell them to stop smoking. Nobody values my time to do that," says Joe Gravel, a family physician and chief medical officer at the Greater Lawrence Family Health Center in Massachusetts. "They'll pay for the lung transplants, but they won't pay to prevent 50 people from needing them."

In January, Medicare raised reimbursement rates for some primary-care services by about 4 percent, and its payment committee will call for another small increase this week. That's a good start, says Lori Heim, president of the American Academy of Family Physicians, but "if you're talking about changing the way students view primary care, it needs to be more like 25 percent, and that's on the low side." Both the House and Senate reform bills also include a slight increase in primary-care payments—5 and 10 percent, respectively.

To fund such a pay raise, Congress would either have to spend more money on health care or pinch some from the specialists by lowering their pay rates. The first strategy is clearly controversial—no one wants to increase health-care costs further. The second, budget-neutral strategy is bound to tick off the specialists. Peter Mandell, a spokesman for the American Academy of Orthopaedic Surgeons, sent a clear message last year when the Medicare reimbursement committee suggested a 10 percent shift in payments toward primary-care docs and away from specialists. Telling *The New York Times* that his group had "a problem" with the idea,

Mandell added, "If there's less money for hip and knee replacements, fewer of them will be done for people who need them." It's a short step from his polite, reasonable statement to rallies over the specter of rationing.

So here is the fundamental dilemma of the primary-care crisis: One of the solutions with the best chance of working is politically unpalatable, and even those who support it admit it's a bureaucratic nightmare. But without it, we may be heading for an even bigger disaster that nobody wants. Does this sound familiar? The cure for primary care, it turns out, is ultimately going to be the same thing that's needed to fix the rest of the health-care system: political will.

ONE GROUP THAT COULD THEORETICALLY FILL IN FOR THE MISSING DOCS: FOREIGN MEDICAL GRADUATES.



Kendra Kloster

From: Rep. Cathy Munoz
nt: Friday, January 29, 2010 11:52 AM
o: Kendra Kloster
Subject: FW: HB 282

Please add to file on the bill.

From: jacqui yeagle [mailto:jacqui_yeagle@yahoo.com]
Sent: Friday, January 29, 2010 8:52 AM
To: Rep. Cathy Munoz
Subject: HB 282

Dear Rep. Munoz,

Alaska experiences a critical shortage of primary care physicians, yet excludes naturopathic physicians from providing care at the level of training and skill they have acquired. Expanding the scope of care provided by these licensed health care practitioners will increase the supply of primary care providers in Alaska. It will also ensure that Alaskans have the opportunity to receive medical care from their provider of choice, and possibly help reduce overall health care costs. I support HB 282 and SB 70.

Thank you,

Jacqui Yeagle

Kendra Kloster

From: Rep. Cathy Munoz
nt: Tuesday, January 26, 2010 1:01 PM
.o: Kendra Kloster
Subject: FW: HB 282 - expand access to naturopathic medicine this session

Please add to file on naturopathic bill

From: Juneau Montessori School [mailto:montessori@acsalaska.net]
Sent: Tuesday, January 26, 2010 10:25 AM
To: Rep. Cathy Munoz
Cc: dremilykane@gmail.com
Subject: HB 282 - expand access to naturopathic medicine this session

Dear Cathy,

I am writing in support to expand access to naturopathic medicine in Alaska. Companion bills SB70 and HB282

Alaskans deserve to have access to the services of a variety of licensed health care practitioners. I believe that in the many areas of the State where primary care medical doctors are scarce or overextended, having access to other types of qualified and licensed primary care professionals, including naturopathic physicians will be of great service to those people.

It has been our family's experience that naturopathic care makes sense. After being diagnosed with arthritis by a medical doctor and prescribed expensive pharmaceuticals with a long list of side effects, that I was expected to take for the rest of my life, I decided to seek naturopathic care. The treatment included mainly changes on my diet and lifestyle; which, in a short period of time, reduced significantly the symptoms and improved my overall health. I did not need those pharmaceuticals any more. Other chronic illnesses I suffer since I was a teenager have been successfully managed by alternative medicine. So far I have avoided surgery my medical doctor anticipated 20 years ago. Since then, my two children, now 18 and 14, have mostly been cared by naturopathic and other alternative care professionals, who have worked with our family to promote wellness and prevent diseases that run genetically through our family, such as diabetes and heart disease.

Please ensure that the Alaskan people have freedom of choice in health care by allowing naturopathic physicians to be recognized as primary care physicians by the US Department of Labor and update outdated laws in the State of Alaska to allow them to create an Alaska Naturopathic Medical Board; allow Medicaid patients to access naturopathic care, and support continuing medical education.

By recognizing naturopathic physicians the State would also increase the supply of primary care providers and reduce overall health care costs.

Thank you for your continued support for children and families in our State,

Lupita

LUPITA ALVAREZ
401 F Street
Douglas, AK 99824
(907) 364-2334

Statement Supporting SB70 and HB282

I am testifying as a consumer of health care. For the last 25 years, the primary health care providers for my family have been naturopathic doctors. We have been successfully treated for numerous ailments, including sinus infections, earaches, urinary tract infections, and insomnia. I have worked with a number of naturopaths and have found them all to be extremely competent and highly professional.

As far as I am concerned, this legislation should be completely non-controversial. Every other state on the West Coast has a Naturopathic Board. Naturopaths are highly trained health care providers whose focus is on wellness, education and prevention. It seems to me that this is exactly the kind of health care that we need more of.

I have heard that some members of the medical community are concerned that ND's might practice outside of their area of competence. I think this is a red herring. There is no evidence this has been a problem in other states. And I am not aware that it has been a problem in Alaska either.

I can tell you from my own experience that the NDs I have worked with are well aware of their limitations, and have referred me to other providers when that was appropriate.

In fact, a few years ago, I came back from a trip to Africa with a bad case of what I thought was traveler's diarrhea. I had been staying in a place with notoriously bad water and had gotten the runs from drinking the water earlier in my trip.

After several days, I wasn't getting any better and was experiencing alternating fever and chills. It was a naturopathic doctor, Emily Kane, who recognized that I might have something more serious. So she came over to my house during her lunch hour and drew my blood and sent it away to be tested for malaria. It came back positive the next day.

I went to Bartlett hospital and ultimately ended up at the University of Washington Hospital in Seattle to be treated for a nasty case of cerebral malaria. It was because of Dr. Kane's alert intervention that I was diagnosed with a life threatening condition in time to be successfully treated.

Two things about this. Number one, it illustrates the highly personalized form of medical care that is typical of the naturopathic profession. How many doctors do you know who make house calls? Yet Dr. Kane is not the first naturopath to make a house call at my house.

Number two, it is an example of a naturopath making a correct diagnosis and referring a patient to appropriate care. Dr. Kane did not suggest that I treat my cerebral malaria with colloidal silver or wormwood. She urged me to go to the hospital and get treated. And when it turned out that Bartlett hospital did not have the appropriate drugs or expertise to treat my condition, I was transferred to the University of Washington, where I had the good fortune to be treated by one of the leading malaria experts in North America.

ND's clearly have a role to play in our health care system. They are primary care providers who can treat many if not most of the common conditions that people go to a doctor for. The care they provide is personalized, cost effective, and prevention oriented.

Perhaps most important, it is focused on individuals taking responsibility for their own wellness. I firmly believe that we will never get medical costs under control until we acknowledge that all of us need to start taking better care of ourselves. Helping people do this is one thing NDs do best.

I urge you to support this legislation.

David Ottoson
212 West Ninth Street
Juneau, AK 99801



Alaska Pharmacists Association

March 8, 2010

Re: HB 282

The Alaska Pharmacists Association represents Alaska Pharmacists, technicians, and others interested in improving medication use and advancing patient care. Alaska Pharmacists Association members provide care in all practice settings, including community pharmacies, hospitals, long-term care facilities, community health centers, managed, care organizations, hospice settings, and the military.

The Alaska Pharmacists Association (AkPhA) would support the establishment of an Alaska Naturopathic Board with the purpose of regulation of the practice of the Naturopathic Doctors in the State of Alaska. We appreciate the inclusion of pharmacists in the development of the Naturopathic Board.

AkPhA appreciates the rigorous education and training many Naturopath Doctors have completed. We also understand that all Naturopath Doctors do not complete the same level or quality of training. Our hopes are that the development of a Naturopathic Board would develop standards for Naturopathic practitioners within the State of Alaska, including post graduate residency training and mandatory continuing education. AkPhA does not view naturopaths as an alternative to allopathic health care providers, but an addition to traditional practice. Naturopathic medicine is not meant as a replacement in areas where health care providers are of short supply or where there are not physicians accepting Medicare patients.

Finally, prescription endorsement regulations need to be developed in extensive detail beyond what is described in HB282. AkPhA, with the assistance of the Board of Pharmacy, is willing to open a dialog concerning prescriptive authority guidelines for Naturopathic Doctors.

Respectfully,

Barry Christensen, RPh

Co-Chair, Legislative Committee
Alaska Pharmacists Association

E-mail: akphrmcy@alaska.net

203 W. 15th Ave., Suite 100 • Anchorage, Alaska 99501 • (907) 563-8880 • (907) 563-7880



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CHAIR, SURGERY

VICTOR BELL, M.D.
MARK SIMON, M.D.
FOUNDATION REPRESENTATIVES

March 5, 2010

Via Facsimile: (907) 465-2273

The Honorable Cathy Munoz
Alaska State Legislature
State Capitol, Room 409
Juneau, AK 99801-1182

RE: HB282 "An Act Relating to Naturopaths"

Dear Representative Munoz:

As Chief of Staff of Fairbanks Memorial Hospital, I appreciate the opportunity to present my concerns and the concerns of our medical staff regarding House Bill 282, which would give prescribing rights to naturopathic physicians. We are convinced that naturopaths do not have the training or the expertise to safely and effectively prescribe medications to the public.

Medical Doctors and Osteopathic Doctors spend a minimum of 7 years in an intense academic environment (including both Medical School and Residency) learning both the art and the science of medicine. This process includes, but is certainly not limited to, learning both when to use and when not to use medications in an appropriate manner. Though the use of medicines is just one piece of an enormous therapeutic armamentarium, it is not a piece that can easily be mastered without the rest of the fund of knowledge that is involved in the intense training that MDs and DOs currently undertake. Though medications have a tremendous ability to improve the lives of the patients that we care for, they also have equally profound ability to cause harm.

This letter is not meant to serve as an attack on the naturopathic profession. There are many health professionals in addition to naturopaths, such as chiropractors, physical therapists, acupuncturists, and others, who provide

benefit and care to the health of the public. However, we do not believe that naturopaths possess either the training or expertise to prescribe medications in a safe and effective manner for patients.

Thank you for your time.

Please feel free to contact me at any time.

Sincerely,



Michael R. Burton, MD
Chief of Staff
Fairbanks Memorial Hospital



Banner Health

Tanana Valley Clinic

1001 Noble Street
Fairbanks, AK 99701
Phone 907-459-3500
Fax 907-459-3583

Representative Olson,

We, the Board of Directors at Tanana Valley Clinic, are writing in opposition of House Bill 282. While we find the specific treatments that naturopathic doctors provide patients valuable, we do not support any expansion of a naturopath's scope of practice, specifically the designation as a 'primary care physician.'

HB282 proposes that naturopaths are allowed to write and administer prescriptions, perform minor surgeries, and enable full primary-care practices for naturopathic doctors. However, it does not take into account the distinct differences between the education and training of an MD or DO, and a naturopath. This new bill would allow naturopaths to practice well beyond the scope of their education. To earn his or her degree, an MD or DO must attend a rigorous four-year medical school, perform a *required* 3-5 year residency, oftentimes complete a 3-5 year fellowship, and pass multiple boards; a naturopath completes a four-year program at a naturopathic medical college – many of which are offered online – and passes a licensing exam, with an *optional* residency program for a specialty. The difference between these two educational backgrounds is distinct, in both quantifiable time requirements and practical experience. Allowing the recipients of both degrees to practice under the same title – 'primary care physician' – is not only inappropriate but erroneous.

This bill also puts forward a state-authorized prescription endorsement; it is our opinion that this is not in the best interest of patients. Sixty hours of pharmacology education is not a sufficient amount of training to earn prescribing rights, and will allow naturopaths to practice beyond their scope. Many states whose licensed naturopaths have prescriptive rights limit their abilities (see attachment). We believe that these limits are indicative of proactive checks and balances that recognize naturopaths' lack of prescription training, and prevent them from causing potential harm to patients. These limitations should be considered before granting Alaska's naturopaths prescribing rights under HB282.

Alaska may be facing a shortage of primary care physicians, but filling these positions with under-qualified naturopaths is not the answer. Patients in Alaska have a deserved expectation



Banner Health

Tanana Valley Clinic

1001 Noble Street
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Phone 907-459-3500
Fax 907-459-3583

that when they visit a 'physician,' they are being seen by someone with extensive medical training and expertise. Ultimately, the training received by both bodies of providers is not the same; allowing naturopaths to have prescribing rights, perform minor surgeries, and be called 'primary care physicians' would allow them to practice beyond their scope, endangering patients and devaluing MDs and DOs. We strongly urge you to consider our concerns, and oppose HB282.

Sincerely,

Michelle Nace, MD

Chairman of the Board

Todd Capistrant, DO

Board Member

J. Timothy Foote, MD

Board Member

James Shill, MBA

CEO, Tanana Valley Clinic

Clay Triplehorn, DO

Board Member

Hunter Judkins, MD

CMO, Tanana Valley Clinic



Assuring Safe Naturopathic Medical Practices for Alaskans
Appendix D: States' Prescriptive Authority and Minor Surgery
Scope for Licensed Naturopathic Doctors

State	Rx Authority ¹	Controlled Substances Act Schedules ²					Minor Surgery
		I	II	III	IV	V	
Alaska	No						No
Arizona	Yes		x	x	x	x	Yes
California	Yes ³			x	x	x	Yes
Connecticut	No						Yes
Hawaii	No						No
Idaho	Yes						Yes
Kansas	Yes						No
Maine	Limited ⁴						Yes
Montana	Yes		x	x			Yes
New Hampshire	Limited						No
Oregon	Yes		x	x	x	x	Yes
Utah	Yes						Yes
Vermont	Limited ⁵			x	x		No
Washington DC	In Progress						In Progress
Washington State	Yes			x	x		Yes
Puerto Rico	No						No

¹ Prescriptive authority is the ability to prescribe controlled substances as identified in schedules I-IV of the Controlled Substance Act (21 USC, Sections 801-971). Maine's law refers to the "legend" and "non-legend" classifications of the official United States pharmacopoeia, rather than to the Controlled Substance Act. "Legend" drugs are those for which a prescription is required by federal law. In 2005, Washington State added some schedule 3-5 drugs to "legend" drugs that naturopathic doctors may prescribe.

² The schedules of the Controlled Substance Act are available on the US Drug Enforcement Agency's website at www.usdoj.gov/dea/pubs/scheduling.html.

³ Pursuant to California Code §3640.5, NDs may only prescribe controlled drugs under the supervision of a medical doctor.

⁴ In Maine, NDs are permitted to prescribe "non-controlled legend drugs" only after a twelve-month period of review by an allopathic physician. Such drugs may only be from the following categories: homeopathic remedies, vitamins and minerals, hormones, local anesthesia and immunizations that are designated by rule.

⁵ Vermont only allows NDs to prescribe only testosterone from schedule III and codeine from schedule IV.

Sources:

Burnham, *Legislative Research Report #05.074*, 1/6/2005, pg. 5

Hough, Dower & O'Neil, *Portrait of a Profession: Naturopathic Practice*, Center for the Health Professions, UCSF, 9/2001, pg. 27.

SB 1158, State of Idaho, 58th Legislature, 2005.

HB 1546, State of Washington, 59th Legislature, 2005.



STATE OF ALASKA
DEPARTMENT OF
COMMERCE
COMMUNITY AND
ECONOMIC DEVELOPMENT

Sean Parnell, Governor
Emil Notti, Commissioner
Lynne Smith, Director

Division of Corporations, Business and Professional Licensing

1 March 2010

The Honorable Sean Parnell
Governor of Alaska
Post Office Box 110001
Juneau AK 99811-0001

Governor Parnell, the Alaska State Medical Board urges you and your colleagues in the legislature to defeat House Bill 282 that creates a "naturopathic medical board" and gives certain rights and recognitions to naturopaths in Alaska.

In a recent Alaska State Medical Board 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 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. All forms of naturopathic education include concepts incompatible with basic science, and do not necessarily prepare a practitioner to make appropriate diagnosis or referrals.

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."

Doctors of naturopathy, unlike medical and osteopathic physicians, are not required to obtain a minimum level of education that includes a bachelor's degree before entering into school to become a naturopath. There is little requirement for pharmaceutical education beyond the "natural" products typically used by naturopaths. There is little to no training to perform surgical procedures. And yet, naturopaths want to be allowed to perform surgical procedures and to prescribe medications for which they have received little or no education or training.

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."

PO Box 110806, Juneau, AK 99811-0806
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We are also very concerned with doctors of naturopathy being allowed to call themselves "physician." The title of physician has been historically reserved for medical doctors and osteopathic doctors. To permit others to use the title will serve only to confuse the public into thinking they are receiving care from someone whose education equals that of a medical or osteopathic doctor. We urge you to reject this attempt to grant greater recognition to the practitioner of naturopathy profession that it is due. The public will not be served.

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 20 states license naturopaths in this country. Many of those 20 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 Parnell, 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.



Jean M. Tsigonis, MD, Chair
Alaska State Medical Board

xc: Members, Alaska State Senate
Members, Alaska State House of Representatives

1. Concerns over the unintended consequences of applying the term "Physician"
 - a. Quick internet search shows the term "physician" is used 238 times in current law. I would like to know what affect applying "physician" to naturopath's has on current laws?
 - b. Understanding is currently Medicare will not pay for naturopaths. We have a shortage of physicians that accept Medicare. This committee just passed a bill to provide incentives to "physicians" – will that bill now apply to naturopaths? Concern is that we may lose the impact on our Medicare problems. That is just an example. Believe a thorough examination of current law needs to be done so we know all effects.

2. Concerns over patient protections.
 - a. Is there a difference in the standard of care determination between a naturopath and physician? Standard of care being the threshold question for liability as to whether the physician acted negligently.
 - b. Is there a difference in liability insurances or are they exactly the same? Can we get someone to discuss the different insurance requirements for physicians and naturopaths and what that means for patients?
 - c. Do we have an attorney from legislative legal that can explain the standard of care that will be required under this bill? If a physician performs a minor surgery or a naturopath will it change the legal standard of care that a court will look at if something was done improperly? Same question on a miss-diagnosis that prescribes medication – are the standards of care the same? Are naturopath's ok with being judged under a "physician" standard of care? Why not?
 - d. Believe we should get a memo from legislative legal that fully outlines what differences there are for patient protections or recommend this go to Judiciary.

HB 282

April 1, 2009

Testimony by Patrick Neary, ND to the Alaska Legislature House of Representatives', Health and Social Services committee.

Honorable Representatives, thank you for making time in your busy schedules to hear from us on House Bill 282, a bill relating to Naturopathic Doctors.

This bill will increase choice and access to safe natural healthcare services for the Alaskan people.

I am Dr. Patrick Neary and I present today in support of passage of House Bill 282. I have lived in Juneau with my family for the past 15 years and make my livelihood in service as a Naturopathic Doctor. I work at the Wellspring Clinic in collaboration with three Advanced Nurse Practitioners.

As you know, NDs have been licensed to practice as independent primary care doctors in Alaska since 1986.

House bill 282 is a clarification of our Naturopathic licensing statutes. It brings Alaska up to the current standard of Naturopathic medical care offered in the other licensed States.

House bill 282 provides Alaskan families with increased access to care and increased freedom of choice in their health treatment while at the same time increasing safety and oversight of our profession.

The provisions of this bill allow for inclusion of Naturopathic Medical services in the Medicaid (Denali KidCare program), aligns the prescriptive authority of Naturopaths in Alaska with the national norms for licensed states in keeping with our medical training. This bill also creates a Naturopathic Medical board to protect public safety through regulatory and disciplinary powers.

Shortage of Primary Care Providers in Alaska

It is no secret that there is a shortage of primary healthcare providers nationally and particularly in Alaska. Primary care providers act as the medical home for patients. The provider patient relationship aims to improve patient health and avoid the life and financial costs of chronic disease and expensive unnecessary emergency room treatment.

There is a shortage of providers even here in Juneau. Currently in Juneau there is only one medical clinic accepting new adult patients and the wait is reportedly three weeks for a first appointment.

In Alaska, there are now approximately 40 Naturopathic Doctors licensed as primary care providers. The average length of practice of the NDs in Alaska is 10 years. We are seasoned care providers, who stand ready to assist with the current unmet need for primary health care.

Will this bill solve the primary care shortage? No. However for patients and families who chose a more natural or alternative approach to their health care, HB 282 provides Naturopaths with a safe and cost effective scope of practice to offer patients.

Although prescription medication will seldom be our first offering, HB282 allows Naturopaths to prescribe or adjust the dose of prescription medications without a patient having to wait and reschedule with a medical prescriber. This time savings will alleviate physical and financial suffering.

Our inclusion in the Denali Kid care program will allow low income parents of children with chronic health problems access to Naturopathic diet and lifestyle information which may improve the health of their child for a lifetime.

There is resistance to allowing complete scope of practice for all midlevel providers.

The passage of this bill is a free market solution to availability of healthcare in Alaska. In a capitalist society competition is a good thing. It provides freedom of choice, improved quality at lower costs.

However, professional medical trade unions oppose competition with their monopoly status. They are fighting legislative efforts to complete licensing of midlevel providers across the country.

The American Medical Association has sent this legislature, copies of its Scope of Practice Campaign document against Naturopathy. This document has out dated information and is part of a National campaign to thwart the free market competition from 15 classes of midlevel medical practioners.

The American Medical Association and its state medical associations in 2009 have fought to limit the scope of practice legislation of midlevel providers in more than 150 state legislative efforts.

As you can see on Attachment 1, across the country the AMA's Scope of Practice Campaign efforts sought to restrict or deny licensure to 15 classes of midlevel providers. Acupuncturists, Advance Nurse Practitioners(26), Audiologists, Chiropractors, Dentists, Midwives, Optometrists, Pharmacists, Physician assistants, Physical therapists, Podiatrists, Psychologists, Naturopaths (15), Speech pathologists, Surgical assistants These midlevel providers have moved for legislation that allows them to practice to the full extent of their training and expertise.

All of these providers have had their practice licensing efforts targeted by the AMA to fail because they are not in the interest of the AMA members.

Medical dissatisfaction with its own practice

During the same timeframe, in the Fall of 2008 a representative survey of 12,000 Medical Doctors by the Physicians Foundation painted a grim picture of primary healthcare. This survey was reported nationally and in the Fall 2008 Heartbeat, newsletter from the Alaska Medical Association.

This survey found that 78% of doctors believe there is a shortage of primary care doctors. 49% of Physicians (>150,000 doctors) said that they plan over the next three years on reducing the number of patients they see or stop work altogether. 33% have closed their practices to Medicaid. 45% would retire today if they had the resources. 60% of doctors would not recommend medicine as a career to young people.

According to this the primary care shortage is going to become a lot worse.

Maybe the service provided by the all of the trained midlevel providers mentioned above would reduce our growing shortfall in primary care if given a chance.

Naturopathic scientific medical education

Medical doctors claim that the education that Naturopaths receive is not scientifically and clinically adequate to allow competent clinical practice. This is patently wrong.

The current educational standard for a Naturopathic Physician is a 4 or 5 year doctoral program of basic and clinical medical sciences on top of a Bachelors degree. My Bachelors of Science degree is in Chemical Engineering from the oldest engineering school in the Nation, Rensselaer Polytechnic Institute.

I can personally attest to the rigor of the sciences required in the Bastyr Naturopathic Medical School from which I graduated in 1993. Many of our basic science and clinical instructors were PhDs and MDs who were also on the teaching staff of the University of Washington, Medical School or had taught at other regular medical schools. All of the modern Naturopathic Medical colleges are regionally and nationally accredited by appropriate governing agencies.

Attachment 2 is the curriculum of the Bastyr University. This represents the current National standard of the four year study of science based natural medical care leading to an ND degree. The first two years encompass approximately 1400 hours of modern basic and clinical diagnostic science. Of note is the 55 hours of class time in Pharmacology. Specific instruction in pharmacology and prescribing are also presented in each specialization course. Please note that none of the course hours of natural medical nature and none of the third and fourth year hours are included in the above total.

Attachment 3 is the two year Masters Degree curriculum from University of California, San Francisco. This degree qualifies Advanced Nurse Practitioners in Alaska to practice independently with full prescribing rights. The pharmacology class work for this degree is in the 40 hour range. Please note that the total graduate educational hour requirements of the Masters degree Advanced Nurse Practitioners are approximately half of those required for a Naturopathic degree.

Advanced Nurse Practitioners are independently licensed and provide safe, cost effective primary care in Alaska. Attachment 4 is an Executive Proclamation issued by our Governor Sean Parnell attesting to the excellent service Advanced Nurse Practitioners have provided Alaskans for over 35 years.

The prescribing abilities of both Naturopaths and Advanced Nurse Practitioners are not meant to be on the same par as Medical Doctors. Medical Doctors faster paced practice requires a higher degree of skill and experience. Their training prepares them for this.

Both Naturopaths and Nurse Practitioners and are aware of the limit of our knowledge and training. We see fewer patients and spend longer with them. Generally one to three patients an hour is the norm for either Naturopaths or Advanced Nurse Practitioners.

We strive to maintain appropriate, professional referral relationships with our respected Medical colleagues. We confer with and refer our patients to Medical Doctors often.

Naturopathic prescribing a remarkable record of safety

A committee comprised of three Medical doctors, three Naturopaths, and three Registered Pharmacists produced the document Findings and Recommendations Regarding the Prescribing and Furnishing Authority of a Naturopathic Doctor. This was presented to The California State Legislature in January 2007 by the California Bureau of Naturopathic Medicine. Attachment 5 is page 11 of this report.

This table shows that of the thirteen states that then licensed Naturopathic Doctors, Alaska was one of only three states that did not allow Prescriptive Authority.

Attachment 6 presents the pristine record of safety that this committee discovered. None of the state licensing agencies reported any patient harm or disciplinary action due to ND prescribing nor were any agencies aware of any civil actions against ND's.

The Medical malpractice insurance company NCMIC reported that "In the five years that they had been insuring Naturopathic Physicians and the Naturopathic Colleges they had never opened a claim against a Naturopathic Physician involving prescriptive medications." Additionally a search of the legal data bases of Oregon and Washington the states with the highest number of and years of service of Naturopaths (since 1919 and 1927 respectively) there were no legal cases against Naturopaths for prescription negligence or for anything at all!

Attachment 7 is a quote from my malpractice insurance company NCMIC for the \$1 million, \$3 million policy that I carry. This is the level required by Bartlett Hospital that allows me to order diagnostic and outpatient services there. Please note that the costs of this coverage in Alaska, Washington and Arizona are all very close. In Washington, Naturopaths have a large list of prescription drugs which they are licensed prescribe. Arizona allows NDs the almost complete prescribing authority available to Medical doctors. This parity of cost demonstrates that the insurance market does not recognize any increased risk with Naturopathic prescribing.

Closing

Naturopathic Doctors strive to provide freedom of medical choice and access to care for Alaskans. Yet the extent of our effort is hampered by our current legislation.

Naturopathic Doctors are trained in a rigorous 4 year long scientific clinical education to offer a broad spectrum of natural and medical primary care. Our training is on par with Advanced Nurse Practitioners who offer excellent medical care in Alaska. We strive to work collaboratively with our Medical colleagues for the best interest of our patients.

Naturopaths practicing to the completeness of our training offer safe primary medical service including medical prescription. The state agencies who regulate Naturopaths report no problems with Naturopaths prescribing medication. The malpractice insurance industry does not realize any increased risk of Naturopaths with prescribing authority.

House Bill 282 will allow Naturopathic Doctors to safely offer services to the full scope of our educational training as true primary care doctors. It will provide increased oversight and accountability through formation of a Naturopathic Board.

Alaskans, especially low income Alaskan families will benefit from more freedom of medical choice and access to care. Please support the passage of this important legislation.

Thank you



Scope of Practice Campaign
Trends for 2009 State Legislative/Regulatory Sessions
(By state)

State	Scope of Practice Issue
Alabama	Advance Practice Nurses: independent prescribing rights
Arizona	Optometrists: mandatory PreK vision screenings
Arkansas	Advance Practice Nurses: independent practice
California	Advance Practice Nurses: independent practice
California	Naturopaths: prescribing privileges
California	Physical Therapists: direct access (or expansion thereof)
California	Psychologists: independent prescribing rights
Colorado	Advance Practice Nurses: Certified Nurse Anesthetists: independent practice
Colorado	Advance Practice Nurses: independent prescribing rights
Colorado	Chiropractors: ability to refer to selves as "physicians"
Colorado	Naturopaths: licensure
Connecticut	Advance Practice Nurses: independent practice
Delaware	Midwives: Lay Midwives: licensure
Delaware	Pharmacists: collaborative management (similar to NPs)
Florida	Advance Practice Nurses: authority to prescribe controlled substances
Florida	Optometrists: authority to perform surgery
Florida	Optometrists: mandatory PreK vision screenings
Florida	Physical Therapists: direct access (or expansion thereof)
Florida	Podiatrists: authority to treat the ankle and all soft tissue structures below the knee governing the function of the foot and ankle
Florida	Psychologists: independent prescribing rights
Georgia	Nonphysician Providers (generally): use of lasers
Georgia	Psychologists: independent prescribing rights
Hawaii	Optometrists: mandatory PreK vision screenings
Hawaii	Psychologists: independent prescribing rights
Idaho	Midwives: Lay Midwives: licensure
Idaho	Naturopaths: licensure
Idaho	Optometrists: authority to perform surgery
Idaho	Optometrists: expansion of authority to perform injections
Illinois	Naturopaths: licensure
Illinois	Optometrists: mandatory PreK vision screenings
Illinois	Pharmacists: collaborative management (similar to NPs)
Illinois	Physical Therapists: direct access (or expansion thereof)
Illinois	Psychologists: independent prescribing rights
Illinois	Speech Language Pathologists: authority to perform treatment functions independently

State	Scope of Practice Issue
Indiana	Advance Practice Nurses: Certified Nurse Anesthetists: prescriptive authority
Indiana	Advance Practice Nurses: Certified Nurse Anesthetists: independent practice
Indiana	Midwives: Lay Midwives: licensure
Indiana	Surgical Assistants: licensure
Iowa	Advance Practice Nurses: authority to supervise the use of fluoroscopic x-ray systems by radiologic technologists and students
Iowa	Advance Practice Nurses: Certified Nurse Anesthetists: authority to perform any medical procedure, including but not limited to, interventional pain management
Iowa	Optometrists: mandatory PreK vision screenings
Iowa	Pharmacists: authority to administer immunizations
Iowa	Physician Assistants: independent practice
Kansas	Pharmacists: authority to administer immunizations
Kansas	Physical Therapists: direct access (or expansion thereof)
Kentucky	Audiologists: direct access
Kentucky	Physical Therapists: direct access (or expansion thereof)
Louisiana	Advance Practice Nurses: Certified Nurse Anesthetists: independent practice
Maine	Pharmacists: authority to administer immunizations
Maine	Pharmacists: collaborative management (similar to NPs)
Maryland	Anesthesia Assistants: licensure
Massachusetts	Nonphysician Providers (generally): use of lasers
Massachusetts	Nonphysician Providers (generally): administration of certain injectable materials including, but not limited to, flourescein dye, collagen or Botulinium toxin
Massachusetts	Optometrists: authority to prescribe certain therapeutic pharmaceutical agents
Michigan	Advance Practice Nurses: general scope expansions
Michigan	Chiropractors: authority to determine differential diagnosis; access to imagine technology
Michigan	Chiropractors: authority to treat the entire body, including joints and extremities not currently permitted
Michigan	Nonphysician Providers (generally): Physician employment by
Michigan	Pharmacists: collaborative management (similar to NPs)
Michigan	Physical Therapists: direct access (or expansion thereof)
Michigan	Physical Therapists: protection of POPTS (physician owned physical therapy services)
Michigan	Speech Language Pathologists: licensure
Minnesota	Advance Practice Nurses: independent prescribing rights

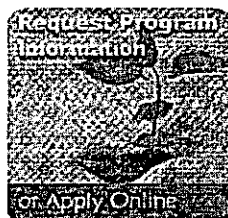
State	Scope of Practice Issue
Minnesota	Nonphysician Providers (generally): Physician employment by
Minnesota	Nonphysician Providers (generally): use of lasers
Minnesota	Psychologists: independent prescribing rights
Minnesota	Speech Language Pathologists: authority to perform treatment functions independently
Mississippi	Optometrists: authority to perform surgery
Mississippi	Psychologists: independent prescribing rights
Missouri	Midwives: Lay Midwives: licensure
Missouri	Naturopaths: licensure
Missouri	Psychologists: independent prescribing rights
Montana	Psychologists: independent prescribing rights
Nebraska	Advance Practice Nurses: independent practice
Nebraska	Optometrists: authority to perform surgery
Nebraska	Optometrists: authority to prescribe certain therapeutic pharmaceutical agents
Nebraska	Optometrists: expansion of authority to perform injections
Nebraska	Optometrists: authority to prescribe therapeutic contact lenses
Nebraska	Psychologists: independent prescribing rights
Nevada	Alternative Medicine Practitioners/CAM: general scope of practice expansions without registration/regulation/licensure
Nevada	Nonphysician Providers (generally): Physician employment by
Nevada	Physical Therapists: direct access (or expansion thereof)
Nevada	Physical Therapists: protection of POPTS (physician owned physical therapy services)
Nevada	Podiatrists: general scope of practice expansions
Nevada	Psychologists: independent prescribing rights
New Hampshire	Naturopaths: prescribing privileges
New Jersey	Physical Therapists: direct access (or expansion thereof)
New Mexico	Acupuncturists: expanded prescriptive authority
New Mexico	Optometrists: authority to perform surgery
New Mexico	Optometrists: expansion of authority to perform injections
New Mexico	Physician Assistants: independent practice (primary care and family medicine)
New Mexico	Psychologists: removal of Board of Medicine oversight of prescriptive authority/ability to prescribe off label
New York	Advance Practice Nurses: Certified Nurse Anesthetists: independent practice
New York	Chiropractors: scope of practice expansions within workers' compensation
New York	Dentists: authority to perform cosmetic surgery in oral maxillofacial region; unrelated to dental health

State	Scope of Practice Issue
New York	Naturopaths: licensure
New York	Optometrists: authority to prescribe certain therapeutic pharmaceutical agents
New York	Podiatrists: authority to treat the ankle
North Carolina	Audiologists: general scope expansions
North Carolina	Chiropractors: general scope expansions
North Carolina	Midwives: Lay Midwives: licensure
North Carolina	Naturopaths: licensure
North Dakota	Advance Practice Nurses: Nurse Practitioners: mandatory listing as primary care providers (PCPs) by Medicaid
Ohio	Advance Practice Nurses: prescriptive authority – Schedule II drugs
Ohio	Naturopaths: licensure
Ohio	Nonphysician Providers (generally): Physician employment
Ohio	Optometrists: prescription authority
Ohio	Pharmacists: collaborative management (similar to NPs)
Ohio	Physician Assistants: increasing Medicaid reimbursement rules (APRN parity)
Ohio	Psychologists: independent prescribing rights
Oklahoma	Advance Practice Nurses: Certified Nurse Anesthetists: authority to perform any medical procedure, including but not limited to, interventional pain management
Oklahoma	Naturopaths: licensure
Oklahoma	Nonphysician Providers (generally): Physician employment by
Oklahoma	Pharmacists: collaborative management (similar to NPs)
Oklahoma	Physical Therapists: direct access (or expansion thereof)
Oklahoma	Psychologists: independent prescribing rights
Oregon	Chiropractors: general scope expansions
Oregon	Naturopaths: prescribing privileges
Oregon	Psychologists: independent prescribing rights
Pennsylvania	Audiologists: expand scope to include diagnosis, treatment, and management of hearing and balance disorders
Pennsylvania	Nonphysician Providers (generally): administration of certain injectable materials including, but not limited to, flourescein dye, collagen or Botulinium toxin
Pennsylvania	Optometrists: authority to prescribe certain therapeutic pharmaceutical agents
Pennsylvania	Optometrists: mandatory PreK vision screenings
South Carolina	Advance Practice Nurses: general scope expansions

State	Scope of Practice Issue
South Carolina	Chiropractors: general scope expansions
South Carolina	Naturopaths: licensure
South Carolina	Optometrists: authority to perform surgery
South Carolina	Podiatrists: authority to treat the ankle and all soft tissue structures below the knee governing the function of the foot and ankle
Tennessee	Naturopaths: licensure
Tennessee	Nonphysician Providers (generally): administration of certain injectable materials including, but not limited to, fluorescein dye, collagen or Botulinium toxin
Tennessee	Psychologists: independent prescribing rights
Texas	Nonphysician Providers (generally): use of lasers
Texas	Optometrists: authority to perform surgery
Texas	Physician Assistants: lessening of supervision requirements by an MD and/or DO
Texas	Advance Practice Nurses: independent practice
Texas	Physical Therapists: direct access (or expansion thereof)
Texas	Acupuncturists: licensure
Utah	Midwives: Direct Entry Midwives: general scope expansions
Utah	Physical Therapists: direct access (or expansion thereof)
Utah	Psychologists: independent prescribing rights
Vermont	Advance Practice Nurses: Certified Nurse Anesthetists: independent practice
Virginia	Advance Practice Nurses: Nurse Practitioners: gives the state Nursing Board sole authority to interpret the practice of NPs
Virginia	Advance Practice Nurses: Nurse Practitioners: change supervision requirement to collaboration and consultation
Virginia	Naturopaths: licensure
Washington	Advance Practice Nurses: general scope expansions
Washington	Optometrists: mandatory PreK vision screenings
Washington D.C.	Optometrists: authority to perform surgery
West Virginia	Optometrists: authority to perform surgery
Wisconsin	Advance Practice Nurses: general scope expansions
Wisconsin	Audiologists: expand scope to include diagnosis, treatment, and management of hearing and balance disorders
Wisconsin	Chiropractors: general scope expansions
Wisconsin	Naturopaths: licensure
Wisconsin	Pharmacists: collaborative management (similar to NPs)
Wisconsin	Psychologists: independent prescribing rights



ACADEMIC DEGREE PROGRAMS



Attachment 2

Curriculum for Doctor of Naturopathic Medicine 2009-2010

Four-Year Track: Year I

Quarter	Cat. No.	Course Title	Credits	Lec.	L/C	Tot.
Fall	BC5104	Biochemistry 1	4	4	0	44
	BC5107	Human Physiology 1 Lec/Lab	5.5	4	3	77
	BC5110	Histology*	5	4	2	66
	BC5122	Gross Human Anatomy 1	4.5	4	1	55
	BC5122L	Gross Human Anatomy 1 Lab	1	0	2	22
	NM5113	Naturopathic Medicine in Historical Context	2	1	2	33
	NM5804	Clinic Entry 1	1	0	2	22
		<i>Quarterly Total:</i>	23	17	12	319
Winter	BC5105	Biochemistry 2	4	4	0	44
	BC5108	Human Physiology 2 Lec/Lab	5.5	4	3	77
	BC5112	Embryology	3	3	0	33
	BC5123	Gross Human Anatomy 2	4.5	4	1	55
	BC5123L	Gross Human Anatomy 2 Lab	1	0	2	22
	BC5142	Fundamentals of Research Design*	2	2	0	22
	NM5114	Fundamentals of Naturopathic Clinical Theory	2	1	2	33
	OM5120	Fundamental Principles of TCM*	3	3	0	33
	PM5301	Hydrotherapy/ Physiotherapy Lecture	2	2	0	22
	PM5305	Hydrotherapy/Physiotherapy Lab*	1	0	2	22
		<i>Quarterly Total:</i>	28	23	10	363
	Spring	BC5106	Biochemistry 3	4	4	0
BC5109		Human Physiology 3	3	3	0	33
BC5124		Gross Human Anatomy 3	4.5	4	1	55
BC5124L		Gross Human Anatomy 3 Lab	1	0	2	22
BC5129		Neuroscience	5.5	4	3	77
BO5301		Botanical Medicine 1 Lec/Lab	2	1.5	1**	26.5
NM5115		Naturopathic Medicine in Global Context	2	1	2	33
PM5310		Myofascial Analysis	1.5	0	3	33
		<i>Quarterly Total:</i>	23.5	17.5	12	323.5

*BC5110, BC5142, OM5120: Usually also offered in summer

**Two hours every other week times five weeks

Four-Year Track: Year II

Quarter	Cat. No.	Course Title	Credits	Lec.	L/C	Tot.
Fall	BC6200	Human Pathology 1	4	4	0	44
	BC6204	Immunology*	4	4	0	44
	BO6301	Botanical Medicine 2	2	2	0	22
	HO6300	Homeopathy 1	2	2	0	22
	NM6210	Clinical Lab Diagnosis 1	3.5	2	3	55
	NM6221	Physical/Clinical Diagnosis 1 Lecture	2	2	0	22
	NM6221L	Physical/Clinical Diagnosis 1 Lab	2	1	2	33
	PS6305	Naturopathic Counseling 1	3	3	0	33
	TR6310	Foods, Dietary Systems & Assessment	3	2	2	44
		<i>Quarterly Total:</i>	25.5	22	7	319
	Winter	BC6201	Human Pathology 2	4	4	0
BC6209		Infectious Diseases**	5	5	0	55

	BO6302	Botanical Medicine 3 Lec	2	2	0	22
	HO6301	Homeopathy 2	3	3	0	33
	NM6211	Clinical Lab Diagnosis 2	3.5	2	3	55
	NM6222	Physical/Clinical Diagnosis 2 Lecture	2	2	0	22
	NM6222L	Physical/Clinical Diagnosis 2 Lab	2	1	2	33
	PS6306	Naturopathic Counseling 2	3	3	0	33
	TR6311	Macro & Micronutrients	3	3	0	33
		<i>Quarterly Total:</i>	27.5	25	5	330
Spring	BC6202	Human Pathology 3	4	4	0	44
	NM6100	Successful Charting and Coding	1	1	0	11
	BC6305	Pharmacology **	5	5	0	55
	HO6302	Homeopathy 3	3	3	0	33
	NM6212	Clinical Lab Diagnosis 3	3.5	2	3	55
	NM6224	Physical/Clinical Diagnosis 3 Lecture	2.5	2.5	0	27.5
	NM6224L	Physical/Clinical Diagnosis 3 Lab	2	1	2	33
	NM8801	Preceptorship 1	1	0	4	44
	PM6300	Naturopathic Manipulation 1	2	2	0	22
		<i>Quarterly Total:</i>	24	20.5	9	324.5

*BC6204: Usually also offered in summer

** BC6209 and BC6305: Offered in winter and spring quarter

Eligible to take NPLEX basic science exams after the successful completion of the second year.

Four-Year Track: Year III

Quarter	Cat. No.	Course Title	Credits	Lec.	L/C	Tot.
Summer	BO6303	Botanical Medicine Dispensary Lab	1	0	2	22
	NM7325	Naturopathic Case Analysis & Mgmt 1	1.5	0	3	33
	NM7341	Cardiology	3	3	0	33
	NM7416	Minor Office Procedures*	3	3	0	33
	NM7417	Medical Procedures*	3	3	0	33
		<i>Quarterly Subtotal:</i>	11.5	9	5	154
		1-2 Clinic Shifts**	2-4	0	4-8	44-88
Fall	BO7300	Botanical Medicine 4 Lec/Lab	2	1.5	1	26.5
	MW7320	Normal Maternity	3	3	0	33
	NM 7302	Gastroenterology ****	2	2	0	22
	NM 7307	EENT	2	2	0	22
	NM7313	Gynecology	3	3	0	33
	PM7301	Naturopathic Manipulation 2*****	3	3	0	33
	PM7305	Orthopedics	2	2	0	22
	PS7200	Psychological Assessment	2	2	0	22
	TR7411	Diet & Nutrient Therapy 1	3	3	0	33
		<i>Quarterly Subtotal:</i>	22	21.5	1	246.5
			1-2 Clinic Shifts**	2-4	0	4-8
Winter	NM7101	Environmental Medicine	1.5	1.5	0	16.5
	NM7102	Public Health	1.5	1.5	0	16.5
	NM7116	Naturopathic Clinical Theory	1	1	0	11
	NM7304	Dermatology	2	2	0	22
	NM7306	Oncology	2	2	0	22
	NM7314	Pediatrics 1	2	2	0	22
	PM7302	Naturopathic Manipulation 3****	3	3	0	33
	PM 7341	Sports Medicine/Therapeutic Exercise	2	2	0	22
	PS7203	Addictions & Disorders	2	2	0	22
	TR7412	Diet & Nutrient Therapy 2	3	3	0	33
	NM7142	Critical Evaluation of the Medical Literature	2	2	0	22
		<i>Quarterly Subtotal:</i>	22	22	0	242
			1-2 Clinic Shifts**	2-4	0	4-8
Spring	BO7301	Botanical Medicine 5 Lec/Lab	2	1.5	1	26.5
	NM6105	Fundamentals of Business Operations	2	2	0	22
	NM7305	Clinical Ecology	2	2	0	22
	NM7311	Neurology	2	2	0	22
	NM7315	Pediatrics 2	2	2	0	22
	NM7320	Family Medicine	2	2	0	22

NM7330	The Healing Systems	1	1	0	11
PM7303	Natuopathic Manipulation 4*** *****	3	3	0	33
PS7315	Natuopathic Counseling 3	2	2	0	22
<i>Quarterly Subtotal:</i>		18	17.5	1	202.5
1-2 Clinic Shifts**		2-4	0	4-8	44-88

* NM7341, NM7416 and NM7417: May also be offered in spring
 ** Students are assigned 6 shifts during their first year (4 quarters) in clinic.
 *** Two hours every other week times five weeks
 **** NM7302: Offered fall and spring.
 ***** PM7301: One section usually offered in summer
 *** ** PM7302: One section usually offered in fall
 *** ***** PM7303: One section usually offered in winter

Four-Year Track: Year IV

Quarter	Cat. No.	Course Title	Credits	Lec.	L/C	Tot.
Summer	NM8201	Radiographic Interpretation 1 Lecture*	2	2	0	22
	NM6115	Goal Setting and Self Motivation OR	1	1	0	11
	NM6120	Professional Speaking and Writing	1	1	0	11
	<i>Quarterly Subtotal:</i>		3	3	2	33
3-4 Clinic Shifts		6-8	0	12-16	132-176	
Fall	NM8303	Geriatrics	2	2	0	22
	NM8308	Endocrinology**	3	3	0	33
	NM8312	Urology	1.5	1.5	0	16.5
	NM8325	Nat. Case Analysis & Mgmt 2: Grand Rounds***	1	0	2	22
	NM8413	Adv'd Naturopathic Therapeutics 1	2	2	0	22
	<i>Quarterly Subtotal:</i>		9.5	8.5	2	115.5
3-4 Clinic Shifts		6-8	0	12-16	132-176	
Winter	NM8101	Ethics****	1	1	0	11
	NM8214	Diagnostic Imaging*** **	3	3	0	33
	NM8309	Rheumatology	1.5	1.5	0	16.5
	NM8414	Adv'd Naturopathic Therapeutics 2	2	2	0	22
	NM8802	Preceptorship 2	1	0	4	44
	<i>Quarterly Subtotal:</i>		8.5	7.5	4	126.5
3-4 Clinic Shifts		6-8	0	1	132-176	
Spring	NM8102	Jurisprudence	1	1	0	11
	NM8212	Radiographic Interpretation 2**** **	3	3	0	33
	NM8314	Pulmonary Medicine	1.5	1.5	0	16.5
	NM8803	Preceptorship 3	1	0	4	44
	NM8844	Interim Patient Care*** ****	2	0	4	44
	<i>Quarterly Subtotal:</i>		8.5	5.5	8	148.5
3-4 Clinic Shifts		6-8	0	12-16	132-176	

*NM8201: Offered summer and fall
 **NM8308: Offered fall and spring
 ***NM8325: Offered in fall, winter and spring
 ****NM8101: Offered fall and winter
 *****NM8212 and NM8214: Both offered winter and spring
 ****NM8844: Students are required to complete a total of 44 interim clinic hours. (Usually students staff the shifts they are assigned to in the quarter just ended.) Students register for and pay for this shift in their last quarter of attendance.

Summary of Clinic Requirements: Naturopathic Medicine Program

Quarter*	Cat. No	Course Title	Credits	Lec.	L/C	Tot.
variable	NM7820-29	Patient Care 1-10	20	0	40	440
variable	NM8801-3	Preceptorship 1-3	3	0	12	132
variable	NM8830-36	Patient Care 11-17	14	0	28	308
variable	NM8844	Interim Patient Care	2	0	4	44
variable	PM7801-2	Physical Medicine 1-2	4	0	8	88
variable	PM8801-2	Physical Medicine 3-4	4	0	8	88
<i>Clinic Total:</i>			47	0	100	1100

*Quarterly shift assignments are based on availability.

Elective Requirements: Naturopathic Medicine Program

Quarter	Cat. No.	Course Title	Credits	Lec.	L/C	Tot.
variable	variable	Elective and Special Topics	14	14	0	154
		Elective Total:	14	14	0	154

Curriculum and course changes In the 2009-2010 Bastyr University Catalog are applicable to students entering during the 2009-2010 academic year. Please refer to the appropriate catalog if interested in curriculum and courses required for any other entering year.

Total Requirements: Naturopathic Medicine Program

The following requirements apply to all naturopathic medicine program tracks.

	Credits	Lec.	L/C	Total
Total Core Course Credits and Hours	249.5	219.5	60	3071.5
Total Elective Credits and Hours	14	14	0	154
Total Clinic Credits and Hours	47	0	100	1100
Total Requirements	310.5	233.5	160	4325.5

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Attachment 3



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**Adult Nurse Practitioner (ANP) Master's Specialty Area
 ANP Sample Curriculum (2009-11)**

Note: Curriculum and course scheduling are **subject to change** without notice.

Caution: DO NOT file your study list on-line until you speak to your adviser and/or clinical faculty during the first week of classes.

Number	Course	Units	Time	Faculty (FOR)
YEAR ONE, FALL QUARTER (2009)				
N253 or N221.01	Theories of the Policy Process OR Theories Rel. to Nrsng. Care of the Adult	3	Wed 8-10	Malone/Carrieri-Kolhman
N257	Asmt./Mgmt. of Common Psych. Symptoms	2	Wed 10-12	Phoenix
N270	Advanced Health Assessment	2	Wed 1-3	Hollinger
N301.01	Adv. Health Asmt. skills lab	1	Thu 8-10 or 10-12	ANP Faculty
N404.01*	ANP clinical practicum	1	Th 12-2 qowk	ANP Faculty
N236A	Complementary Healing	2	Wed. 3-5	Abercrombie
WINTER QTR. (2010)				
N262A	Research Methods	2	Wed 8-10	A. Alkon
N245	Health Protection/Promotion	2	Wed 10-12	Segovia-Bain
N232	Clinical Pharmacology	4	Wed 1-3 & web	Macera/Ford
N245.01	ANP Seminar: Health Protection/Promtn.	1	Wed 3-5 qowk even	Grundland
N414.01*	ANP Clinical Practicum	2	Wed 3-5 qowk odd	ANP Faculty
SPRING QTR. (2010)				
N246	Asmt./Mgmt. of Signs/Symptoms	3	Wed 8-11	Scarr
N246.01	ANP Urgent Care Residency + clin. confc.	1	Wed 11-1 qowk even	Dreier
N415.01A*	ANP Residency (8 hrs/wk + clinical confc.)	3	Wed 11-1 qowk odd	ANP Faculty
N262.05	Research in Primary/Complementary Care	2	Wed 1-3	Janson
YEAR TWO, FALL QUARTER (2010)				
N247	Complex Health Problems & Management	3	Mon 2-4 and web	Saxe
N241	Dimensions in Advanced Practice	2	Wed 1-3	Sparacino/Levi
N415.01B*	ANP Residency + clinical confc.	4	Wed. 3-5 qowk, or Wed 3-5 qowk Weds 3-5 qowk Wed 3-5 qowk	Burgel Collins-Bride Stringari Newlin
WINTER QTR. (2011)				
N415.01B*	ANP Residency plus clinical confc.	4	Wed 10-12 qowk odd Wed 5-6 q wk	Burgel, Saxe, Stringari Newlin
N247.01	Seminar- Adult Pri. Care: Complex Hlth.	2	Wed 1-4	Oka
S222	Probs. Health Care Economics + Policy	2	Wed 3-5	Chapman
SPRING QTR. (2011)				
N271.01	Decision-Making in Adult Primary Care	3	Wed 1-4 q wk	Newlin
N415.01B*	ANP Residency + clinical confc.	4	Wed. 11-1 qowk or Wed 4:30-5:30	Burgel, Saxe, Stringari TBD
Comprehensive Examination				Graduate Adviser

Table Revised: 2/19/2010, Subject to Change

* 1 unit N 400 coursework = 3 hours clinical per week. Clinical conference meets qowk (qowk = every other week).

Note: 2 units of Socio-Cultural content, Nutrition (Nu218, 2 units) in Fall or Winter Quarter (web-based), and microscope workshop (part of N415.01A) are required.

N259.04 Contraception (1 unit), which is offered in Fall and Winter Quarters as a web-based course and in-class meetings, is required for the ANP-generalist, ANP-HIV and ANP-ICH students.

Optional course includes X-Ray (N284, 1 unit), which will be offered in Spring Quarter (web-based).

This curriculum meets the requirements of the ANCC for *Adult Nurse Practitioner* certification.

Links/Related Web Pages at UCSF School of Nursing

- **Adult Nurse Practitioner** MS Specialty Area Page
- **Prospective Students**
 - **Master of Science (MS) Program**
 - **Information Sessions**
 - **Application Procedures**
- **Master's Specialty Areas**
 - **Adult Nurse Practitioner**
 - Acute Care Nurse Practitioner
 - Advanced Community Health and International Nursing (ACHIN)
 - Cardiovascular Nursing
 - Critical Care/Trauma Nursing
 - Family Nurse Practitioner
 - Gerontological Nursing
 - Health Policy Nursing
 - Leadership/Administration
 - Nurse Midwifery
 - Occupational & Environmental Health Nrsng.
 - Oncology Nursing
 - Pediatric Nursing, Advanced Practice
 - Perinatal Nursing, Advanced Practice
 - Psychiatric/Mental Health Nursing, Advc. Practice
- **Current/Incoming Students Information** page

More Information/Contact: info@nursing.ucsf.edu

Revised: Feb. 2010

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STATE OF ALASKA



Executive Proclamation by *Sean Parnell, Governor*

WHEREAS, there are more than 125,000 licensed Nurse Practitioners (NPs) in the United States with more than 650 licensed in Alaska, providing high-quality, cost-effective, personalized healthcare to Alaskans for more than 35 years; and

WHEREAS, Alaska has one of the highest numbers of NPs per capita of any state in the nation; and

WHEREAS, NPs work to achieve advanced education, most hold master's degrees, and many hold doctorates - including advanced clinical training beyond their initial registered nurse preparation; and 24 percent of practicing NPs in Alaska have received their graduate nursing education through the University of Alaska's Family Nurse Practitioner Program; and

WHEREAS, NPs are partners in the healthcare of their patients, so that, in addition to clinical services, NPs focus on health promotion, disease prevention, and health education and counseling, guiding patients to adopt smarter health and lifestyle choices; and

WHEREAS, NPs can provide excellent, skilled, cost-effective care; and

WHEREAS, NPs offer services in the areas of family practice, women's health, pediatrics, geriatrics, psychiatric mental health, midwifery services, and other specialties; and

WHEREAS, NPs provide healthcare to people of all ages throughout the State of Alaska, and in diverse healthcare settings which include community clinics, health department clinics, public health centers, schools, university student health centers, private practice, emergency departments, home health care, long-term care facilities, and hospitals; and

WHEREAS, about 40 percent of NPs in Alaska practice in rural settings, an estimated 35 percent practice in medically underserved areas of Alaska, and nearly ten percent are the sole licensed providers in their communities; and

WHEREAS, NPs bring a unique perspective to health care service delivery by emphasizing both nursing and medical care.

NOW, THEREFORE, I, Sean Parnell, Governor of the State of Alaska, do hereby proclaim November 8-14, 2009 as:

Alaska Nurse Practitioner Week

in Alaska, and encourage Alaskans to recognize the many contributions that this dedicated group of healthcare professionals makes to the health and well-being of the people in the communities they serve.

Dated: October 16, 2009



Sean Parnell

Sean Parnell, Governor
who has also authorized the
seal of the State of Alaska to
be affixed to this proclamation.

COMMITTEE FINDINGS

Formulary Laws from Other States

As the scope of practice for NDs varies from state to state, so do the laws and regulations regarding prescribing. Of the 13 other states that license NDs, 9 of those states allow NDs to prescribe independently, without any MD supervision or protocol. Only one state, Kansas, which instituted licensure in 2003, requires MD supervision, and Maine requires collaboration with a physician for one year prior to independent prescribing.

State	ND Licensure Enacted	# of Current Active NDs	Prescriptive Authority	MD Supervision Required
Alaska	1986	40	No	No
Arizona	1935	375	Yes	No
Connecticut	1920	210	No	No
Hawaii	1925	85	Yes	No
Idaho	2005	8	Yes	No
Kansas	2003	11	Yes	Yes
Maine	1995	27	Yes	1 year
Montana	1991	67	Yes	No
New Hampshire	1994	57	No	No
Oregon	1927	715	Yes	No
Utah	1997	18	Yes	No
Vermont	1995	117	Yes	No
Washington	1919	802	Yes	No

The formularies for each state vary greatly. A brief summary is given below. The actual formularies may be viewed in the Appendix.

Arizona has the broadest formulary in the nation. Arizona NDs are allowed to independently prescribe all classes of prescription drugs, with 4 exceptions:

- IV medications (except vitamins, chelation therapy, and drugs used in emergency resuscitation and stabilization, which are allowed).
- Controlled substances listed as Schedule I or II (except morphine is allowed).
- Cancer chemotherapeutics classified as legend drugs.
- Antipsychotics.

To support this broad prescribing authority, Arizona passed HR 2028 in 2002. This bill required, as of January 1, 2005, that all NDs complete a 60-hour series of pharmacy courses and pass an examination. After that date, only NDs who have completed the additional training and passed the test in

Safety Record of ND Prescribing

In preparation for this report, the Bureau contacted the licensing agencies for each of the states that allow NDs to prescribe. None of the states reported any patient harm or disciplinary action due to ND prescribing. In addition, the states were not aware of any civil actions against NDs for prescribing.

The Bureau also contacted NCMIC Insurance Company. NCMIC insures NDs in all of the licensing states and also insures the naturopathic medical schools. In a letter to the Bureau dated June 7, 2006, NCMIC stated: "In the five years that NCMIC has been insuring Naturopathic Physicians and the colleges, we have never opened a claim against a Naturopathic Physician involving prescription medications." [See Appendix.]

Additionally, the Committee contacted Jury Verdicts Northwest (JVN) to see if there were any civil actions filed against a licensed ND. JVN covers both Oregon and Washington, the two states with the greatest number of NDs and that have been licensing NDs for a considerable length of time (since 1919 and 1927, respectively). JVN responded "Upon reviewing cases contained in Jury Verdicts Northwest's database we found no cases against naturopaths for prescription negligence, or for that matter our database contained no cases against naturopaths at all." [See Appendix.]

Why Do NDs Need to Prescribe?

The NIH National Center for Complementary and Alternative Medicine considers naturopathy a "major Western whole medical system" that "involves complete systems of theory and practice that have evolved independently from or parallel to allopathic (conventional) medicine." In 1987, the American Association of Naturopathic Physicians (AANP) began work on a consensus definition of naturopathic medicine for the modern era. The definition, unanimously adopted by the AANP's House of Delegates in 1989, focused on the guiding naturopathic principles and philosophy rather than specific therapeutic modalities or treatments. The definition reads:

"Naturopathic medicine is a distinct system of primary health care - an art, science, philosophy and practice of diagnosis, treatment and prevention of illness. Naturopathic medicine is distinguished by the principles which underlie and determine its practice. These principles are based upon the objective observation of the nature of health and disease, and are continually reexamined in the light of scientific advances. Methods used are consistent with these principles and are chosen upon the basis of patient individuality. Naturopathic physicians are primary health care practitioners, whose diverse techniques include modern and traditional, scientific and empirical methods."

Attachment 7

FAX

14001 University Avenue, Clive, Iowa 50325-8258

Mailing Address: P.O. Box 9118
Des Moines, Iowa 50306-9118

To: Patrick Neary, ND
Company:
Fax: 907-789-7168

From: Erika Boone
Fax: 800-996-2642
Phone: 800-952-9935

RECEIVED

MAR 29 2010

Pages including cover: 01
Sent: Monday, March 29, 2010 12:33:42 PM.

WELLSPRING INC.
WELL HEALTH CENTER**NOTES:**

Dr. Neary,

Per your request, below are the malpractice insurance annual rates for each state you are considering to practice in:

AK: (Full Time) \$3,703.00 or (Part Time) \$1,666.00 (this currently includes a Claims Free discount)

AZ: (Full Time) \$4,293.00 or (Part Time) \$2,147.00

WA: (Full Time) \$3,595.00 or (Part Time) \$1,798.00

Please let me know if you have any questions or if there is anything else I can do for you.

Thank you for your business,

Erika Boone
NCMIC Client Representative

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