

SB

70

SENATE COMMITTEE REPORT
First Committee of Referral

DATE: 1/21/09

FURTHER: Labor and Commerce
 Finance

Date of 5-Day Notice: _____
 (in accordance with Uniform Rule 23)

DATE TURNED
 IN TO OFFICE: 3/30/09

Health and Social Services Committee considered SENATE BILL NO. 70

SB 70 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; and providing for an effective date."

and recommends:

- be replaced with SCS or CS _____ (_____)
- adopt previous SCS or CS _____ (_____)
- attached amendment(s)
- adopt _____ Letter of Intent
- further referral to _____ Committee

SENATE BILL:	
<input type="checkbox"/>	Same Title
<input type="checkbox"/>	New Title
<hr/>	
HOUSE BILL:	
<input type="checkbox"/>	Same Title
<input type="checkbox"/>	Technical Title Change
<input type="checkbox"/>	New Title w/ SCR # _____

NEW FISCAL NOTE(S):

Department	Date	Fiscal	Indet.	Zero	FN#
DASS	2/26/09	✓			1
DCCED	3/12/09	✓			2

PREVIOUS FISCAL NOTE(S):

Department	Date	Fiscal	Indet.	Zero	FN#

APPROPRIATION - no fiscal note

SIGNATURES AND RECOMMENDATIONS	PRINTED LAST NAME	DO PASS	DO NOT PASS	NO REC	AMEND
<i>[Signature]</i>	ELLIS	✓			
<i>[Signature]</i>	PASKVAN			X	
<i>[Signature]</i>	Thomas	✓			
CHAIR: <i>[Signature]</i>	DAVIS	✓			

Alaska State Legislature

Interim: (May - Dec.)
716 W. 4th Ave
Anchorage, AK 99501
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Session: (Jan. - May)
State Capitol, Suite 30
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Senator Bettye Davis@legis.state.ak.us
<http://www.akdemocrats.org>

Senator Bettye Davis

Senate Bill 70, 26-LS0354\A

"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; and providing for an effective date."

Sponsor Statement

Expanded naturopathic practice helps bridge the shortage of primary care physician in Alaska

SB 70 greatly expands the practice of naturopathy in Alaska to establish its own board; to perform minor surgery; and to administer prescription drugs, vaccinations, hormones, and medical devices that are on the formulary approved by the department under AS 08.45.005. While there are only about 40 practicing naturopaths in Alaska, they claim that their education and experience qualifies them at least partially to bridge the growing shortage of primary care physicians in Alaska. Naturopaths state that their basic science education is similar to that of allopathic and osteopathic physicians (MDs and ODs) and point out that they already deal with many of the same patients whom they must refer to MDs for prescriptions and minor surgery; and that nurse practitioners and physician assistants already may obtain prescription endorsements. Importantly, SB 70 would also allow naturopaths to bill Medicare for patient services.

Alaska State Medical Association has opposed expanded naturopathic practice

Allopathic and osteopathic physicians in Alaska have for years opposed the expansion of naturopathic practice into "non-natural" areas of medical practice reserved to licensed physicians, including surgery and prescriptive drugs. Suggestions in recent years to place naturopaths under the Alaska State Medical Board have failed, perhaps due lack of interest, or increased expense, supervision, and liability required on the part of MDs, as well as lack of required malpractice insurance on the part of naturopaths. Primary care physicians claim this is not a turf war, but rather, a matter of public safety. They claim that naturopathic training programs do not provide the breadth and depth of education compared to medical and osteopathic medical schools; that naturopaths do not have the supervised postgraduate residency training for patient care, adverse medical effects, drug interactions, and patient safety prior to being licensed for practice independently; that recertification and continuing medical education is not the norm in naturopathy. SB 70 attempts to address some of those concerns.

A new Alaska Naturopathic Board

For purposes of expanding allowed practices and procedures of naturopaths and regulating the practice of naturopathic medicine in Alaska, SB 70 establishes an Alaska Naturopathic Board to the list of boards and professions under the Department of Commerce, Community, and Economic Development. The board will consist of three naturopaths, one licensed pharmacist, and one public member who may be a licensed physician. The department at board request will issue licenses and prescription endorsements, and will have authority to investigate and to discipline as required.

Minor surgery and prescription endorsement

SB 70 greatly expands the practice of naturopathy to include minor surgery, operative, electrical, and other methods of repair to superficial lacerations and abrasion or lesions, and removal of foreign bodies in superficial tissues; and allows the use of antiseptics and local anesthetics in connection with allowed procedures. The law prohibits naturopaths from performing major surgery, plastic surgery, and spinal and general anesthetics.

Additionally, SB 70 allows for the first time the new naturopathic board to request that the department issue a prescription endorsement to a naturopath licensed under this chapter who has practiced for five years; who has submitted proof of 60 hours of pharmacology education from an approved program; and who has met other requirements relating to administration and prescription of drugs, vaccinations, hormones, and medical devices which the board considers necessary. The prescription endorsement must be renewed every two years with proof of ~~15~~ 35 hrs hours continuing education. (typo: 15 T.O)

Medicare reimbursement

SB 70 adds "naturopathic services" to the list of services under AS 47.07.030(b) to allow Medicare reimbursement under state law. Allowing reimbursement to naturopaths for Medicare patients who wish to use the services of a naturopath or cannot find an allopathic or osteopathic physician who takes Medicare patients should improve patient care and expand naturopathic practice.

Naturopathic practice in other states

now 15 states
Thirteen states which license naturopaths and have instituted formulary laws include Arizona, Connecticut, Hawaii, Idaho, Kansas, Maine, Montana, New Hampshire, Oregon, Utah, Vermont, and Washington. Currently there are about 40 naturopaths practicing in Alaska, 802 in Washington, 715 in Oregon, 375 in Arizona, 210 in Connecticut, 117 in Vermont, 85 in Hawaii, 67 in Montana, 57 in New Hampshire, 27 in Maine, 18 in Utah, 11 in Kansas, and 8 in Idaho. While the scope of practice of Naturopathic Doctors varies from state to state, almost all deal to some extent with prescribing drugs. Of the 13 other states that license naturopaths, 9 of those states allow naturopaths to prescribe independently without any MD supervision or protocol. Arizona, which has the broadest formulary in the nation, allows naturopaths to prescribe all but IV medications, controlled substances except morphine, cancer chemotherapeutics, and antipsychotic drugs. At the same time, by contrast to many other states, naturopaths in Arizona are licensed under the state medical board with several other layers of control to protect the public. Kansas, which instituted licensure in 2003, requires MD supervision, and Maine requires collaboration with a physician for one year prior to independent prescribing. Massachusetts, on the other hand, refused in 2002 to license naturopaths at all after a two year intensive task force investigation and comparison to standard medical practice in 2002.

Conclusion

At a time when Alaska is experiencing a growing shortage of primary care physicians, as is true all over the country, SB 70 provides naturopaths as alternative caregivers with professional training, experience, and interest the healing arts. Naturopathic doctors focus on preventative care and in keeping patients healthy, and they usually rely much less than MDs on the use of drugs. Naturopaths seek prescriptive authority, among other reasons, to reduce the amount and combination of drugs patients are currently taking. Patients often turn to naturopathic doctors when traditional medicine has failed. Naturopaths regularly refer cases to MDs and ODs when deemed necessary, and it is expected under SB 70's expanded practice that they would continue to use professional judgment when in doubt. There are very few reported incidences of malpractice among naturopaths, but at the same time, there has been less opportunity for error in limited naturopathic practice. SB 70 is designed to reasonably expand the services of naturopaths only to areas collateral to the needs of their daily practice without infringing on the duties and responsibilities of medical doctors and osteopaths licensed by the State Medical Board.

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

February 2, 2009

SUBJECT: Sectional Summary of SB 70 (Work Order No. 26-LS0354\A)

TO: Senator Bettye Davis
Attn: Thomas Obermeyer

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. 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 4. 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 5. 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 6. Adds a new section to AS 08.45 defining the scope of practice of naturopaths.

Section 7. Amends AS 08.45.050 (Restrictions on the practice of naturopathy) to (1) allow a licensed naturopath under AS 08.45.056 to be able to prescribe certain substances and engage in minor surgery authorized under AS 08.45.045 and (2) prohibit a naturopath from using general or spinal anesthetics and administer ionizing radioactive substances for therapeutic purposes.

Section 8. Adds new sections to AS 08.45 (Naturopaths).

Sec. 08.45.056. Establishes a "prescription endorsement" allowing certain naturopaths to prescribe and administer certain prescription drugs and medical devices.

Sec. 08.45.058. Provides continuing education requirements.

Section 9. Amends AS 08.45.100 to provide that both the department and the board shall adopt regulations to implement AS 08.45.

Section 10. Adds a new section that provides what fees may be charged by the department under AS 08.45.

Section 11. Provides new definitions for AS 08.45.

Section 12. 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 13. Adds naturopathic services to the list of services that are eligible for Medicare reimbursement under state law.

Section 14. Provides a definition of naturopathic services for AS 47.07 (Medical Assistance for Needy Persons).

Section 15. Adds a provision to uncodified law allowing the department to adopt regulations necessary to implement the Act.

Section 16. Adds a provision to uncodified law that provides transitional provisions governing the terms of the first members of the Alaska Naturopathic board.

Section 17. Adds a provision to uncodified law that provides for treatment of naturopathic licensees licensed before the effective date of the Act.

Section 18. Gives an immediate effective date to sec. 13 so that the regulations process can start before the rest of the bill takes effect (90 days after becoming law).

Section 19. Provides that the Act, except as provided in sec. 15, will take effect July 1, 2009.

TLAB:ljw
09-054.ljw

FISCAL NOTE

STATE OF ALASKA
2009 LEGISLATIVE SESSION

Fiscal Note Number: _____
 Bill Version: SB070
 () Publish Date: _____

Identifier (file name): SB070-DHSS-MAA-02-26-09 Dept. Affected: DHSS
 Title: Naturopaths RDU: Health Care Services
 Component: Medical Assistance Administration
 Sponsor: Davis
 Requester: Senate HSS Component Number: 242

Expenditures/Revenues (Thousands of Dollars)

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

OPERATING EXPENDITURES	Appropriation Required		Information				
	FY 2010	FY 2010	FY 2011	FY 2012	FY 2013	FY 2014	FY 2015
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

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

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 (FY2009) 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 as 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 2/11/09 12:00 AM
 Approved by: Alison Elgee, Assistant Commissioner Date 2/26/2009
DHSS Finance & Management Services

FISCAL NOTE

STATE OF ALASKA
2009 LEGISLATIVE SESSION

Fiscal Note Number: _____
 Bill Version: SB 70
 () Publish Date: _____

Identifier (file name): SB70-CED-CBPL-03-12-09 Dept. Affected: DCCED
 Title NATUROPATHS RDU Corp. Bus. & Prof Licensing (117)
 Component Corp., Bus., & Prof. Licensing
 Sponsor Senator Davis
 Requester Senate HSS Component Number 2360

Expenditures/Revenues (Thousands of Dollars)

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

	Appropriation Required	Information						
		FY 2010	FY 2010	FY 2011	FY 2012	FY 2013	FY 2014	FY 2015
OPERATING EXPENDITURES								
Personal Services	28.3	0.0	28.3	28.3	28.3	28.3	28.3	28.3
Travel	5.6	0.0	5.6	5.6	5.6	5.6	5.6	5.6
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	36.4	0.0	36.4	36.4	36.4	36.4	36.4	36.4
CAPITAL EXPENDITURES								
CHANGE IN REVENUES (1156)	36.4	0.0	0.0	72.8	0.0	72.8	0.0	0.0

FUND SOURCE (Thousands of Dollars)

1002 Federal Receipts								
1003 GF Match								
1004 GF								
1005 GF/Program Receipts								
1037 GF/Mental Health								
Other: RSS (1156)	36.4	0.0	36.4	36.4	36.4	36.4	36.4	36.4
TOTAL	36.4	0.0	36.4	36.4	36.4	36.4	36.4	36.4

Estimate of any current year (FY2009) cost: 5.9

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 to allow prescriptive authority through a prescription endorsement, authority to perform minor surgery, and to require proof of continuing education prior to license renewal.

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

A detailed analysis of costs follows.

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

Phone (907) 465-2144
 Date/Time 3/12/09 4:01 PM
 Date 3/12/2009

FISCAL NOTE

STATE OF ALASKA
2009 LEGISLATIVE SESSION

BILL NO. SB 70

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 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 held in Anchorage and one 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 resulting from the biennial licensing period. The bill is set to take effect immediately upon passage. Current naturopath licenses are due to expire on March 31, 2010.

Current direct program costs average \$5.9 annually; \$11.8 biennially (representing the two-year licensing cycle). SB 70 is expected to increase costs by \$36.4 annually, for a total direct program cost of \$42.3 annually (\$5.9 + \$36.4); \$84.6 over the biennial licensing cycle. Since fees are adjusted prior to the biennial license renewal period, fees will need to cover the biennial licensing costs every other year during renewal. Licensees are also expected to pay a share of division indirect costs per capita based on the number of current licensees, approximately \$155.00 biennially.

At the end of FY08, there were 35 current licensees. The current 35 licensees can expect to pay license fees totaling \$2,572 for the biennium ($\$84.6 \div 35 = \$2,417 + \155 program share of indirect), in comparison to the present biennial fee of \$470.

License fees will be adjusted to cover actual expenses at the first renewal period following enactment of this bill.

LEGAL SERVICES

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

MEMORANDUM

January 16, 2009

SUBJECT: Draft bill relating to the practice of Naturopathy
(Work Order No. 26-LS0354\A)

TO: Senator Bettye Davis
Attn: Thomas Obermeyer

FROM: Alpheus Bullard *TLAB*
Legislative Counsel

This memorandum accompanies the work order described above.

I based the requested changes to Senate Bill 107 (Work Order No. 25-LS0702\O) of the 25th Legislature on an e-mail of December 17, 2008, from Dr. Emily Kane to Mr. Obermeyer. Despite permission from Tom, I was unable to speak to Dr. Kane to clarify the nature of the changes desired. Please review this draft carefully to ensure that it is consistent with your intent.

In addition to the changes that I interpreted Dr. Kane to request, I changed the draft's effective dates, and added provisions to ensure that naturopaths who are currently licensed in the state would maintain their license to practice despite the draft bill's amendments to the applicable preamendment licensing provision (AS 08.45.030) and that application for new licenses and license renewals would continue to be processed by the department until the board had established its application review procedures in regulations.

If my choices were made in error, if you have any questions, or if I can be of further assistance, please do not hesitate to contact me.

TLAB:ljw:plm
09-020.ljw

Enclosure

Emily A. Kane, ND LAc

Jan 25, 2009

Naturopathic Doctor
Alaska License Nº 22
Licensed Acupuncturist
Alaska License Nº 18

Dear Linda

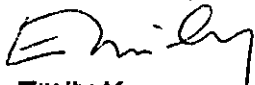
I'm the main contact in Juneau tracking the progress of SB 70. I represent the Alaska Association of Naturopathic Physicians. I enjoyed working with Senator Davis last year and I'm very enthusiastic about the climate for bills such as this to get all the way through, making progress towards the goals of many legislators, of which Bettye is champion, to bring more healthcare relief to Juneau. As you might have seen in the packet of information (including a letter to Representative Herron, whom I'm trying to engage with Wes Keller, R-Wassila, to adopt the bill in the house as a committee bill) the AARP (American Association of Retired Persons) late last year conducted a survey of healthcare access in Alaska and published their conclusions: Alaska needs 200 more doctors ASAP. Simultaneously, the Alaska State Medical Society recently published a survey of Alaska MDs which more or less states these docs are "burned out" and not willing to practice family medicine.

If SB 70 is signed into law, the state would instantly have 40 more doctors who are seasoned family healthcare providers. This is 20% of what the AARP calls for. The governor, despite announcing hiring freezes and other budget cuts, has made clear her continued support of DeNali KidCare and other health promoting commitments. Money for healthcare is terrific, but Alaska also needs more primary care doctors.

Our bill requests that we be added to the ranks of Medicaid eligible providers, and opens our scope of practice (which our training largely prepares us for) to include basic, legend drugs (antibiotics, antihypertensives, glucose modulating medicine, etc) for those patients who need short-term drug therapy until we can turn them around, hopefully, with good diet, a working exercise plan, functional sleep, and an interest in being well. These will always be our primary tools of medicine.

Would you kindly keep me apprised of the HSS schedule for this bill? I would like to present testimony.

Best wishes,



Emily Kane
Vice Prez, AKANP

Cell 723.5599

418 Harris Street, Suite 329 Juneau, AK 99801

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

Subj: **DRAFT letter to Tom Obermeyer about SB 70. Kindly comment soon**
Date: 1/21/2009 10:51:39 P.M. Alaskan Standard Time
From: Doctor Em
To: Doctor Em
CC: dhuiper@acsalaska.net, gary.h@al.net, owjasper@gmail.com, naturo@alaska.net, dandave@acsalaska.net, amyond@al.net, drkinstood@gmail.com, Dr. Bill Harmon@gmail.com

*add for Tom :
08.02 =
limited liability
for board members*

*also 08.03
"Sunset review provision
requires leg 3 instead of 4-8 yrs."*

Jan 21 2009

Dear Mr. Obermeyer,

I am very happy with SB 70. Thank you so much for your role in getting this moving. Wes Keller (co-chair with Bob Herron of House HSS) told me today he might request that the House version of the bill be adopted as a committee (HSS) bill. What do you think of that idea? Representative Munoz is also interested in sponsoring our bill, which would be another option. I anticipate that staff members or the legislators mentioned will be calling you with questions about the bill.

I have a few minor concerns with SB 70 and I hope this is the proper format in which to request changes. However, I don't want to hang up the scheduling of the bill for Senate HSS. Can small changes be negotiated on the floor? Or can you implement changes through Leg Legal before the committee hearing?

page 4, line 9

I would prefer that the word "previously" be deleted. For example, when I came to Alaska 15 years ago, I missed one of my 14 NPLEX exams by 1 point (the homeopathy portion – not my strong point). I had to wait 6 months to re-take the exam, then got my license. The word "previously" in this context sounds to me as though it could make me ineligible for an Alaska ND license.

page 5, line 10

Since AS08.45.056 gives us prescription drugs, vaccinations and hormones, this sentence is obfuscating. I would prefer that line 10 be deleted, or modified to read "a narcotic" or "medical substances not permitted by the board."

page 5, line 15

I would prefer that this sentence be deleted. All national references to naturopaths trained in accredited schools call us "naturopathic physicians." My graduation diploma from Bastyr University (Seattle, WA) calls me a "naturopathic physician." All Alaska NDs passed their Naturopathic Physician Licensing Exams.

page 5, line 29

This is my most important concern with the language of the bill. Almost all the NDs in Alaska are in agreement that we are not interested in access to narcotics or chemotherapy, so I don't want to mandate the DEA registration – which is expensive, as you know. Many nurse practitioners and even some MDs opt to not carry DEA registration. A DEA number is only needed when doctors (or nurse practitioners or PAs) want to prescribe narcotics or other controlled substances. I would prefer that the requirement for a DEA number be limited to those NDs who specialize in cancer care or pain management, and this stipulation could be legislated, or allocated to the Alaska Naturopathic Medical Board.

page 6, line 2

I believe the word "department" should be "board."

Thanks again for your attention. I look forward to your responses.
Best wishes,
Emily Kane ND

www.LifeWithKane.com

Inauguration '09: Get complete coverage from the nation's capital.

Thursday, January 22, 2009 AOL: Doctor Em

AARP AK

Alaska News

www.aarp.org/ak

Winter 2008

Calendar

State Legislature Meets

Jan. 15 – April 13. To listen or watch real-time video and audio of "Gavel to Gavel Alaska," go to www.ktoo.org/gavel/stream.cfm.

2008 Iditarod Trail Sled Dog Race

Starts March 1, 10:00 a.m., 4th Avenue & D Street, Anchorage.

Alaska Permanent Fund Dividend

Application deadline is March 31. Go to www.pfd.state.ak.us/.

WGBH's "Caring for Your Parents"

This 90-minute documentary airs April 2 on your local PBS station.

Volunteer

Work in Alaska State Parks.

Volunteers receive valuable training and experience. Apply by April 1. Go to www.dnr.state.ak.us/parks/vip, or call Lynn Wibbenmeyer at 907-269-8708.

Become a child advocate.

Alaska's CASA program serves children in Anchorage, Fairbanks, Juneau and Mat-Su. Go to www.alaskacasa.org, or call LeeAnn Reicks at 907-269-3513.

Speak up for change.

Make sure health care and financial security are top issues in the 2008 elections. Visit www.aarp.org/ak for information on candidate forums across the state.

In This Issue

Pay Fines Online..... 2
E-Pay program now available.

Q&A 3
"Utility companies guaranteed a reasonable, not excessive return." Virginia Rusch

From the State Director..... 3
You hold the power to make it better.

Divided We Fail 4
Uninsured face uphill climb.

Rescue Alert

Health care is out of reach for too many Alaskans, especially fishermen and other seasonal workers, most of whom don't get health benefits.

LACK OF HEALTH INSURANCE is a big reason why Alaska leads the U.S. in state spending on health care per person—about \$8,000. Then there's the doctor shortage. Alaska needs 200 more physicians, ASAP.

But the state also needs a new approach to making health care affordable. Our costs of care and insurance already exceed the U.S. average and are growing by 9 percent a year.

Everything would change if more Alaskans had health insurance, but 17 percent do not. Most seasonal and part-time employees never will, and they represent 35 percent of the workforce. Not surprisingly, Alaskans pay 13.6 percent more

for premiums than if everyone had health coverage.

This is why state Sen. Hollis French (D-Dist. M) and Rep. Gabrielle LeDoux (R-Dist. 26) recently introduced bills

that would provide vouchers enabling all Alaska residents to buy health insurance. "No longer can we wait for the federal government to take action on this important issue," they said.

Finding a solution to the health care dilemma is at the top of AARP's national agenda. Through its Divided We Fail initiative, AARP encourages elected officials and community and

business leaders nationwide to develop bipartisan solutions to the pressing problems of health and financial security. Details are at www.dividedwefail.org.

Stay informed by visiting www.legis.state.ak.us/index.php. For the full report on which this story is based, read "Employer-Based Health Insurance" online at <http://labor.state.ak.us/trends>.



AARP Alaska
3601 C St., Suite 1420
Anchorage, AK 99503



DR EMILY A KANE
418 HARRIS ST STE 329
JUNEAU AK 99801-1083

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Alaska's minimum wage is \$7.15 an hour, placing it in the top tier among states and 22 percent above the federal minimum.

Jobseekers can power up their search via the state Labor Department's online database at <http://alexsys.labor.state.ak.us>.

TIME FOR A CHANGE?

HOW ABOUT THE MATANUSKA VALLEY?

The Family Health Center, the Valley's oldest Family Practice Group, is now recruiting for experienced full- or part-time Family Physicians.

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Physicians' Foundation releases survey of 12,000 U.S. physicians

A recent survey of about 12,000 physicians nationwide that included more than 800,000 data points offers a unique and valuable insight into the practices and mindsets of today's doctors.

The results, which were broadcast on CNN Nov. 18, paint a grim picture that could have drastic implications for the nation's healthcare debate:

- An overwhelming majority of physicians (78%) believe there is a shortage of primary care doctors in the United States today.
- 49% of physicians (more than 150,000 doctors) said that over the next three years they plan to reduce the number of patients they see or stop practicing entirely.
- 94% said the time they devote to non-clinical paperwork in the last three years has increased, and 63% said that the same paperwork has caused them to spend less time per patient.
- 60% of doctors would not recommend medicine as a

career to young people.

- 82% of doctors said their practices would be "unsustainable" if proposed cuts to Medicare reimbursement were made.
- Over 33% of physicians have closed their practices to Medicaid patients and 12% have closed their practices to Medicare patients.
- Only 17% rated the financial position of their practices as "healthy and profitable."
- If they had the financial means, 45% of doctors would retire today.
- "Patient relationships" rated highest on the list of things physicians find satisfying about medicine, while "reimbursement issues" and "managed care issues" rated the highest on the list of issues physicians find unsatisfying about medicine.
- Only 6% described the professional morale of their colleagues as "positive." 41% said the professional morale of their colleagues is

(Continued on Back Page)

Need a doctor in the house?

ASMA keeps an updated list of physicians looking for a home and also an "Openings" list for those seeking help.

Call Cassie at 562-0304.



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Heartbeat is published bi-monthly for \$15 per year by the Alaska State Medical Association, 4107 Laurel Street, Anchorage, AK 99508. POSTMASTER: Send address changes to above address. Phone: 907-562-0364. If your address changes, mail the label at right.

(Physicians' Foundation Survey, from Page 10)

- either "poor" or "very low."
- **78%** said medicine is either "no longer rewarding" or "less rewarding."
- **76%** said they are either at "full capacity" or "overextended and overworked."

Combine these statistics with recent studies that medical schools are graduating fewer and fewer students who will choose to become primary care doctors -- and the future for both physicians and patients seems uncertain at best.

In the years ahead, the condition of America's primary care doctors as a profession will greatly affect the viability of our nation's healthcare system. A positive and functional system of practices and doctors will ensure a

motivated workforce as well as encourage a new generation of quality physicians, while widespread physician disincentive could jeopardize the quality of our medical workforce as well as the number of physicians available to see patients.

In the words of one physician who responded to the survey, "Something has got to be done, and urgently, to assist physicians, especially primary care physicians" in order to maintain the viability of the medical profession and to ensure timely and effective access to the doctors on whom so many depend.

ABOUT THE SURVEY

"The Physicians' Perspective. Medical Practice in 2008" survey was funded and commissioned by the Physicians' Foundation. It was conducted between May and July of 2008 by physician search and consulting firm Merritt, Hawkins & Associates. It was mailed to

virtually every physician engaged in active medical practice in the United States today. The total number of responses received was 11,950, with a margin of error of less than one percent.

ASMA Delegate Alex Maher, MD, serves on the Physicians' Foundation board as ASMA's representative.

Reminder!

All updates, new listings, and photos (with \$20 photo fee for non-members) for the 2009 Medical Directory are due by Nov. 30! No exceptions!

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Editorial

The Collapsing Health Care System

This editorial is being written just after the Dow Jones Industrial Average fell 778 points because of the failure to pass the \$700 billion bailout bill. Another headline that appeared in the news today was that Medicaid costs will soon be spiraling out of control, primarily because of the increasing need for long-term care for the elderly and disabled. The presidential candidates have essentially stopped talking about their health care plans, because it is becoming clear that there will be little or no money for new programs and perhaps not enough money to continue some of the old programs. And we, the folks, worry that illness will mean bankruptcy.

A few weeks ago, the Associated Press reported that only two percent of graduating medical students plans to work in primary care internal medicine. Factors cited for the increasing preference for non-primary care specialties include high medical school debt, low insurance payments for office visits (when compared with various simple procedures), difficulty caring for the chronically ill and elderly with complex diseases (especially with the need to see so many patients per hour), and excessive amounts of paperwork. Because of the ongoing loss of front-line physicians, the American College of Physicians warned that the nation's primary care system is "at grave risk of collapse."

A study published September 2008 in the *New England Journal of Medicine* concluded that arthroscopic surgery for osteoarthritis of the knee (a procedure performed by highly paid specialists, some of whom decided not to go into primary care for the reasons cited above) doesn't do any good. Actually, we already knew that, because a 2002 study published in the same *New England Journal of Medicine* came to the same conclusion. But orthopedic

surgeons continued performing the procedure about 250,000 times per year at a total cost of about \$1.75 billion per year.

It was also reported recently that the use of insulin-sensitizing thiazolidinedione drugs, such as rosiglitazone (Avandia), which are used to treat diabetes, is associated with a two- to threefold increase in the risk of suffering an osteoporotic hip fracture. So, patients taking Avandia may eventually need to take alendronate (Fosamax) to keep their bones strong. Unfortunately, new research shows that the use of Fosamax is associated with a doubling of the risk of developing atrial fibrillation. So, the patient goes into atrial fibrillation, which is treated with amiodarone, which leads to severe pulmonary and hepatic toxicity, and now the patient is in real trouble and on the hook for serious medical bills. Brown rice, beans, chromium, and exercise would have been a lot cheaper and a much safer treatment for diabetes than Avandia.

It also turns out that some upstart drug company got the idea that it owns God's molecule, pyridoxal 5'-phosphate (PLP; the biologically active form of vitamin B6). Apparently, this company has spent money on research demonstrating that PLP is an effective treatment for cardiovascular disease. So, they have petitioned the Food and Drug Administration to have this vitamin declared a drug, so that only they will be allowed to sell it (no doubt at monopoly prices).

All of these stories are symptomatic of a system that has developed very large cracks and is on the verge of breaking.

In my 25 years of writing for the *Townsend Letter*, I have made many suggestions on how we could improve the public health and the health care system, while substantially reducing costs: Emphasize natural medicine. Tax

unhealthful food and give a tax credit for healthful food, exercise equipment, and other health-promoting behaviors. Eliminate expensive defensive medicine and expensive malpractice insurance by reforming the tort system. Reconsider the wisdom of spending tens of thousands of dollars on intensive care for people in the last days of their lives. Stop performing expensive procedures that do not work. Emphasize home birth and other low-cost home remedies. Integrate mid-level practitioners (such as nurse practitioners and physician assistants) more fully into the system. Remind doctors that inexpensive older medicines often work just as well as newer, expensive ones.

When I made these suggestions, I did not believe they would be implemented, and most of them have not been. Our society was, and still is, too bound by the desire for money to hear the call of service and altruism. The medical student does not want to do primary care; the orthopedist does not want to stop doing lucrative but worthless operations; the drug companies do not want to stop pushing lucrative but dangerous drugs; and the upstarts want to usurp God's patents. As Paul said to Timothy, "the love of money is the root of all evil." But now, as the money threatens to dry up (the "liquidity crisis") or perhaps to sink the ship (necessitating a "bailout"), even the greedy will be forced to look elsewhere to find new roots.

Why does it take an earthquake, a hurricane, or a tsunami before we come to people's aid? If and when the next Great Depression hits, will we rediscover the joy of service?

*Oh, people, look among you; it's there your hope must lie.*¹

Alan R. Gaby, MD

1. From "Rock Me on the Water," by Jackson Browne.

NEWS BRIEFS

Naturopathic Physicians to Receive Same Academic Recognition as MDs

NDs will be classified by the federal government in the same professional category as allopathic medical doctors under a new system recently approved by the U.S. Department of Education (USDE). The change becomes effective in July 2008.

William Keppler, former NCNM president, represented accredited naturopathic medical colleges in the US on a USDE task force that reviewed professional degree categories in 2006. The Integrated Postsecondary Education Data System (IPEDS) task force accepted his proposal to classify NDs with allopathic medical doctors, and recommended that the USDE approve the change.

After months of review, the USDE established three levels of doctoral degrees, and placed NDs in the "Doctor's Degree - Professional Practice" category along with MDs, dentists, chiropractors, optometrists, osteopaths, podiatrists, pharmacists, veterinarians and lawyers. PhDs and other doctoral degrees requiring dissertations or original research form a second category in the new USDE classification system. The third category is for honorary doctoral degrees.

The degree reclassification formalizes the growing national acceptance of naturopathic medicine as a field of knowledge equivalent to allopathic medicine. After the approval came through in January, Dr. Keppler said the change is "vitaly important. It places naturopathic physicians on a level playing field with other professional doctoral degrees."

Sources: NCNM, US Dept. of Education

can become members of the IAA and be listed on the Web site and mentioned in program materials.

The organization was established in 2006; some services may not yet be available. For more information, call 800-861-5587 or e-mail info@indoorairalliance.org.

Study Suggests Use of Alternative Medicine is on the Rise

A Thomson Medstat survey examined trends in use of alternative medicine in the US. The recently released key findings include:

- More than 37% of US households have sought some form of alternative medicine in the past 12 months.
- Alternative medicine use is most used among those with annual incomes of more than \$100,000 (49.9%) and those with post-graduate degrees (49.6%).
- About 42% of respondents said their alternative treatments were at least partially covered by insurance.
- Nearly two-thirds (64.1%) said their physicians were aware of their use of alternative treatments. The study mentions that this is due in large part to "grassroots efforts among doctors to ask patients about their use of alternative treatments" (p. 3).
- The most common reason for using an alternative treatment: to promote general wellness (40.7%), followed by to treat an illness (32.5%), to supplement traditional care (10.2%) and to prevent an illness (9.9%).
- Herbal supplements (23%) and massage/chiropractic care (22%) are most commonly used types of alternative medicine, followed by mind and body practices.

The three patients received infusions of roughly 50g of vitamin C at a rate of 1g per minute four times a day for four weeks, according to Christopher G. Lis, vice president of research and development at CTCA.

This first phase of the trial will attempt to determine the optimal dose for patients and whether the treatment is safe and can be tolerated. Additional studies will be needed to demonstrate effectiveness of the treatment.

Researchers continue to look for non-smoking patients of at least 18 years of age who have been told:

- They have an advanced stage, solid tumor
- They have no other treatment options that provide a clinical benefit
- They have a life expectancy of at least three months
- They have no other, scheduled cancer therapy.

For patients to be considered for participation in the trial, e-mail christopher.lis@ctca-hope.com.

Beverages Account for One-Quarter of Daily Caloric Intake

The recently released *What America Drinks* study characterized beverage consumption patterns of Americans. Results indicate that more than 99% of Americans consume at least one beverage other than plain water on a daily basis. Total fluid intake averaged more than 11 cups daily.

On average, beverages accounted for 22% of total calories in one day. The analysis used data from more than 10,000 Americans age 4 years and older who participated in the U.S. National Health And Nutrition Examination Survey (NHANES) 1999-2000 and 2001-2002, and

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 **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

2231 Jordan Avenue • Juneau, Alaska 99801 • Phone (907)789-1812 • Facsimile (907)789-7168

Identifying the Similarities and Differences:

An analysis of two medical training programs -- Bastyr University's Naturopathic Doctorate (ND) compared to the University of Washington's Medical Doctorate (MD) program

Admissions Criteria

Similarities -- Overall, a high degree of similarity exists between the programs.

- ❖ Both programs:
 - Expect applicants to have completed, but do not require completion of, a baccalaureate degree.
 - Encourage a strong background in the humanities and liberal arts.
 - Require a strong background in the sciences, including chemistry, biology, and physics.
 - While not required for admission, biochemistry is very strongly recommended.
 - Allow for waiving a limited number of academic requirements under exceptional circumstances.

Differences

- ❖ Medical College Admissions Test (MCAT):
 - Required for University of Washington (UW) medical school, taken no later than fall in the year prior to possible matriculation.
 - Under *exceptional* circumstances, GRE scores may be considered for admission, but MCAT must be taken prior to matriculation.
 - Not required for Bastyr University (BU) naturopathic medical school
- ❖ Required courses:
 - UW specifies science requirements by number of credit hours* for each:
 - Chemistry (18*), biology (12*), and physics (4*), plus additional "open" science credits (8*).
 - BU specifies science requirements by number of courses for each:
 - Chemistry (4, for science majors), physics (1, college level), algebra or pre-calculus (1, college level), and psychology (1, introductory course recommended).
 - Additionally, BU requires a minimum of 3 quarter credits in general biology for science majors, with a lab.
- ❖ Additional Notes:
 - UW provides mean statistics for the entering class 2004 -- GPA 3.71, MCAT scores (Verbal 10.3; Physical Sciences 10.8; Biological Sciences 11.1 and mode of "Q" in writing) -- BU does not.
 - UW states:
 - "All candidates must demonstrate substantial academic ability in their major field as well as in the required science courses."
 - "Candidates should be proficient in the use of the English language and of basic mathematics, and are expected to have a basic understanding of personal computing and information technologies."
 - BU requires admissions committee review for all chemistry and biology courses not completed within 7 years of matriculation, and may require additional courses if deemed appropriate.
 - BU allows submission of test scores for prerequisite consideration as noted below:
 - AP, IB, CLEP, or GRE for math, psychology, or physics.
 - AP or IB for biology or chemistry.

Preclinical/Basic Sciences and Didactic Clinical Training

Similarities

- ❖ Both programs emphasize:
 - Anatomy, including gross (with cadaver dissection), histology, embryology and neuroscience
 - Physiology
 - Biochemistry
 - Pathology
 - Immunology and infectious disease
 - Clinical medicine – utilizing a systems-based approach, including
 - Cardiovascular, respiratory, endocrine/reproductive, urinary, musculoskeletal, skin and gastrointestinal systems
- ❖ Both programs include courses in:
 - Psychology
 - Pharmacology
 - Human Nutrition
 - Evaluation of medical research literature
 - Epidemiology and public health

Differences

- ❖ In some cases, both programs offer courses in a particular area, but one will emphasize it more heavily. For example:
 - BU more heavily emphasizes human nutrition, requiring four courses (12 credits*) to the UW's one (1 credit*).
 - BU more heavily emphasizes psychology/counseling, requiring five courses (12 credits*) to the UW's three (8 credits*).
 - UW more heavily emphasizes pharmacology, offering two courses (8 credits*) to BU's one (5 credits*).
- ❖ The BU didactic program includes a number of courses with no equivalent course at the UW. Examples of these include:
 - Naturopathic clinical theory and case analysis.
 - Specialty care for individuals at certain points in the life cycle, such as family medicine, pediatrics, and geriatrics
 - Overview courses in world traditional medical systems including Ayurvedic and Traditional Chinese Medicine
 - Traditional medical therapeutic approaches such as botanical, homeopathic, and physical medicine (i.e. massage, hydrotherapy, naturopathic manipulation).
 - More recent developments in natural health, including environmental medicine, clinical ecology, and clinical (orthomolecular) nutrition.
 - Medical law and practice management.
- ❖ Some courses offered at the UW as electives are required by BU, such as:
 - Medical ethics and the philosophy of healing/being a physician.
- ❖ Elective options:
 - BU provides a wide range of elective options for their ND students, and requires completion of 15 credits* for graduation. However, many are not all listed in BU's published curricular information.
 - The UW's published curricular information lists a minimum of 37 available elective credits* by course name and number. It remains unclear exactly how many elective credits are required for graduation and whether or not additional courses are offered but not listed.

Clinical Training

Similarities

- ❖ Both programs emphasize training in the clinical setting, where the student receives practical, hands-on training from licensed practicing physicians.

Differences

- ❖ BU naturopathic students complete a total of 25 shifts, all in the outpatient setting. The only specialized shifts completed are in physical medicine (4 shifts). Three shifts are completed as preceptorships, with independently practicing physicians.
- ❖ UW medical students complete 10 rotations of varying lengths in numerous areas of specialized as well as general medicine. Some of these are in the outpatient setting, others in an inpatient setting. In total, they complete a total of 58 weeks of these rotations, with the greatest emphasis on general medicine (12 weeks).
- ❖ All inpatient setting rotations such as surgery and trauma/emergency medicine are required by UW, but unavailable to BU naturopathic students (or with very limited availability as preceptorships).
- ❖ UW students are required to complete a rotation in obstetrics and gynecology; BU students complete rotations in childbirth only if enrolled in the separate midwifery program.
- ❖ UW students may complete elective rotations in rural/underserved community medicine; BU students may volunteer in these programs away from school (although preceptorship credits may be available).

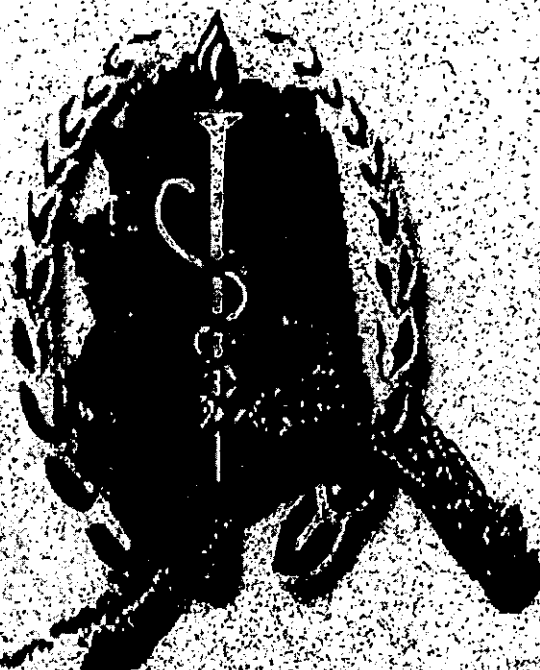
Licensure Examinations

- ❖ Both MD and ND licensure require successful completion of a two-step examination process, one covering basic or pre-clinical sciences, and a second covering clinical sciences.
 - MD students complete the United States Medical Licensure Examination (USMLE) Part I at some point prior to their last year, and the USMLE Part II during their final year of enrollment at UW.
 - ND students complete the Naturopathic Physician Licensure Examination (NPLEX) Basic Sciences exams after their second academic year; and the Clinical Sciences exams post-graduation.

Sources

- ❖ <http://eduserv.hscer.washington.edu/uwsom/> Accessed 5 April 2005
- ❖ <http://www.washington.edu/students/crscat/humbio.html> Accessed 5 April 2005
- ❖ <http://www.bastyr.edu/academic/naturopath/curriculum.asp?track=4> Accessed 6 April 2005
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Assuring Safe Naturopathic Medical Practices for
Alaskans White Paper



Alaska Association of Naturopathic Physicians, Inc.



Alaska Association of Naturopathic Physicians, Inc.

Dedicated to the preservation of quality naturopathic medicine for all Alaskans

Assuring Safe Naturopathic Medical Practices for Alaskans

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Alaska Association of Naturopathic Physicians, Inc.

Assuring Safe Naturopathic Medical Practices for Alaskans Executive Summary

Introduction:

Naturopathic Medicine is a traditional system of health care that blends centuries-old knowledge of effective, natural therapies with current scientific advances in the treatment of patients. The scope of practice of naturopathic doctors includes all aspects of natural medicine.

According to a recent editorial in the Anchorage Daily News, there is a severe doctor shortage in Alaska (see Appendix A: Doctor Shortage). They cite a report from the Alaska Physician Supply Task Force that found we would need an increase of 28% (375 doctors) in order to catch up with the lower 48. In the rural areas, the situation is even bleaker with one in six positions unfilled.

Alaska first licensed naturopathic doctors in 1987 (see Appendix B: History of Naturopathic Licensing in Alaska). In January, 2004, the Alaska Association of Naturopathic Physicians proposed legislation to the 23rd Alaska State Legislature that would have expanded the scope of practice for naturopathic doctors in Alaska. The purpose of this legislation was threefold:

1. To provide our patients with an integrated approach to medical care that draws from the best of conventional and alternative medicine without the barrier to optimal care created when well-trained naturopathic physicians are prohibited from prescribing appropriate medications, which they have been trained to prescribe (see Appendix C: Health Care Is Changing).
2. To calibrate our licensing law in accord with current trends in other states that license naturopathic physicians (see Appendix D: States' Prescriptive Authority and Minor Surgery Scope of Practice for Licensed Naturopathic Doctors).
3. To update our law to allow naturopathic physicians in Alaska a scope of practice commensurate with modern naturopathic education (see Appendix E: Comparison of Naturopathic and Major Medical Schools).

The proposed legislation easily passed in the Senate (19-1) but was stalled in the House in May, 2004. A re-written bill was passed that established a task force with representatives from the naturopathic, medical, nursing, pharmacist, physician's assistants professions to work with legislators in order to "...contribute to a better understanding of issues related to the safety and scope of the practice on naturopathy ..."¹

In consultation with the task force and as we look at how naturopathic governance compares to other states (see Appendix G: Comparison of Naturopathic Governance), we have modified our scope of practice bill to include the following:

¹ SB 306, section 1.



Alaska Association of Naturopathic Physicians, Inc.

Assuring Safe Naturopathic Medical Practices for Alaskans Executive Summary

1. Formation of an *Alaska Naturopathic Council* (see appendix H: Alaska Naturopathic Council) that would advise the Division of Corporations, Business and Professional Licensing on criteria for naturopaths seeking endorsement for prescription writing authority and a formulary of medications that naturopaths may prescribe.
2. Authorization to perform minor office procedures including repair of superficial lacerations and abrasions, superficial lesions and the removal of foreign bodies located in superficial tissues.
3. Establishment of continuing education requirements.

Naturopathic Education:

Naturopathic physicians licensed in Alaska have graduated from four year graduate level programs accredited by the Council on Naturopathic Medical Education and by their local accrediting agencies, all of which are federally recognized the US Department of Education. The USDE also recognizes the Liaison Committee on Medical Education that accredits medical education programs within the United States leading to the M.D. degree (see Appendix I: Accrediting Agencies).

Naturopathic physicians are obligated to keep up with changes in medicine and to critically and without bias evaluate methods which may be of benefit to their patients. In order to assure naturopathic doctors' prescriptive writing authority is up to date for all licensed doctors in Alaska, including those who graduated twenty or more years ago, naturopaths seeking such authority must fulfill certain criteria:

1. Completion of 60 hours training in pharmacology training based on the State of Arizona's program for naturopathic doctors (see Appendix J: Pharmacotherapeutics CE Program).
2. Once prescriptive authority has been granted, naturopathic physicians are required to acquire 30 hours of continuing education, half of which is instruction in pharmacology and phamacotherapeutics, every two years.

Alaska Naturopathic Council:

In states that allow naturopathic doctors to have prescription writing authority, most have a formulary of drugs that are permitted.

In the past year, Idaho and Washington State have formed advisory councils whose purpose is to advise their respective licensing authorities regarding appropriate formulary lists. These councils are multidisciplinary in nature. Washington's advisory council is comprised of pharmacists and naturopathic physicians; Idaho's is comprised of pharmacists, allopathic and naturopathic physicians.



Alaska Association of Naturopathic Physicians, Inc.

Assuring Safe Naturopathic Medical Practices for Alaskans Executive Summary

Naturopathic Track Record of Safety

Fortunately, naturopathic physicians have been licensed in numerous other states for some time now and there is a track record of public safety which is impressive. (See Appendix K: Naturopathic Disciplinary Reports). Please note these reports include all complaints and disciplinary actions and are not restricted to complaints specific to prescription writing. However, it is important to recognize that unlike conventional providers, naturopathic providers see fewer patients per day (5-15 compared to 20-30). Naturopathic doctors typically spend more time with patients and, thus, get to know them better. They are inclined to use prescriptions as a last resort and are less likely to put people on multiple drug regimes than our conventional colleagues (see Appendix L: letter from Rick Chester, ND, RPh, LAc).

Why Now?

Alaskans are scrambling to find family doctors to address a wide variety of health care needs. Based on epidemiologic estimates, 20-30% of patients seen in a conventional provider's office are using alternative/complementary medicines.² Twenty percent of adults who take prescription medicine also rely on herbal products³; whether the provider knows or approves of this fact or not. Americans spend in excess of \$10 billion annually on herbal and dietary supplements⁴, often without the guidance of a health care professional or awareness of potential interactions with conventional therapies.

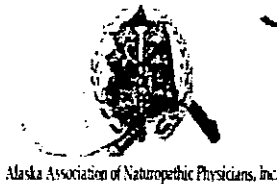
Naturopathic physicians have taken the lead on writing the texts on integrating the best scientifically validated complementary and alternative therapies along with conventional medicine⁵. This can be done safely to the benefit of the communities we serve.

² Eisenberg, et al, *Unconventional medicine in the United State—prevalence, costs and patterns of use.* "N Engl J. Med 1993, 328:246-252.

³ Eisenberg, et al, *Trends in alternative medicine use in the United States, 1990-1997: Results of a follow-up national survey*, JAMA, 1998; 280: 1569-1575.

⁴ Pizzorno, Joseph, *The path ahead: education, evolution and collaboration*, *Integrative Medicine*, vol. 3, #2, April/May, 2004, pg. 6.

⁵ Including but certainly not limited to: *Herb Contraindication and Drug Interactions*, Francis Brinker, ND, Eclectic Publications, 1998; *Encyclopedia of Natural Medicine*, Joseph Pizzorno, ND and Michael Murray, ND, Prima Publishing, 1990; *Clinical Botanical Medicine*, Eric Yarnell, ND, Mary Ann Liebert, Inc, 2003; *Women's Encyclopedia of Natural Medicine*, Tori Hudson, ND, McGraw-Hill, 1999; *Managing Menopause Naturally*, Emily Kane, ND, Basic Health Media, 2004.



Assuring Safe Naturopathic Medical Practices for Alaskans

Appendix A: Doctor Shortage

Anchorage Daily News (Published: October 8, 2006)

Doctor Shortage

No easy solution, but these steps should help in the long run.

The report from the Alaska Physician Supply Task Force is blunt: "Alaska has a shortage of physicians. ... The shortage is very likely to worsen over the next 20 years as the state's population increases and ages."

It would take another 375 doctors -- a 28 percent increase, right now -- to deliver Alaskans the same level of care as in the Lower 48. In rural Alaska, doctors are already scarce; one in six positions goes unfilled.

While the shortage is not yet a crisis, according to the task force, it does leave patients scrambling to find doctors and drives up recruitment costs for hospitals and health centers.

Alaska's doctor shortage was a long time developing, and it will take a long time to fix. There is no instant solution. Simply raising pay rates for doctors, as a free-market economist might suggest, won't work. Alaskans already spend about 40 percent more on medical care than Lower 48 residents, and there is still a doctor shortage.

To fix it, we don't have to wait for global warming to turn Alaska into a more hospitable destination for doctors. We don't have to invest tens of millions of dollars to start a medical school here (although the task force suggested that would be a wonderful idea). Some relatively modest, practical steps should eventually help, according to the task force.

Alaskans are guaranteed 10 slots a year at the University of Washington's highly acclaimed medical school through a tuition-reduction arrangement known as WWAMI. Students have an incentive to set up shop in Alaska when they graduate; otherwise they have to pay back their tuition savings.

The report says Alaska should find the funding needed to add 20 slots to the WWAMI program. Since the medical students spend their first year doing course work here at the University of Alaska Anchorage, UAA would need some more money as well to handle them.

Students who don't enter the highly competitive WWAMI program should be able to get state loans to cover the high cost of medical school. To encourage them to return to Alaska, the state could forgive a portion for each year the new doctor's practice in Alaska.



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Assuring Safe Naturopathic Medical Practices for Alaskans

Appendix A: Doctor Shortage

Another way to attract doctors is to expand on-the-job training slots in Alaska for third- and fourth-year medical students. Alaska hospitals offer training in some medical specialties, which helps encourage doctors to settle here. States typically help hospitals underwrite these medical training slots; Alaska should see how it can most cost-effectively invest in this area.

If there were a huge pool of doctors nationwide, Alaska would have an easier time of it. But there's a squeeze across the country, in part because years ago medical schools thought they saw a doctor glut coming and capped the production of new physicians. At the same time, other changes helped make medicine less attractive as a career -- the long, demanding hours, combined with constant pressure to control costs and administrative hassles from private insurers, HMOs and government.

So Alaska will have a tough time getting all the physicians we need in the coming years. If state leaders will follow the task force's recommendations, though, the job will be more manageable.

BOTTOM LINE: There's hope for dealing with Alaska's doctor shortage, but progress won't be quick.



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Appendix B: History of Naturopathic Licensing in Alaska

More than twenty years ago, the legal status of naturopathic physicians practicing in Alaska came to a head when the Alaska State Medical Board sent a notice to Patton Pettijohn, ND, to stop treating patients in his Anchorage office. There had never been a complaint filed against Dr. Pettijohn in the five years he had been treating patients in Alaska. However, because his naturopathic doctorate and his license were both from Oregon, their opinion was that he was practicing medicine without a license and he would have to stop. That was in September, 1984.

Licensing efforts in many states had become a consumer rights issue in the eighties. Consumers had a right to know that their health care provider had met rigorous standards for education, training and testing. Prior to this time, the Alaska's Attorney General had written a letter stating that, since the medical board refused to allow Dr. Cary Jasper to sit for the board exam; he could practice naturopathic medicine without a license and would not be under their jurisdiction. In 1986, the Alaska State Superior Court disagreed. The judge ruled that because there was no licensing for naturopathic physicians in Alaska, Dr. Pettijohn would fall under the jurisdiction of the medical board. He was forced to close his naturopathic office—a dark day for the profession in Alaska. Three other naturopathic physicians practicing in Alaska would have charges filed against them next. These four physicians, with overwhelming public support, lobbied the Alaska State Legislature to pass a naturopathic licensing bill. Within two months of the Pettijohn decision, Governor Bill Sheffield signed a law licensing naturopaths to practice in Alaska in May, 1986.

In January, 2004, the Alaska Association of Naturopathic Physicians proposed legislation to the 23rd Alaska State Legislature that would have expanded the scope of practice for naturopathic doctors in Alaska. The proposed legislation easily passed in the Senate (19-1) but was stalled in the House in May, 2004. A re-written bill was passed that established a task force with representatives from the naturopathic, medical, nursing, pharmacist, physician's assistants professions to work with legislators in order to "...contribute to a better understanding of issues related to the safety and scope of the practice on naturopathy ..."¹

Licensing is still a consumer rights issue. Naturopathic physicians' focus on preventive measures lowers long term health costs. When a conventional prescription medication is indicated, having to make another appointment with another provider only presents an unnecessary barrier to appropriate care. The public has a right to access naturopathic medicine as a reliable health care option. Updating Alaska's naturopathic licensing law to reflect the current status of naturopathic medical education is in the best interests of communities throughout our great state.

¹ SB 306, section 1.



Assuring Safe Naturopathic Medical Practices for Alaskans

Appendix C: Health Care is Changing

Patients are demanding to be seen as whole persons, not just a list of symptoms. They want time from their physicians, they want control over their own health, and they want preventive medicine, not quick fixes.

Modern medicine calls for doctors who know their science yet honor the body's innate wisdom to heal—doctors who function as teachers as well as healers, who acknowledge the value of time-honored traditional therapies and who recognize that, when given the chance, nature is the greatest healer of all.

The majority of patients who come for naturopathic care fall into one of four categories:

1. Patients who also see conventionally trained providers. We may be one of a cadre of providers including a medical doctor, a chiropractor, etc.
2. Patients for whom we are their primary care providers. Most of these patients respond well to interventions such as diet and lifestyle modification and natural therapies. Sometimes a higher level of intervention is required. In a perfect world, we could refer that patient to a provider with special expertise in this type of patient. However, it may be months before that patient can get in to see a specialist in Alaska. In the meantime, he or she may be walking around with dangerously high blood pressure, blood glucose, etc, and we need to be able to stabilize this patient in the interim.
3. Patients who are, for whatever reason, leery of conventional medicine and would not go to a conventional provider short of in an ambulance. Most of these patients would accept prescription medication from a naturopathic physician while we address the underlying causes of their conditions.
4. Patients who are already on multiple prescription medications and are having problems due to interactions and side effects. We need the flexibility to be able to adjust their dosages while we incorporate diet and lifestyle changes to reduce the need for prescription medications in a safe way.

Based on epidemiologic estimates, it may be that 20-30% of patients seen in a conventional provider's office are using alternative/complementary medicines.¹ Twenty percent of adults who take prescription medicine also rely on herbal products²; whether or not the prescriber knows or approves of this fact. Americans spend in excess of \$10 billion annually on herbal and dietary supplements³, often without the guidance of a health care professional or awareness of potential interactions with conventional

¹ Eisenberg, et al, *Unconventional medicine in the United State—prevalence, costs and patterns of use.* "N Engl J. Med 1993, 328:246-252.

² Eisenberg, et al, *Trends in alternative medicine use in the United States, 1990-1997: Results of a follow-up national survey.* JAMA, 1998; 280: 1569-1575.

³ Pizzorno, Joseph, *The path ahead: education, evolution and collaboration, Integrative Medicine*, vol. 3, #2, April/May, 2004, pg. 6.



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Assuring Safe Naturopathic Medical Practices for Alaskans

Appendix C: Health Care is Changing

therapies. Naturopathic physicians have taken the lead on writing the texts on integrating the best scientifically validated complementary and alternative therapies along with conventional medicine⁴. This can be done safely to the benefit of the medical community and, more importantly, for the communities we serve.

⁴ Including but certainly not limited to: Herb Contraindication and Drug Interactions, Francis Brinker, ND, Eclectic Publications, 1998; Encyclopedia of Natural Medicine, Joseph Pizzorno, ND and Michael Murray, ND, Prima Publishing, 1990; Clinical Botanical Medicine, Eric Yarnell, ND, Mary Ann Liebert, Inc, 2003; Women's Encyclopedia of Natural Medicine, Tori Hudson, ND, McGraw-Hill, 1999; Managing Menopause Naturally, Emily Kane, ND, Basic Health Media, 2004.



Alaska Association of Naturopathic Physicians, Inc.

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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.



Assuring Safe Naturopathic Medical Practices for Alaskans

Appendix E: Comparison of Naturopathic and Major Medical Schools

	<i>National</i>	<i>Bastyr</i>	<i>Southwest</i>	<i>John Hopkins</i>	<i>Yale</i>	<i>Stanford</i>
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*



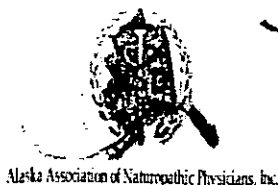
**Assuring Safe Naturopathic Medical Practices for
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Appendix F: Licensed Medical Professionals in Alaska

Licensed Practical Nurse (LPN)	9 months to 2 year practical nursing program, the 1 year program being the most common
Registered Nurse (RN)	One of the following: <ul style="list-style-type: none"> ❖ A two year Associate's degree ❖ A three year Diploma program (hospital based) ❖ A four year Bachelor's degree in Nursing ❖ A four year Bachelor's degree in another discipline and a three year Master's degree in Nursing ❖ A four year Bachelor's degree in another discipline and a four year Nursing doctorate program
Advanced Nurse Practitioner (ANP)	In addition to holding a license as an RN, an ANP completes one of the following: <ul style="list-style-type: none"> ❖ A nine month to two year certificate program in specialty ❖ A two year Master's degree certified in specialty
Physician's Assistant (PA)	Admission requirements to an accredited Physician's Assistant program vary, but many require 2 years of college and some work experience in the health care field. Programs are usually at least two years and are full time ¹ . Credential's awarded include: <ul style="list-style-type: none"> ❖ Certificate of Completion ❖ Associate's degree ❖ Bachelor's degree ❖ Master's degree <p>Must pass the certifying examination administered by the National Commission on Certification of Physician Assistants (NCCPA). Must work under the supervision of a physician.</p>
UW Medical School	Applicants are expected but not required to have a Bachelor's degree. Encouraged to have a strong background in the humanities and liberal arts. Require a strong background in the sciences, including chemistry, biology and physics. While not required for admission, biochemistry is strongly suggested. Medical College Admissions Test (MCAT) required. Allows for waiving of a limited number of academic requirements under exceptional circumstances. ² Followed by two to five years of post-graduate training in allopathic medical school, internship and residency. Must pass United States Medical Licensure Examination (USMLE).
Bastyr University Naturopathic Medical School	Applicants are expected but not required to have a Bachelor's degree. Encouraged to have a strong background in the humanities and liberal arts. Require a strong background in the sciences, including chemistry, biology and physics. While not required for admission, biochemistry is strongly suggested. Allows for waiving of a limited number of academic requirements under exceptional circumstances ³ MCAT not required. Followed by four to five year post-graduate training in naturopathic medical school; externship required for graduation; residency options becoming more available. Naturopathic Physicians Licensing Exam (NPLEX) Basic and Clinical Science Exams required.

¹ U.S. Department of Labor Bureau of Labor Statistics Occupational Outlook Handbook

² Source: <http://www.uwmedicine.org/Education/MD/Program/Admissions/SelectionFactors.htm> Accessed 4/13/2005.

³ Source: <http://www.bastyr.edu/academic/naturopath/prereq.asp?sub=1> Accessed 4/13/2005.



Assuring Safe Naturopathic Medical Practices for Alaskans

Appendix F: Comparison of Naturopathic Governance

State	Licensing Authority	Membership	Continuing Education
Alaska	Division of Occupational Licensing	NA	None
Arizona	Naturopathic Physicians Board of Medical Examiners	3 NDs and 2 public members	15 classroom hours
California	Bureau of Naturopathic Medicine Advisory Council ¹	3 NDs, 3 MDs and 3 public members	60 hours every 2 years, 20 hours pharmacy
Connecticut	State Board of Naturopathic Examiners	2 NDs and 1 public member	None
District of Columbia	Advisory Committee on Naturopathic Medicine ²	1 ND, 1 MD and the Director of Health or his or her designee	None
Hawaii	State Board of Examiners in Naturopathy	3 NDs and 3 public members	None
Idaho	Board of Naturopathic Medical Examiners	4 NDs and 1 public member	None
Kansas	Kansas State Board of Healing Arts ³	5 MDs, 3 DOs, 1 podiatrist, 3 DCs and 3 public members	None
Maine	Board of Complementary Health Care Providers	2 NDs, 2 acupuncturists, 1 MD, 1 pharmacist and 1 public member	37 hours annually, 7 pharmacy
Montana	Alternative Health Care Board	2 NDs, 2 midwives, 1 MD and 1 public member	15 credits annually, 5 pharmacology
New Hampshire	Naturopathic Board of Examiners	4 NDs, the commissioner of the DHSS, and 1 public member	150 hours every 3 years
Oregon	Board of Naturopathic Examiners	4 NDs and 1 public member	20 hours annually
Puerto Rico	Board of Examiners of Doctors of Naturopathy	3 NDs, 1 MD and 1 public member	36 hours annually
Utah	Naturopathic Physicians Licensing Board	3 NDs and 2 public members	24 hours annually, 10 pharmacy
Vermont	Naturopathic Advisory Committee ⁴	2 NDs	30 hours annually
Washington	Washington Department of Health Naturopathy Program	3 NDs and 2 public members	20 hours annually

¹ Within the California Department of Consumer Affairs

² Advises the Washington DC Board of Medicine on guidelines for the licensing of naturopathic physicians and the regulation of naturopathic medicine

³ Two subcommittees of the Kansas State Board of Healing Arts include the *Naturopathic Advisory Council* to advise the Board and the *Naturopathic Formulary Advisory Committee* to develop a list of drugs and substances included in a naturopathic formulary

⁴ Under Vermont's Secretary of State



Assuring Safe Naturopathic Medical Practices for Alaskans

Appendix H: Alaska Naturopathic Council

ALASKA NATUROPATHIC COUNCIL:

- 1) The Alaska Naturopathic Council (hereinafter referred to as the Council) shall investigate what is taught in approved naturopathic medical programs and the formularies of other states that have prescription writing authority for naturopathic doctors.
- 2) Make recommendations for an appropriate formulary of approved prescription medications and medical devices.
- 3) Advise the Department of Corporations, Business and Professional Licensing (hereinafter referred to as the Division) on criteria for licensees that seek prescription writing endorsement and continuing education requirements to maintain that endorsement.
- 4) The Council shall meet at the request of the Division to review allegations of misconduct involving naturopathic doctors or persons claiming the title of naturopathic doctor.
- 5) Appointments to the Council shall be made by the Division and shall consist of two naturopaths, one pharmacist and two public members, one of whom may be a medical doctor or osteopath.



Alaska Association of Naturopathic Physicians, Inc.

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Appendix I: Accrediting Agencies

School	National Accrediting Body	Regional Accrediting Body
Bastyr University	Council for Naturopathic Medical Education	Northwest Association of Schools and Colleges
National College of Naturopathic Medicine	Council for Naturopathic Medical Education	Northwest Association of Schools and Colleges
Southwest College of Naturopathic Medicine	Council for Naturopathic Medical Education	North Central Association of Schools and Colleges
University of Bridgeport College of Naturopathic Medicine	Council for Naturopathic Medical Education Candidate	New England Association of Schools and Colleges

Source: Hough, Dower & O'Neil, *Portrait of a Profession: Naturopathic Practice*, Center for the Health Professions, UCSF, 9/2001, page 46.

The Council of Naturopathic Medical Education (CNME)

The Council of Naturopathic Medical Education (CNME) is the agency recognized the US Department of Education to serve as the accrediting agency for naturopathic medical programs. The USDE also reviews the Liaison Committee on Medical Education that accredits medical education programs within the United States that grant degrees to medical doctors. The accrediting process serves to assist medical programs in maintaining and improving the quality of education and to provide the public, other education institutions and government agencies the assurance that approved programs and their graduates are meeting reasonable and appropriate national standards for primary care medical education. The CNME is an autonomous, freestanding public agency, not subordinate to either the naturopathic profession or its colleges.

Post-secondary Education Commission

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

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

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



Assuring Safe Naturopathic Medical Practices for Alaskans

Appendix J: Arizona Pharmacotherapeutics Continuing Education Program

General Introductory Material

for Pharmacy Continuing Education

What you need to know BEFORE you enroll in 60 hours of CME

Introduction

Necessary for all 4 parts of the CME pharmacy course
includes pharmacokinetics, pharmacodynamics, receptor systems and mechanisms.

Part I

Ancillary material for CME course Part I

Neuropharmacology and Controlled Substances

Mechanisms of action

includes neurotransmitter agonists and antagonists, medications affecting neurotransmitter levels, autonomics, serotonin, opiates, GABA, PDE

Part II

Ancillary material for CME course Part II

Cardiovascular Pharmacology

Mechanisms of action

includes renin-angiotensin system, medications affecting the kidney (diuretics), clotting cascade, platelet aggregation

Part III

Ancillary material for CME course Part III

Infectious Diseases and Antibiotics

Mechanisms of action

includes bacterial/viral synthesis, retroviral action and therapeutic interventions

Part IV

Ancillary material for CME course Part IV

Endocrine Pharmacology and Women's Medicine

Mechanisms of action

includes hormone agonists and antagonists and medications affecting hormone response and hormone level.

For additional information, see

- Katzung's Basic and Clinical Pharmacology, 2001, 8th edition, McGraw-Hill.
- Goodman and Gilman's the Pharmacological Basis of Therapeutics, 2001, 10th edition McGraw-Hill



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Appendix K: Comparison of Allopathic and Naturopathic Disciplinary Reports

Medical boards receive complaints and after investigation met out disciplinary actions. Information on complaints and disciplinary actions is not available for several states. Of 13 states that license Naturopathic physicians, information on disciplinary actions could only be found for six states including Alaska, Arizona, Hawaii, Oregon, New Hampshire and Washington. These results are listed below (Table 1) for the years 2000-2003.

Table 1: Naturopathic Disciplinary Actions

	Dates	Alaska	Arizona	Hawaii	Oregon	New Hampshire	Washington
# Naturopaths		40	369	78	550	32	644
Avg. # complaints/yr			not available	0.2	22.75	not available	10.75
Disciplinary actions	2000-2003						
Reprimand/Corrective action	"	0	1	0	0	0	1
Probation	"	0	4	0	6	0	0
Suspension	"	0	1	0	0	0	0
Revocation/Surrender	"	0	1	0	2	0	0
Total		0	7	0	8	0	1

The total number of naturopathic licensed naturopathic doctors in the states was 1,681.

The average number of disciplinary actions per year was 4 for 2000-2003

The yearly rate of disciplinary actions per 100 doctors per year is 0.24.

Arizona and Oregon are two of the three states with the largest population of naturopathic doctors and a long history of licensure. Disciplinary actions are compared between naturopathic and allopathic doctors for each state (see tables 2 and 3).



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Appendix K: Comparison of Allopathic and Naturopathic
Disciplinary Reports

Table 2: Comparison of Naturopathic and Allopathic Disciplinary Actions in Arizona

Naturopathic Doctors	Year	Letters of Concern*	Reprimand	Probation	Suspension	Revocation	Surrender	Total Disciplinary
# 369	2000	1	1	1				2
	2001	1				1		1
	2002	2		3	1			4
	2003	2						0
Total		8	1	4	1	1		7
Medical Doctors								
#10,652	2003	unknown	38	35	8	11	9	101

*Letters of concern are not considered disciplinary actions

The total number of naturopathic doctors in Arizona during 2000-2003 was 369. The total number of disciplinary actions during this time period was 7. The yearly rate of disciplinary actions per 100 doctors is 0.47.

The total number of medical doctors in Arizona during 2003 was 10,652. The total number of disciplinary actions during this time was 101. The yearly rate of disciplinary actions per 100 doctors is 0.95.



Alaska Association of Naturopathic Physicians, Inc.

Assuring Safe Naturopathic Medical Practices for Alaskans
Appendix K: Comparison of Allopathic and Naturopathic
Disciplinary Reports

Table 3: Comparison of Naturopathic and Allopathic Disciplinary Actions in Oregon

Naturopathic Doctors	Year	Complaints	Reprimand/corrective action	Probation/restriction	Suspension	Revocation	Surrender	Total Disciplinary
# 550	2000	23	none reported	1	0	0	0	1
	2001	30	"	2	0	1	0	3
	2002	23	"	2	0	0	0	2
	2003	15	"	1	0	1	0	2
Total		91	"	6	0	2	0	8
Medical Doctors								
#11,583	2003	unknown	14	20	2	2	5	43

The total number of licensed naturopathic doctors in Oregon during 2000-2003 was 550. The total number of disciplinary actions during this time period was 8. The yearly rate of disciplinary actions per 100 doctors is 0.36

The total number of medical doctors in Oregon during 2003 was 11,583. The total number of disciplinary actions during this time was 43. The yearly rate of disciplinary actions per 100 doctors is 0.37.

Sources:

Arizona Board of Naturopathic Examiners: www.npbomex.az.gov

Arizona Board of Medical Examiners: http://www.azmdboard.org/Agency_Reports/md_stats.pdf

Hawaii Board of Naturopathic Examiners: naturopathy@dcca.hawaii.gov

Oregon Board of Naturopathic Examiners: www.obnme.state.or.us

Oregon Board of Medical Examiners: www.bme.state.or.us

New Hampshire Dept. HHS, Board of Naturopathic Examiners: (603)271-5127 License Clerk, Janet

New Hampshire Board of Medicine: <http://www.nh.gov/medicine/cidisciplinary.html>

Washington Health Professions Quality Assurance, Naturopathy Program: Holly.Rawnsley@doh.wa.gov



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Appendix L: Letter from Naturopathic Doctor/Pharmacist

FEV. 14. 2004 4:04PM NATUREPHILIC FED CLK 10.519 11.16.11

Crater Lake Hwy.
City, OR 97503



Be Well & Well Informed

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

February 17, 2004

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

Attn: Representative Holm

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

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

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

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

Sincerely,

Rick Chester, ND, RPh, LAc

cascadepharmacy.com

Alaska State Medical Association

4107 Laurel Street • Anchorage, Alaska 99508 • (907) 562-0304 • (907) 561-2063 (fax)

March 13, 2009

Honorable Bettye Davis
Chair, Senate Health and Social Services Committee
Alaska State Senate
State Capitol, Room 30
Juneau, AK 99801-1182

RE: SB70 – Naturopath, Scope of Practice Expansion

Dear Senator Davis:

The Alaska State Medical Association (ASMA) represents physicians statewide and is primarily concerned with the health of all Alaskans.

As stated in my letter to you dated February 24, 2009 (copy attached) ASMA opposes SB 70 and any expansion of a naturopath's scope of practice beyond that which is currently found in AS 08.45. This is a quality of care and patient safety issue.

Attached, also please find a copy of the American Medical Association's "Scope of Practice Data Series", that presents data about naturopaths.

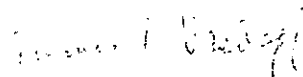
Unfortunately, ASMA has been advised by legal counsel that we are unable to sit down outside the legislative process to discuss or agree on the content of SB 70.

A series of U.S. Supreme Court cases (collectively known as the Noerr-Pennington Doctrine) provides protection from claims of violation of restraint of trade laws for an association like ASMA only as long as its activities pertain to a government action, like a bill introduced by the Legislature. Noerr-Pennington, indeed, does not generally extend to ASMA activities outside the public arena with other groups of medical care providers to discuss or agree upon the contents of a bill. The concern is another group or person, not a party to such discussions, claiming that those groups that did meet, met in order to restrain trade by agreeing to something to their detriment. This is why task forces constituted by the Legislature have been formed to address this and other issues related to specific legislation.

ASMA questions that the naturopaths' education and training have the comparable depth and breadth as that of an MD or DO. The ability to prescribe drugs and perform "minor surgery" needs to be left with MD's and DO's. A parallel recently in the news was the pilot who safely landed his aircraft in the Hudson River – when a goose hits the turbine jet engine is it better to have a Captain Sullenberger at the controls or a VFR rated recreational pilot.

ASMA urges you and the Health and Social Services Committee to oppose SB 70.

Sincerely



By: Thomas Vasileff, MD, President
For: The Alaska State Medical Association

cc: Senate Health and Social Services Committee members: Senator Paskvan
Senator Ellis
Senator Thomas
Senator Dyson

Alaska State Medical Association

4107 Laurel Street • Anchorage, Alaska 99508 • (907) 562-0304 • (907) 561-2063 (fax)

February 24, 2009

Honorable Bettye Davis
Chair, Senate Health Education and Social Services Committee
Alaska State Senate
State Capitol, Room 30
Juneau, AK 99801-1182

Re: SB70 – Naturopath, Scope of Practice Expansion

Dear Senator Davis:

The Alaska State Medical Association (ASMA) represents physicians statewide and is primarily concerned with the health of all Alaskans.

ASMA opposes SB70 and any expansion of a naturopath's scope of practice beyond that which is currently found in AS 08.45.

Naturopaths wish to have the same scope of practice as Primary Care Physicians (MD's and DO's). It is a difficult if not impossible task to determine if a naturopath's education and training is comparable to that of an MD or DO. ASMA questions that the naturopaths' education and training have the comparable depth and breadth as that of an MD or DO.

ASMA will oppose bills such as SB70 that expand the scope of practice beyond what is currently allowed in AS 08.45 until:

1. The U.S. and Canadian schools of naturopathy that grant doctoral degrees are accredited by the same accrediting bodies for the U.S. and Canadian medical schools – the Liaison Committee on Medical Education (LCME) or the American Osteopath Association (AOA), Commission on Osteopathic College Accreditation (COCA);
2. All candidates for admission to U.S. and Canadian schools of naturopathy are required to take the Medical College Admission Test (MCAT);
3. All graduates of U.S. and Canadian schools of naturopathy pass all three steps/levels of the United States Medical Licensing Examination (USMLE) or the Comprehensive Osteopathic Medical Examination (COMLEX – USA), using the same passing criteria as the MD's or DO's respectively;

4. All naturopaths seeking licensure must successfully complete at least a three year residency program that is accredited by the same accrediting body, Accreditation Council for Graduate Medical Education, for MD's and AOA approved residency programs for DO's; and

5. All naturopaths are subject to the same standard of care criteria as MD's and DO's for licensing sanction actions and in litigation including allegations of malpractice.

ASMA feels such requirements are appropriate to protect the public.

The Alaska State Medical Board (SMB) is a member of a federation of all states' licensing and disciplinary boards, the Federation of State Medical Boards (FSMB). FSMB's journal, "The Journal of Medical License and Discipline," contained, in its most recent edition (Volume 94, Number 3, 2008), an interesting article by David Alan Johnson, M.A., Vice President for Assessment Services – FSMB. The title of the article is "Prospects for a National Clearinghouse on International Medical Schools." It contains an interesting proposal that identifies a way to establish a clearinghouse that contains quality indicators for international medical schools.

There are about 1,800 international medical schools and currently international medical graduates (IMG's) comprise 25% of the U.S. physician workforce. According to Mr. Johnson the contribution of the U.S. licensed IMG's is considerable and data exists that they are more likely to practice in medically underserved areas than U.S. graduates. The FSMB has been dealing with trying to assess qualifications of the international medical schools for many years reported in articles in its journals dating back to 1916, according to Johnson. He states the challenge remains the same, "...how to assess the qualifications of physicians graduated from non-U.S. medical schools despite possessing limited information (at best) as to the educational curriculum of these schools...". However, he also stated that only 10 of these international schools contributed 60% of the IMG's in the U.S. between 1998 and 2002.

The approach for the clearinghouse includes data and information that parallel those quality and patient safety indicators innumeraed above for naturopaths. Those indicators as put forth by Mr. Johnson are as follows:

- "admission requirements, including mandatory tests such as the MCAT;
- the number of years the medical school program has been in operation
- school policies related to providing advance standing for students entering from related health professions;
- the degree to which distance learning is utilized in the curriculum; the number of weeks of instruction – both classroom and clinical – culminating in a medical degree;
- the status of the school as it appears in other review processes involving licensure (e.g., the Medical Board of California review process), clinical clerkships (New York state's clerkship approval list) and eligibility for federal student loans (National Commission on Foreign Medical Education and Accreditation);
- aggregate USMLE performance data for students and/or graduates of the school;
- student progression rates toward successful completion of degree requirements;
- the school's success rate in placing students in ACGME or AOA-approved residency programs; and
- information on clinical clerkships, such as whether these are performed outside the host country where the school is located or if an affiliation agreement exists with the hospital(s) where clerkships are being conducted."

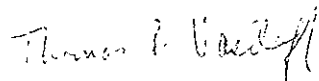
This approach is one of developing a "proxy" methodology short of an in depth, ongoing review of each of the 10 international medical schools which is not feasible as it obviously would not be for 1,800 such schools. This is a methodology that could be termed "The proof of the pudding is in the tasting".

ASMA does not believe that the Legislature has the objective information now, and is unlikely to have in the future, that would enable it to make the major patient safety, policy decision it is being asked to make in SB70.

Prescribing drugs and performing "minor surgery" (which could entail the excision of cancerous lesions) by a naturopath require that the naturopath have the equivalent training and education of an MD or DO. The most reasonable way to provide patient safety and public protections is to adopt a policy as suggested by ASMA.

ASMA urges you to oppose SB70 and any other measures to expand the naturopaths' scope of practice beyond that which currently exists in state law.

Sincerely,



Thomas Vasileff, MD
President

March 5th 2009

To Senator Bettye Davis

Please consider this our testimony on Senate Bill 70

My name is Tim Pampusch and I am the current president of the Alaska Academy of Physician Assistants. Our Academy here in Alaska represents nearly 200 practicing Physician Assistants around the state. Physician Assistants attend medical school, often sharing faculty and rotations alongside medical students with focused courses on anatomy and physiology, pharmacology, and applied training on authorization and dispensation of pharmaceuticals. We work in a collaborative fashion with our physician colleagues to help provide health care in every facet of the medical field.

I wish to speak to Senate bill 70, which would authorize prescriptive and minor surgical authority to naturopathic practitioners in Alaska. I have been pondering this issue for several years as it keeps arising during our legislative sessions.

I have several concerns with the current bill. As a Physician Assistant, I have nothing to gain personally from objecting to this bill. My concern is public safety for Alaskan citizens. My understanding of the naturopathic concept, both from my readings and friends who are practitioners, focus on the idea of illness being a disturbance in a person's "vital force". This is a concept removed from science in that it uses unmeasurable and untestable theories to try to approach problematic health concerns. Scientific studies are examining many aspects of naturopathic practice at this time, with unimpressive results so far. Indeed, one of the nationally recognized naturopathic web sites states that the national organization is working to reverse our current model of health care.

The real issue of concern is public safety. Practitioners who currently prescribe controlled medications have years of training and experience to enable understanding of the myriad drug interactions and adverse medical effects of those medications. In my mind, prescriptive authority must be based on training and supervision by those competent and knowledgeable in pharmaceutical effects using scientifically based criteria. This supervision with training, and continuing medical education appears to be an adequate safeguard for the public. In these days of major concerns and expenses dealing with health care reform and funding, we need outcome-based criteria rooted in science for our decision making.

Naturopathic practitioners come from many varied educational backgrounds. There are a few accredited schools with serious training, and there are many nonaccredited correspondence schools. One school offered a Ph.D. in naturopathy for \$250, using life experience with no coursework.

Pharmaceutical distribution and surgery are science based activities. Giving permission to dispense drugs to those who reject the scientific methodology developed over the past 400 years would be a mistake. I know several naturopaths, and they are good and caring people, but a basic belief in "vital force" is a handicap to a clear understanding and focus on the scientific method. Giving surgical authority to a practitioner whose training includes this sort of nonvalid concept would be a lamentable risk to the people of Alaska, who, to a greater or lesser degree, understand that the scientific basis of medicine has proven efficacy.

Many naturopaths have been hiring Nurse Practitioners to write pharmaceutical prescriptions. This at least guarantees that the prescriber has completed the training required for safe dispensing. Some naturopaths may be well-suited for prescriptive authority, but there are no national criteria for training programs to provide this. The quality of the educational programs varies to an incredible degree. The Alaska Association of Naturopathic Physicians admits that there are "numerous diploma mill "NDs" throughout the country who certainly do not receive the rigorous training" that the authors obtained.

More to the point of this Senate bill, I ask the question: how could the training programs document equivalence to the training that MDs, Osteopaths, Physician Assistants and Nurse Practitioners receive, that being the basis of accepted criteria for prescriptive authority. Concern over authority for surgical procedures dwarfs the concern over prescriptive authority. Training would need to be documented with objective scientific outcome criteria, unobtainable from the diverse programs.

Because of the above concerns, we will stand along with our collaborative physicians in opposing Senate bill 70. I believe that this bill would allow an unacceptable risk to the residents of the State of Alaska at this time.

Tim Pampusch PA-C
President, Alaska Academy of Physician Assistants

Senator Davis, I appreciate the work you've done in health care. I would hope that our opposition to this bill will not impede our working together in the future for the well being of all Alaskans. As president of the PA Academy, I will continue to reach out to our Nurse Practitioner and Nurse colleagues to try to improve care on a state and national level. Please, let me know if I can be of assistance in any other health care issues.

Emily A. Kane, ND LAc

March 3, 2009

Dr. Thomas Vasileff
President, ASMA
4107 Laurel Street
Anchorage, AK 99508

Naturopathic Doctor
Alaska License № 22
Licensed Acupuncturist
Alaska License № 18

Dear Dr. Vasileff,

Senator Bettye Davis has provided me with the letter from ASMA opposing SB 70, dated February 24, 2009. I have been charged to attempt to redirect your concerns about the naturopathic profession to my group, the Alaska Association of Naturopathic Physicians.

The Senator is the sponsor of this bill, as you know, and it therefore follows that since she and her chief of staff, Mr. Thomas Obermeyer, wrote this bill, they view the bill as part of the solution to Alaska's healthcare crisis. Public protection - the purpose of regulation - should indeed have top priority in scope of practice decisions. This encompasses the belief that the public should have access to providers who practice safely and competently.

Naturopathic doctors are not trying to be MDs or DOs. We practice a different kind of medicine. We are experts in diet, nutrition, exercise physiology, and traditional healing methods such as botanical medicine, physical manipulation, hydrotherapy techniques, and lifestyle counseling, all modalities that are in high demand for today's most common medical conditions. We are excellent diagnosticians. We use a wide range of tools to diagnose, including thorough physical exam, in-depth patient interview and whatever laboratory or imaging methods necessary to understand the patient's pathology. To give you a glimpse of my training, just as examples, I entered ND school as an Ivy league grad, took two years of cadaver anatomy at Bastyr University in Seattle, had five quarters of radiology, sliced and sewed countless pigs' feet, had 7 quarters of pharmacology and spent nearly 2500 hours in supervised clinical training at various clinics and hospitals before applying for licensure.

And now I have been in practice for 15 years without a hint of creating harm. I have over 2000 charts and serve as primary care provider for nearly 200 families in Juneau and SE Alaska. It is unlikely that I would still be in business if, as you suggest, my training lacked depth and breadth.

Practice acts should require licensees to demonstrate that they have the requisite training and competence to provide a service. The current regulations for naturopathic doctors in Alaska are outdated: they do not reflect the depth and breadth of our training. Naturopathic doctors have been dispensing drugs and offering minor surgery services (as part of a broader scope, obviously) in many Western states, in some cases for decades. NDs have been licensable as fully empowered mid-level providers in Oregon state since the early 1950s. Please consult with the primary malpractice insurer for the naturopathic profession to evaluate rates of harm (virtually zero): www.ncmic.com No group is better at assessing risk than the insurance companies. My malpractice insurance is \$1600/year.

418 Harris Street, Suite 329 Juneau, AK 99801

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

2/ letter to Dr. Vasileff

There is no evidence of harm to a patient in Alaska at the hands of a legitimately trained naturopathic doctor. I also hold a license in Oregon (#1662) and if I were to move south I would instantly be able to perform biopsies, remove splinters and sutures, dispense well-indicated antibiotics or antihypertensives, as examples. I am the same doctor here in Alaska. Does the state of Oregon care less about public safety? I pursue rigorous annual CME, nearly half in pharmacology updates, as do all my fellow NDs in the state

Graduation from an approved school and a passing score on the Naturopathic Physicians Licensing Examination (NPLEX) demonstrates that a naturopathic physician has achieved competency to practice as taught in naturopathic medical school (www.nabne.org/nabne_page_23.php). Further, SB 70 stipulates that all NDs who wish to prescribe pharmaceuticals be required to obtain a federal DEA number.

I do not find much parallel between the FSMB's attempt to vet IMGs and the situation here. NDs are not aliens. Our training involves no distance learning. Our educational programs are all federally accredited and all offer access to federal student loans. Entry requirements to our programs include a bachelor's degree and current basic science competency. There are no advanced standing admission criteria other than licensed MDs, DOs and DCs applying for a dual ND degree.

The one parallel that I see between the IMGs and the NDs is that they often practice in medically underserved areas. Surely that is not a problem.

You state that you do not believe the Legislature "has the objective information... that would enable it to make the major patient safety, policy decision it is being asked to make is SB 70." With all due respect, it IS actually the legislators who create law. They read, and you may also read, about the academic curriculae of the accredited naturopathic medical schools in the United States and study the scope of our training in the links provided below.

All six of the North American schools granting the ND degree are accredited by the Council on Naturopathic Medical Education (www.cnme.org) The Council on Naturopathic Medical Education's mission is quality assurance: serving the public by accrediting naturopathic medical education programs that voluntarily seek recognition that they meet or exceed CNME's standards. Founded in 1978, CNME is accepted as the programmatic accrediting agency for naturopathic medical education by the four-year naturopathic colleges and programs in the United States and Canada. CNME advocates for high standards in naturopathic education, and its grant of accreditation to a program indicates prospective students and the public may have confidence in the educational quality of the program. 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.

3/ letter to Dr. Vasileff

Let's return to the situation in Alaska, where Medicaid providers are desperately needed, where "access to healthcare services" was rated 49th out of 50 states by the AARP last month, where chronic diseases of obesity, diabetes, alcoholism, tobacco abuse, cardiovascular disease are rampant. Part of our healthcare crisis is the erroneous concept that MDs and DOs can optimally and affordably handle all this demand. The majority of these chronic diseases can be capably managed by NDs, NPs and PAs as well, if not better, than MD specialists. Distributing patients to providers most inclined to serve their needs is going to be critical to the solution to this health care crisis.

NDs have considerably more training than nurse practitioners, yet this competent group of mid-level providers have all the practice scope that NDs seek. Expansion of scope for NPs, dental hygienists and optometrists have only benefitted Alaskans. No doctor, dentist or ophthalmologist has gone out of business due to improved access to mid-level providers, and the safety of Alaskans has not been compromised.

NDs have a well established history of practicing medicine safely. This is our bailiwick. We primarily use gentle, effective, low-tech therapies. It is not up to ASMA to police our profession. Our patients will continue to choose our care because it works for them. We don't need to have drugs and minor surgery, but we are capably trained in these arenas and would be of greater service to the constituents of Alaska were we legally empowered to choose those methods, when best indicated.

My colleagues and I enjoy pleasant and productive relationships with your colleagues. We share patients with many ASMA members, and on a doctor to doctor level, we cooperate well. I invite you to extend this cooperation more broadly for exactly the reason you cite as your chief concern: patient safety.

In health,

Dr. Emily A. Kane
Vice President, Alaska Association of Naturopathic Physicians (www.akanp.org)

naturopathic medical training institutions in the U.S.:
www.NCNM.edu/adademics
www.SCNM.edu/admissions/curriculum.php
www.Bridgeport.edu/pages/2562.asp
www.Bastyr.edu/education/naturopath/degree/training.asp

cc Senator Davis

Lynda Zaugg

From: Thomas Obermeyer
Sent: Thursday, February 19, 2009 2:58 PM
To: Lynda Zaugg
Subject: FW: response to Alaska Academy of Family Physicians opposition to SB 70

Lynda, Please include this e-mail in SB 70 hearing package, which unfortunately did not come through as an attachment.

From: DoctorEm@aol.com [mailto:DoctorEm@aol.com]
Sent: Wednesday, February 18, 2009 11:33 PM
To: akafp@gci.net; Thomas Obermeyer; Sen. Bettye Davis; Rep. Wes Keller; Rep. Bob Herron
Cc: gary.f@gci.net; mminor@alaska.net; drluper@acsalaska.net; DrJasonHarmon@gmail.com; drkristinnd@gmail.com; docdave@acsalaska.net; amycnd@gci.net
Subject: response to Alaska Academy of Family Physicians opposition to SB 70

Feb 18, 2009

Mary Ann Foland, MD
 President, Alaska Academy of Family Physicians
 35555 Spur Highway, Suite 200
 Soldotna AK 99009

Dear Dr. Foland,

Senator Bettye Davis gave me a copy of your letter opposing SB 70, scheduled to be heard in Senate HSS on March 13, at 1:30 PM. She has asked that I respond to you in order to encourage "discussion, and a modicum of accomodation" before the committee hearing.

You make a good point that naturopathic doctors (called physicians in all other states where licensed) practice natural medicine and that our training includes deep investigation of nutritional therapies, the medicinal properties of plant medicine, exercise physiology, and a variety of other non-invasive modalities. However, our training is not limited, as you suggest, to "natural herbs and nutraceuticals not regulated by the FDA." There exists some understandable confusion about my profession because of numerous diploma mill "NDs" throughout the country who certainly do not receive the rigorous training that I and my professional colleagues underwent. It is not difficult to discern the "real" NDs. Only properly trained naturopathic physicians are eligible for membership in our national organization, will be affiliated with their local hospitals and community health establishments, and maintain proof of yearly CME.

Alaska ND licensure is dependent, in part, on ongoing affiliation with our national professional organization, the American Association of Naturopathic Physicians (www.naturopathic.org) which provides yearly continuing medical education (CME) opportunities, and requires both graduation from an accredited school and holding a state license in good standing. One of the objectives of SB 70 would be to mandate CME for NDs in Alaska, lack of which mandate is example of a gap in the current, inadequate, licensure regulations.

The principle objective of SB 70 is to bring the statutes governing naturopathic physicians in Alaska

into the 21st century.

I enclose for your perusal a "white paper" explaining the rationale of the Alaska Association of Naturopathic Physicians for updating our statutes. The white paper includes a curriculum comparison with a conventional medical school. I believe you might not be aware of the scope of our classroom training, nor the requirements for supervised clinical education before graduation.

My own medical education is fairly typical of NDs practicing in Alaska. I graduated from a 4-year college in 1978. Later, I went back to school for 2 years to become eligible to enroll in one of the 6 accredited schools of Naturopathic medicine in North America (Bastyr University, Seattle WA). I spent 6 years at Bastyr University which included just over 2500 hours of supervised clinical training beyond didactic courses. I passed national licensing exams (NPLEX) in 5 basic science topics and 14 clinical science topics. I spent 4 months in intensive hospital rotations after graduation. I spent another year in a clinical residency with a senior ND before opening my own practice.

I think it is not unreasonable to ask new naturopathic licensees to pass the USMLE exams. Are you aware of any precedent for mid-level providers taking these exams? I recently passed my Oregon Board of Naturopathic Licensing exams, which, as you might not know, qualifies me to apply for a DEA number and to perform minor surgery in Oregon. I'm not planning on moving to Oregon at this time! I simply wanted to make the point that I would be just as capable of safely dispensing low schedule drugs and engaging in minor surgery involving the epidermis in Alaska as I would be in Oregon. In the states where NDs have had prescriptive and minor surgeries privileges (in some states, for many decades) there is a stellar public safety record. This is because NDs tend to use prescription medicine as a last resort. However, it is costly and inefficient to not use a simple legend medicine when it is the best therapeutic choice.

Naturopathic physicians have significantly more training than nurse practitioners, but the NPs in Alaska have prescribing rights whereas NDs do not. That is simply because there are more of them, and they can afford a PAC and to hire a lobbyist. I currently have under my tutelage a young nurse practitioner who is studying topics of interest not available to her during her training. She is 20 years younger than me and has been in practice for 2 years, compared to my 15. Yet, when a patient of mine needs an antibiotic or a temporary antihypertensive, my student has to sign off on the prescription. That is just silly!

Last week I had a patient with culture-confirmed strep throat. I had known this patient for years and knew she was sensitive to penicillins. So, she needed a cephalosporin. If I had not been able to prevail upon my nurse practitioner student, my patient would have had to wait 2 weeks and spend another \$200 to get into to see another doctor in town for 5 minutes to get the Keflex prescription. This would have wasted time, and wasted money, and caused my patient unnecessary suffering.

SB 70 addresses this waste by allowing NDs to create a board which would in turn determine the basic toolkit of prescription medication we need to work effectively as primary healthcare providers. The idea of this board is fully supported by the Department of Occupational Licensing, which currently governs NDs. Jenny Strickler, head of our DOL division, has told me she thinks it's high time NDs had a board. She has expressed to me personally, and would testify to, how inappropriate it is for a "lay person, such as myself, to be governing a healthcare professional." This board would consist of 3 naturopathic physicians, 1 pharmacist and one member of the public which could be an MD. **We would very much like a member of the AKAFP to express interest in working with us on this new board.**

In addition, SB 70 would update regulations governing naturopathic physicians to allow us to become Medicaid providers. The governor has expressed her support for expanding Medicaid. That's terrific! However, the state doesn't just need more federal dollars. It also needs providers. There is not one family doctor in Juneau right now who is accepting new Medicaid patients. SB 70 would instantly provide Alaskans with 40 seasoned, mature, established family doctors with a long track record of providing not only safe effective therapies for chronic illness, but doctors who focus on wellness and prevention. NDs have been Medicaid providers in Washington and Oregon, as examples, for several decades; NDs are deeply embedded in the public health systems of these forward-looking states. We will always use drugs as a last resort, and mostly we will make referrals for drug therapy. However, it is extremely inefficient to not be able to nip a simple problem in the bud, with access to all the tools which we are trained to use, and maintain.

Thank you for your attention to this letter. I do hope it has provided some assurances against your concerns for public safety in the hands of naturopathic physicians practicing as trained. The primary mission of my profession is adherence to our oath to "Do No Harm." We succeed well in this arena. We are also passionate about helping to reform the culture of "disease management" to one of wellness promotion, disease prevention and low-tech medicine whenever possible. There is increasing public demand for these services, and ultimately, it is the discerning public who will continue to bear out our safety record.

In my opinion, it would be best for healthcare reform in general, and for our shared patients specifically, if our professions could cooperate in our mutual mission to improve community health. However, the need and demand for naturopathic services will continue regardless.

While I do appreciate your concerns for public safety, in this case I think they are unfounded. I invite you to look fairly at public harm at the hands of MDs versus public harm due to NDs, especially in states such as Oregon, Washington and Arizona where NDs are allowed to practice as trained. Please let me know if I can provide any more materials about the training and work of naturopathic physicians.

Best wishes, in health,

Dr. Emily A. Kane
Vice President, Alaska Association of Naturopathic Physicians

www.DrEmilyKane.com

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2/24/69

Gmail

Emily, the Sen. will be taking testimony on SB 70 at the hearing on the 13th. You should plan to testify. This will be your opportunity to speak on behalf of the bill. This would also be a good time for anyone with an opinion/thought/concern to come forward to testify. The Sen. will try to give folks wishing to testify as much time as they need within limits. If we have a large number of folks to testify she will have to limit speaking time but she will make that decision at the time of the hearing. Hope that answers your question. Lynda

Dr Emily Kane@gmail.com

Emily A. Kane, ND LAc

cc Tom Obermeyer

Feb 17, 2009

Naturopathic Doctor
Alaska License № 22
Licensed Acupuncturist
Alaska License № 18

Dear Senator Paskvan,

I am writing in support of SB 70.

I am one of 40 naturopathic doctors (ND) licensed in the state of Alaska. I have practiced medicine in Juneau for 15 years, with hospital privileges and full insurance reimbursement from all the major medical insurers. I enjoy excellent collegiate rapport with the MDs and other health professionals in town, almost without exception. I have over 2000 patient charts and serve as family doctor to several hundred Juneau families. I believe you recently met my Fairbanks colleague Dr. Mary Minor, who has provided healthcare services in Alaska for nearly 25 years.

I would like to point out the salient features of SB 70 and attempt to dispel some of the mischaracterizations of my profession recently provided in a letter from the Alaska State Medical Association. Many members of ASMA are part of my referral base. I had a long talk yesterday with the immediate past president of ASMA -- we share several patients and I send my more complicated diabetic patients to him in Anchorage. Dr. Ross Tanner explained to me that "docs" involved in groups such as ASMA are not only physicians, but also have political aspirations. I asked him how it could be that when I discuss patients with my fellow healthcare professionals, we have productive interactions and work together for the benefit of the patient, but I cannot for the life of me get an MD to support the updating of laws governing naturopathic physicians. Ross explained that such support would be "political suicide" for an MD, despite their almost universal recognition of the diagnostic capabilities of NDs, and our safe, effective therapeutics which they have witnessed for years in patients we share.

Several ASMA members locally have spent time with me "brainstorming" on how to overcome this problem. Dr. John Raster, a local otolaryngologist and current speaker of the house for ASMA, suggested I focus on the fact that naturopathic physicians have significantly more training than nurse practitioners, but the NPs have way more prescribing rights. That is simply because there are more of them, and they can afford a PAC and to hire a lobbyist. I currently have under my tutelage a young nurse practitioner who is studying herbal medicine and some traditional healing methods. She is 20 years younger than me and has been in practice for 2 years, compared to my 15. Yet, when my patient needs an antibiotic or a temporary antihypertensive, she has to sign off on the prescription. That is just silly!

SB 70, a zero-note bill, would update regulations governing naturopathic physicians to allow us to become Medicaid providers. The governor has expressed her support for expanding Medicaid. That's terrific! However, the state doesn't just need more federal dollars. It also needs providers. There is not a one family doctor in Juneau right now who is accepting new Medicaid patients. SB 70 would instantly provide your constituents with 40 seasoned, mature, established family doctors with a long track record of providing not only safe effective therapies for chronic illness, but doctors who focus on wellness and prevention. NDs have been Medicaid providers in Washington and Oregon, as examples, for several decades; NDs are deeply embedded in the public health systems of these forward-looking states. The safety record of NDs in states where they have prescriptive and minor surgery authority is stellar. We will always use drugs as a last resort, and mostly we will make referrals for drug therapy. However, it is extremely inefficient to not be able to nip a simple problem in the bud. Last week I had a patient with culture-confirmed strep throat. I had known this patient for years and knew she was sensitive to penicillins. So, she needed a cephalosporin. If I had not been able to prevail upon my nurse practitioner student, my patient would have had to wait 2 weeks and spend another \$200 to get into to see another doctor in town for 5 minutes to get the Keflex prescription. Wasted time, wasted money.

418 Harris Street, Suite 329 Juneau, AK 99801

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

SB 70 addresses this waste by allowing NDs to create a board which would in turn determine the basic toolkit of prescription medication we need to work effectively as primary healthcare providers. The idea of this board is supported by the Department of Occupational Licensing, which currently governs NDs. Jenny Strickler, the capable head of our DOL division, has told me she thinks it's time NDs had a board. She has expressed to me personally, and I hope would testify to, her thoughts that it is inappropriate for a "lay person, such as myself, to be governing healthcare professionals." Ms. Strickler spent about an hour with me last month discussing the mechanism of how our board would interact with her department. This board would consist of 3 naturopathic physicians, 1 pharmacist and one member of the public which could be an MD.

SB 70 also calls for naturopathic doctors (NDs) who want to prescribe legend drugs to register with the federal Drug Enforcement Agency. Precedent exists for NDs having DEA registration in multiple states. Jenny Strickler has also endorsed this provision because it is her opinion that DEA registration requirement for NDs wanting prescriptive rights provides the state legislators with another layer of "security" for Alaskan residents. I agree.

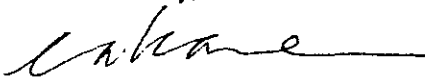
We are not in competition with the MDs. We provide a different and unique service. Our patients will continue to come to us out of choice. It's a matter of freedom of choice in healthcare. Some patients prefer a "drug as the last resort" approach to their health and health problems. The issue of blocking the updating of our legislation is akin to dentists protesting dental hygienists, MDs blocking the nurse practitioners, ophthalmologists blocking the optometrists. All the mid-level providers listed here except NDs have prevailed — and Alaskans are better served because of it. No dentist or MD has gone out of business because the mid-level providers have garnered legislation that allows a scope of practice commensurate with their training.

Like my fellow licensed Alaskan NDs, I have completed a vigorous medical education. I graduated from an Ivy League college in 1978. Later, I went back to school for 2 years to become eligible to enroll in one of the 6 accredited schools of Naturopathic medicine in north America (Bastyr University, Seattle WA). I spent 6 years at Bastyr University which included just over 2500 hours of supervised clinical training. I passed national licensing exams (NPLEX) in 5 basic science topics and 14 clinical science topics. I spent 4 months in intensive hospital rotations after graduation. I spent another year in a clinical residency with a senior ND before opening my own practice. My Alaska licensure is dependent, in part, on ongoing affiliation with my national professional organization, the American Association of Naturopathic Physicians which requires yearly continuing medical education (CME), graduation from an accredited school and a state license in good standing. SB 70 would also mandate CME, lack of which mandate is another example of a gap in the current, inadequate, licensure regulations. To summarize: The statutes governing naturopathic physicians in Alaska need to be brought into the 21st century.

If you have read through this letter, I thank you and appreciate your perseverance. The letter will be copied to the current ASMA president, Dr. Thomas Vasileff, as well as directed to the bill's sponsor, Senator Bettye Davis.

I would enjoy an opportunity to discuss your concerns about the benefit of this bill to Alaskans. My clinic is 2 blocks away from the Capitol building and I hope you will call if you have further questions about the naturopathic medical profession, which has provided safe, effective, licensed healthcare services to Alaskan families since 1986.

Sincerely,



Dr. Emily A. Kane

The American Association of Naturopathic Physicians www.naturopathic.org

Naturopathic Medicine, founded upon a holistic philosophy, combines safe and effective traditional therapies with the most current advances in modern medicine. Naturopathic medicine is appropriate for the management of a broad range of health conditions affecting all people of all ages.

Naturopathic physicians (NDs) are trained in the basic medical sciences and conventional diagnostics. Naturopathic education also includes therapeutic nutrition, botanical medicine, homeopathy, natural childbirth, classical Chinese medicine, hydrotherapy, naturopathic manipulative therapy, pharmacology and minor surgery. NDs are positioned to practice preventive health care – not only engaging patients in health promotion but also treating those with chronic disease to manage the entirety of their health. NDs will always turn to safe, natural, low-tech therapeutics first. However, they are thoroughly trained as primary healthcare providers with skills in physical exam, diagnostic lab and imaging analysis, and pharmacology, and these tools are employed as necessary to provide the best outcome for the patient.

Education and Training requirements for all licensed naturopathic physicians requires successful completion at one of our four year, graduate-level naturopathic medical schools, whose missions are educational excellence in the prevention, diagnosis, and treatment of disease and promotion of optimal health. Like conventional medical schools, the first two years of ND training concentrate on the basic biomedical sciences: anatomy, physiology, histology, embryology, pathology, and biochemistry. The second two years integrate the basic biomedical sciences with clinical sciences, focusing on a broad range of therapeutic interventions: clinical nutrition and diet, botanical medicine, homeopathy, naturopathic physical medicine and hydrotherapy, counseling and health psychology. Students are also trained in pharmacology and in minor office procedures, such as removal of superficial lesions and suturing of minor lacerations. All licensable NDs receive approximately 1400 hours of supervised clinical training, in clinics or hospitals, before graduation. Many NDs complete internships or preceptorships (similar to residencies) for 1 or more years following graduation.

After graduation from our accredited schools, naturopathic physicians have a debt level equal to that of allopathic medical school graduates, and a default rate of almost zero. They actively seek opportunities to work in rural and underserved areas as primary care providers, where they feel they can contribute the most. The need for primary health care services in urban and rural areas, especially for at-risk and underserved populations, is well documented. Naturopathic physicians are thoroughly, vigorously and uniquely trained in health and wellness promotion and can safely and effectively fill the void in health care that is jeopardizing our children, our families and our future.

Editorial

The Collapsing Health Care System

This editorial is being written just after the Dow Jones Industrial Average fell 778 points because of the failure to pass the \$700 billion bailout bill. Another headline that appeared in the news today was that Medicaid costs will soon be spiraling out of control, primarily because of the increasing need for long-term care for the elderly and disabled. The presidential candidates have essentially stopped talking about their health care plans, because it is becoming clear that there will be little or no money for new programs and perhaps not enough money to continue some of the old programs. And we, the folks, worry that illness will mean bankruptcy.

A few weeks ago, the Associated Press reported that only two percent of graduating medical students plans to work in primary care internal medicine. Factors cited for the increasing preference for non-primary care specialties include high medical school debt, low insurance payments for office visits (when compared with various simple procedures), difficulty caring for the chronically ill and elderly with complex diseases (especially with the need to see so many patients per hour), and excessive amounts of paperwork. Because of the ongoing loss of front-line physicians, the American College of Physicians warned that the nation's primary care system is "at grave risk of collapse."

A study published September 2008 in the *New England Journal of Medicine* concluded that arthroscopic surgery for osteoarthritis of the knee (a procedure performed by highly paid specialists, some of whom decided not to go into primary care for the reasons cited above) doesn't do any good. Actually, we already knew that, because a 2002 study published in the same *New England Journal of Medicine* came to the same conclusion. But orthopedic

surgeons continued performing the procedure about 250,000 times per year at a total cost of about \$1.75 billion per year.

It was also reported recently that the use of insulin-sensitizing thiazolidinedione drugs, such as rosiglitazone (Avandia), which are used to treat diabetes, is associated with a two- to threefold increase in the risk of suffering an osteoporotic hip fracture. So, patients taking Avandia may eventually need to take alendronate (Fosamax) to keep their bones strong. Unfortunately, new research shows that the use of Fosamax is associated with a doubling of the risk of developing atrial fibrillation. So, the patient goes into atrial fibrillation, which is treated with amiodarone, which leads to severe pulmonary and hepatic toxicity, and now the patient is in real trouble and on the hook for serious medical bills. Brown rice, beans, chromium, and exercise would have been a lot cheaper and a much safer treatment for diabetes than Avandia.

It also turns out that some upstart drug company got the idea that it owns God's molecule, pyridoxal 5'-phosphate (PLP; the biologically active form of vitamin B6). Apparently, this company has spent money on research demonstrating that PLP is an effective treatment for cardiovascular disease. So, they have petitioned the Food and Drug Administration to have this vitamin declared a drug, so that only they will be allowed to sell it (no doubt at monopoly prices).

All of these stories are symptomatic of a system that has developed very large cracks and is on the verge of breaking.

In my 25 years of writing for the *Townsend Letter*, I have made many suggestions on how we could improve the public health and the health care system, while substantially reducing costs: Emphasize natural medicine. Tax

unhealthy food and give a tax credit for healthy food, exercise equipment, and other health-promoting behaviors. Eliminate expensive defensive medicine and expensive malpractice insurance by reforming the tort system. Reconsider the wisdom of spending tens of thousands of dollars on intensive care for people in the last days of their lives. Stop performing expensive procedures that do not work. Emphasize home birth and other low-cost home remedies. Integrate mid-level practitioners (such as nurse practitioners and physician assistants) more fully into the system. Remind doctors that inexpensive older medicines often work just as well as newer, expensive ones.

When I made these suggestions, I did not believe they would be implemented, and most of them have not been. Our society was, and still is, too bound by the desire for money to hear the call of service and altruism. The medical student does not want to do primary care; the orthopedist does not want to stop doing lucrative but worthless operations; the drug companies do not want to stop pushing lucrative but dangerous drugs; and the upstarts want to usurp God's patents. As Paul said to Timothy, "the love of money is the root of all evil." But now, as the money threatens to dry up (the "liquidity crisis") or perhaps to sink the ship (necessitating a "bailout"), even the greedy will be forced to look elsewhere to find new roots.

Why does it take an earthquake, a hurricane, or a tsunami before we come to people's aid? If and when the next Great Depression hits, will we rediscover the joy of service?

Oh, people, look among you; it's there your hope must lie.¹

Alan R. Gaby, MD

1. From "Rock Me on the Water," by Jackson Browne.

Calendar

State Legislature Meets
Jan. 15 – April 13. To listen or watch real-time video and audio of "Gavel to Gavel Alaska," go to www.ktoo.org/gavel/stream.cfm.

2008 Iditarod Trail Sled Dog Race
Starts March 1, 10:00 a.m., 4th Avenue & D Street, Anchorage.

Alaska Permanent Fund Dividend
Application deadline is March 31. Go to www.pfd.state.ak.us/.

WGBH's "Caring for Your Parents"
This 90-minute documentary airs April 2 on your local PBS station.

Volunteer

Work in Alaska State Parks.
Volunteers receive valuable training and experience. Apply by April 1. Go to www.dnr.state.ak.us/parks/vip, or call Lynn Wibbenmeyer at 907-269-8708.

Become a child advocate.
Alaska's CASA program serves children in Anchorage, Fairbanks, Juneau and Mat-Su. Go to www.alaskacasa.org, or call LeeAnn Reicks at 907-269-3513.

Speak up for change.
Make sure health care and financial security are top issues in the 2008 elections. Visit www.aarp.org/ak for information on candidate forums across the state.

In This Issue

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"Utility companies guaranteed a reasonable, not excessive return." Virginia Rusch

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You hold the power to make it better.

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Uninsured face uphill climb.

Rescue Alert

Health care is out of reach for too many Alaskans, especially fishermen and other seasonal workers, most of whom don't get health benefits.

LACK OF HEALTH INSURANCE is a big reason why Alaska leads the U.S. in state spending on health care per person—about \$8,000. Then there's the doctor shortage. Alaska needs 200 more physicians, ASAP.

But the state also needs a new approach to making health care affordable. Our costs of care and insurance already exceed the U.S. average and are growing by 9 percent a year.

Everything would change if more Alaskans had health insurance, but 17 percent do not. Most seasonal and part-time employees never will, and they represent 35 percent of the workforce. Not surprisingly, Alaskans pay 13.6 percent more

for premiums than if everyone had health coverage.

This is why state Sen. Hollis French (D-Dist. M) and Rep. Gabrielle LeDoux (R-Dist. 26) recently introduced bills that would provide vouchers enabling all Alaska residents to buy health insurance. "No longer can we wait for the federal government to take action on this important issue," they said.

Finding a solution to the health care dilemma is at the top of AARP's national agenda. Through its Divided We Fail initiative, AARP encourages elected officials and community and

business leaders nationwide to develop bipartisan solutions to the pressing problems of health and financial security. Details are at www.dividedwefail.org.

Stay informed by visiting www.legis.state.ak.us/index.php. For the full report on which this story is based, read "Employer-Based Health Insurance" online at <http://labor.state.ak.us/trends>.



AARP Alaska
3601 C St., Suite 1420
Anchorage, AK 99503



DR EMILY A KANE
418 HARRIS ST STE 329
JUNEAU AK 99801-1083

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Alaska's minimum wage is \$7.15 an hour, placing it in the top tier among states and 22 percent above the federal minimum.

Jobseekers can power up their search via the state Labor Department's online database at <http://alexsys.labor.state.ak.us>.

Emily A. Kane, ND LAc

Naturopathic Doctor

Alaska License № 22

Licensed Acupuncturist

Alaska License № 18

January 23, 2009

REF: HSS committee sponsorship of House bill parallel to SB 70

Dear Representative Herron,

I had the pleasure of meeting your assistant Marianna yesterday and she received a "white paper" supporting the expansion of health care services in rural and urban Alaska.

There is a crisis in the shortage of family doctors in the U.S. Alaska, especially rural Alaska, as you well know, is not exempt from this problem. I believe one of your main interests is to promote the availability of both basic and specialty healthcare services for your region.

May I introduce you to a group of healthcare professionals who are primary care physicians specializing in prevention and treatment of chronic disease. These doctors routinely counsel patients in nutrition and healthy lifestyle changes, and treat using natural as well as conventional therapies. Their patients are typically able to largely reduce their health care costs as well as promoting optimal wellness.

I am one of these naturopathic doctors (ND) with training very similar to an MD, except that our therapeutic focus is not pharmaceutical medicine, but intervention with diet, exercise, herbal therapies and other effective, low-tech, low-cost, safe therapies.

We are, however, fully trained as family doctors. Please see a curriculum comparison in the "white paper." In all the western states, except for Alaska, the scope of practice for a naturopathic physician includes minor surgery, legend drugs (not controlled substances such as narcotics), vaccinations, Medicaid reimbursement, and school physicals. This is what we are asking for in our current Senate bill.

Although we are doctors who use expensive drugs and procedures as a last resort, I can assure you we are not shy to make referrals when indicated. I have practiced medicine in Juneau for 15 years, and have been professionally affiliated with our local hospital for nearly as long. I have good working relationships with my MD colleagues here in Juneau, without exception. Nevertheless the Alaska State Medical Association remains the primary obstacle to our bill, which has frustrated Senator Davis and my colleagues. This resistance is softening however, in part because so few MD candidates are choosing to go into family medicine. Increasingly, the mid-level providers such as nurse practitioners, physician assistant and naturopathic doctors are the ones working "in the trenches" in community health.

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As you know, despite necessary budget cuts, the Governor has stated her commitment to expanding DeNali KidCare. This can only happen with both more funding, and more doctors. One of the supporting documents I enclose today reveals the findings of a recent poll of ASMA (Alaska State Medical Society) medical doctors who overwhelmingly are "burnt out" by family medicine, wish they could retire, and no longer recommend medicine as a career.

Our bill (SB 70) sailed through the Senate during the past several sessions, but we have not had the sponsorship on the House side needed to move our bill into law. Naturopathic doctors desire the ability to fully serve our fellow Alaskans as trained. The documentation I gave Marianna will show you how our training compares to MD training (very comparable but we have many more hours in nutritional intervention, in other words, disease prevention). You will also be able to see our safety record (excellent) in states which have granted naturopathic doctors a full scope of practice, in some cases for many decades, such as in Washington and Oregon.

Our bill is designed to bring the scope of practice of a growing category of mid-level, fully trained, healthcare providers into the 21st century. In Alaska, we have significantly more training than an advanced nurse practitioner, but not nearly the scope of practice. I believe our bill marries well with your purpose of getting more broadly trained healthcare professionals into rural Alaska.

Tom Obermeyer (in Senator Davis' office) knows most about this bill: 465-3762. Senator Davis is very motivated to get this bill all the way through this year, and she would, naturally, welcome an enthusiastic partner on the house side.

Please contact me with any questions or requests for further supportive documentation. Thank you in advance for your consideration of supporting this bill. I look forward to meeting you.

Best wishes,



Dr. Emily A. Kane
Vice president, AKANP
Alaska Association of Naturopathic Physicians

Copy: Rep Cathy Munoz
Rep Wes Keller
Rep Sharon Cissna
Senator Bettye Davis
Thomas Obermeyer
Linda Zaugg

 **WELLSPRING**
Integrative Medical Center

RECEIVED
JAN 23 2009

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

2231 Jordan Avenue • Juneau, Alaska 99801 • Phone (907)789-1812 • Facsimile (907)789-7168



Alaska Center for Natural Medicine

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

2/4/09

The Honorable Senator Bettye Davis
State Capitol Bldg, Room 11
Juneau, AK 99801

re: SB 70

Dear Sen. Davis,

Thank you for supporting SB 70, a bill that would update naturopathic licensing and create a licensing board for my profession. This bill would make access to appropriate health care for my patients much easier. Although most of my patients do quite well with interventions including diet, lifestyle modification and natural therapies, some require medical management. When I have to refer that patient to another doctor, it can create a barrier to appropriate care that is unnecessary. The naturopathic licensing board would make a formulary of legend drugs that have been used safely by naturopathic doctors in states such as Washington, Oregon and Arizona.

SB 70 would also protect the public safety by requiring naturopathic doctors to keep their skills up with continuing education. This is common in almost every profession and should be the rule in Alaska as well. Also by increasing the ranks of well-trained doctors who can service Medicare patients, they should relieve some of the burden for conventional providers throughout the state.

Thank you once again for your dedication to the welfare of all Alaskans.

Yours in health,

Mary A. Minor, ND

CC: Senators Ellis, Thomas, Dyson and Paskavan.

Identifying the Similarities and Differences:

An analysis of two medical training programs -- Bastyr University's Naturopathic Doctorate (ND) compared to the University of Washington's Medical Doctorate (MD) program

Admissions Criteria

Similarities – Overall, a high degree of similarity exists between the programs.

- ❖ Both programs:
 - Expect applicants to have completed, but do not require completion of, a baccalaureate degree.
 - Encourage a strong background in the humanities and liberal arts.
 - Require a strong background in the sciences, including chemistry, biology, and physics.
 - While not required for admission, biochemistry is very strongly recommended.
 - Allow for waiving a limited number of academic requirements under exceptional circumstances.

Differences

- ❖ Medical College Admissions Test (MCAT):
 - Required for University of Washington (UW) medical school, taken no later than fall in the year prior to possible matriculation.
 - Under *exceptional* circumstances, GRE scores may be considered for admission, but MCAT must be taken prior to matriculation.
 - Not required for Bastyr University (BU) naturopathic medical school
- ❖ Required courses:
 - UW specifies science requirements by number of credit hours* for each:
 - Chemistry (18*), biology (12*), and physics (4*), plus additional "open" science credits (8*).
 - BU specifies science requirements by number of courses for each:
 - Chemistry (4, for science majors), physics (1, college level), algebra or pre-calculus (1, college level), and psychology (1, introductory course recommended).
 - Additionally, BU requires a minimum of 3 quarter credits in general biology for science majors, with a lab.
- ❖ Additional Notes:
 - UW provides mean statistics for the entering class 2004 – GPA 3.71, MCAT scores (Verbal 10.3; Physical Sciences 10.8; Biological Sciences 11.1 and mode of "Q" in writing) – BU does not.
 - UW states:
 - "All candidates must demonstrate substantial academic ability in their major field as well as in the required science courses."
 - "Candidates should be proficient in the use of the English language and of basic mathematics, and are expected to have a basic understanding of personal computing and information technologies."
 - BU requires admissions committee review for all chemistry and biology courses not completed within 7 years of matriculation, and may require additional courses if deemed appropriate.
 - BU allows submission of test scores for prerequisite consideration as noted below:
 - AP, IB, CLEP, or GRE for math, psychology, or physics.
 - AP or IB for biology or chemistry.

Clinical Training

Similarities

- ❖ Both programs emphasize training in the clinical setting, where the student receives practical, hands-on training from licensed practicing physicians.

Differences

- ❖ BU naturopathic students complete a total of 25 shifts, all in the outpatient setting. The only specialized shifts completed are in physical medicine (4 shifts). Three shifts are completed as preceptorships, with independently practicing physicians.
- ❖ UW medical students complete 10 rotations of varying lengths in numerous areas of specialized as well as general medicine. Some of these are in the outpatient setting, others in an inpatient setting. In total, they complete a total of 58 weeks of these rotations, with the greatest emphasis on general medicine (12 weeks).
- ❖ All inpatient setting rotations such as surgery and trauma/emergency medicine are required by UW, but unavailable to BU naturopathic students (or with very limited availability as preceptorships).
- ❖ UW students are required to complete a rotation in obstetrics and gynecology; BU students complete rotations in childbirth only if enrolled in the separate midwifery program.
- ❖ UW students may complete elective rotations in rural/underserved community medicine; BU students may volunteer in these programs away from school (although preceptorship credits may be available).

Licensure Examinations

- ❖ Both MD and ND licensure require successful completion of a two-step examination process, one covering basic or pre-clinical sciences, and a second covering clinical sciences.
 - MD students complete the United States Medical Licensure Examination (USMLE) Part I at some point prior to their last year, and the USMLE Part II during their final year of enrollment at UW.
 - ND students complete the Naturopathic Physician Licensure Examination (NPLEX) Basic Sciences exams after their second academic year, and the Clinical Sciences exams post-graduation.

Sources

- ❖ <http://eduserv.hscer.washington.edu/uwsom/> Accessed 5 April 2005
- ❖ <http://www.washington.edu/students/crscat/humbio.html> Accessed 5 April 2005
- ❖ <http://www.bastyr.edu/academic/naturopath/curriculum.asp?track=4> Accessed 6 April 2005
- ❖ http://biomed.uaa.alaska.edu/A_Z/Curriculum.htm Accessed 7 April 2005

Emily A. Kane, ND LAc

December 15, 2008

Naturopathic Doctor

Alaska License № 22

Licensed Acupuncturist

Alaska License № 18

RECEIVED

DEC 16 2008

Alaska State Medical Association

4107 Laurel St

Anchorage AK 99508

Dear Officers of the Association,

This letter is in regard to legislative changes that will again be sought by Naturopathic Doctors in Alaska during the upcoming session. Our aim will be, as in previous years, to modify some of our statutes governing the naturopathic medical profession which are no longer serving Alaskan citizens.

We are a well-trained group of mostly mature primary healthcare providers. Most of the naturopathic doctors in Alaska have been practicing medicine for over 10 years. I have been in practice in Juneau, with outpatient hospital privileges, for 15 years. Despite training in all aspects of primary healthcare, naturopathic doctors (ND) cannot perform minor surgery, nor prescribe any legend drugs. This means our patients may require costly, non-expedient referrals to other providers for basic services in which we are well versed, but currently restricted from providing.

The shortage of primary care, family doctors has become critical, as you know. Alaska is not exempt from this problem. In states where naturopathic doctors have expanded their scope of practice to include legend drugs and minor surgery per their training, there has been no evidence of public harm. I have documentation of these statistics, some of which date back to the 1950s, as well as charts comparing our training with medical doctors if you would like further information.

Our medical training exceeds that of nurse practitioners, yet they have prescription authority in Alaska while naturopathic doctors do not. I, and all my colleagues licensed in Alaska, have passed national licensing boards which include segments on pharmacology and minor surgery/laceration repair technique.

Drugs and surgery will never be our first lines of therapy. We are naturopathic doctors, mostly using diet, exercise and herbal therapies to help our patients achieve or maintain wellness. However, we have exceptionally thorough training and are certainly capable of providing the full scope of services in which we were trained. The principle reason our legislation has not yet passed is resistance from the medical community. Individual medical doctors in this community are, almost without exception, courteous, collegiate, supportive, and interested in mutual referrals. However, there seems to be a need to "resist" at a group level. I invite you to please consider what you could "live with" and not feel compelled to try to block, in the upcoming session. For example, could you be supportive of, or at least not resistant to, Naturopathic Doctors being able to provide vaccinations, school physicals, have a limited formulary and be permitted to perform superficial wound care?

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Page 2/ letter to AMSA
December 15, 2008

My aim is to work towards legislation that would create a Board for the naturopathic medical profession. The Board would consist of 5 members: 3 Naturopathic Doctors, 1 pharmacist and one member of the public who may be a medical doctor. In this way we invite your members to participate in advising Naturopathic Board subcommittees such as a formulary council.

We would welcome an opportunity to discuss with your Association what degree of expansion of scope of practice for naturopathic doctors your group would accept. I would very much appreciate working towards legislation that won't be met by resistance from ASMA. Legislators have generally been very interested in bringing mature primary healthcare providers, already installed in the state, to bear on the shortage of physicians in Alaska

I hope to hear from you before the beginning of session, January 20, 2009

Respectfully,



Dr. Emily A Kane

Vice President, Alaska Association of Naturopathic Physicians (AKANP)

cc Senator Bettye Davis ✓
 Representative Sharon Cissna
 Representative Cathy Munoz
 Nancy Davis, executive Director Alaska Pharmacists Association

Lynda Zaugg

From: DoctorEm@aol.com
Sent: Friday, March 13, 2009 10:52 PM
To: Sen. Bettye Davis; Lynda Zaugg; Rep. Bob Herron
Cc: NearyPT@aol.com; eagledoc@mtaonline.net; gary.f@gci.net; drluper@acsalaska.net; mminor@alaska.net; gillespiend@prodigy.net; drkristinnd@gmail.com; amycnd@gci.net; mellenburg@acsalaska.net; lerickson@ndnet.ccnm.edu; pythea@yahoo.com; Dr.JasonHarmon@gmail.com; daturadoc@yahoo.com; HMC@alaska.com; birgit_lengemd@yahoo.com; lushjennifer@gmail.com; drmaddynd@yahoo.com; docdave@acsalaska.net; kimsweazy@hotmail.com; dramyw@hotmail.com; czarndt@hotmail.com; rickhope82@yahoo.com; drharmonnd@yahoo.com; cwjasper@gci.net; rabbott@sinbad.net; roverini@juno.com; torrey.smith@acsalaska.net
Subject: Fwd: SB 70 -- endorsement, with qualifications, from AK Pharmacy association

From: akphrmcy@alaska.net
To: doctorem@aol.com
CC: sher.zinn@alaska.gov, susprof@mtaonline.net, iamsamiam1@hotmail.com, island.pharm@juno.com, dirkrph@ptialaska.net
Sent: 3/13/2009 11:35:23 A.M. Alaskan Daylight Time
Subj: RE: SB 70

Dear Emily Kane,

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 your inclusion of pharmacists in the development of the Naturopathic Board.

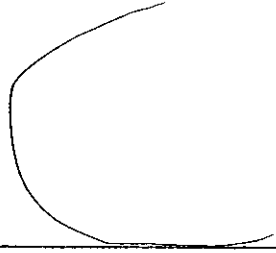
AkPhA appreciates the rigorous education and training many Naturopath Doctors have completed. We also understand that all Naturopath Doctors do not complete the same level or quality of training. Our hopes are that the development of a Naturopathic Board would develop standards for Naturopathic practitioners 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 SB 70. AkPhA, with the assistance of the Board of Pharmacy, is willing to open a dialog concerning prescriptive authority guidelines for Naturopathic Doctors.

Respectfully,

Amber L Briggs, Pharm.D., BC-ADM

President, Alaska Pharmacists Association



Worried about job security? Check out the 5 safest jobs in a recession.



ALASKA ACADEMY OF FAMILY PHYSICIANS

35555 Spur Highway #266, Soldotna, AK 99669 akafp@gci.net www.alaskaafp.org 907 258-2255 office 530 326-5612 fax

February 1, 2009

Dear Sen. Bettye Davis:

The Alaska Academy of Family Physicians represents over 360 primary care physicians practicing throughout Alaska. We have serious concerns about Senate Bill 70, which grants further medical and surgical privileges to naturopaths. By definition naturopaths practice holistic medicinal treatments limited to natural herbs and nutraceuticals not regulated by the FDA. That is their training, their experience, and their stated mission. Surgical procedures are considered invasive and not "natural." Prescription medicines are pharmaceutical agents and not under their scope of practice.

Naturopaths state that their education encompasses some course work in pharmacology. However naturopathic training programs clearly do not provide anywhere near the breadth and depth of education when compared to medical and osteopathic medical schools. In addition, they do not require carefully supervised postgraduate residency training for patient care, adverse medical effects, drug interactions, and patient's safety prior to health care providers being licensed to practice independently. The same argument goes for surgical interventions where focused supervised procedural training is the accepted norm. This is essential for assuring patient safety and competent providers. Continuing medical education and recertification are the norm in the medical profession. We know of no such requirements for naturopaths and this current senate bill is inadequate to assure patient safety and quality of care.

This is clearly an issue of public safety. With the small number of naturopaths in this state and limited number of primary care providers this is not a "turf" issue. It is however, a Pandora's box for our state considering these important scope of practice issues. In these times, the daily headlines are focusing on enhanced patient safety. It makes little practical or legal sense to license providers with minimal if any professional training in the complexities of drug prescribing and surgical interventions to perform these services for our fellow Alaskans.

To document the equivalence of such different training programs seems to be impossible. The only way I can imagine is to require naturopaths to take the Medical College Admission Test (MCAT) and have the same scores that would allow admission to M.D. or D.O. training programs. It would also be necessary to pass the same National Certification Tests (USMLE, COMLEX, PANCE, etc.) to document a minimum of training and education. The same credentialing, continuing medical education requirements and overview provided by the State Medical Board would also add to the reassurance that public safety is being protected.

I am certain this is also your goal and request you to reconsider this bill. Because of these concerns we must oppose Senate Bill 70.

Sincerely,

Mary Ann Foland, M.D.
President, Alaska Academy of Family Physicians

MAF/ILHS/cqc.BGX

March 30, 2009

RE: SB 70

To: Chairman & Members, HHS Committee

SB70 is as much a consumer issue as it is another step in the struggle by ND's and naturopathic medicine for just recognition and regulation.

I am nearly 60 years of age, have resided in Homer since 1977, and consider myself active and very much responsible for my health. I look to the State to do it's part in making the best choices for healthcare available to me, particularly those that help me help myself.

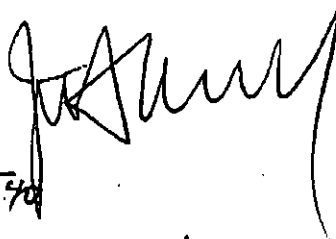
Since my first encounter with an ND in 1993 (Hawaii, a low back injury), I have progressively entrusted more and more of my healthcare decisions to the guidance of ND's and the naturopathic approach, which has led to more study, involvement, and responsibility on my part. I now consciously spend nearly 100 percent of my healthcare dollars, whether reimbursable or not, on a naturopathic approach and my primary care is clearly coming from my local ND. If this bill (SB70) had been enacted earlier, I could have obtained more of my needs (including pharmacy and minor surgery) from my primary care physician.

In recent years, I've observed steady growth in the "newcomers" at the doctor's office, where interestingly the patients tend to interact much more than at the "traditional doctor's office". Many of these older patients are having to pay out of pocket to get the care they want and this is clearly not sitting well with them. Although I am currently lucky enough to have insurance that covers me (for the doctor's time only), I will soon be of an age where Medicare coverage is a big consideration in my healthcare choices. The citizens of Alaska shouldn't have to decide whether to dig into their savings, or perhaps go to Arizona or Hawaii where the laws are more progressive, or settle for a lesser choice, simply because of a lack of enabling legislation.

If Alaska truly wants to encourage it's citizens to take responsibility for their own health (which is a positive for the financial health of the State), then the passing of SB70 is one good step in that direction.

Lastly, be prepared for the last minute scare tactics that will likely come from the ASMA, as I've seen on previous bills. They are clearly concerned about their members economic interests as opposed to my health and my finances. If anyone among the medical community understands and lives the tenet "First, do no harm", it is the ND's and their associates. That's exactly why we subscribers to naturopathic care are a growing number in spite of the laws and economic forces that make it a challenge.

Sincerely,
Wayne Aderhold
350 Grubstake Ave.
Homer, AK 99603



907. 235. 6570

aderhold@aknet.net

VII. State licensure and regulation

States that license naturopaths

Naturopaths must meet licensing requirements in all states that recognize naturopathy through licensure. Presently, 14 states and the District of Columbia regulate naturopaths through licensure: Alaska, Arizona, California, Connecticut, Hawaii, Idaho, Kansas, Maine, Montana, New Hampshire, Oregon, Utah, Vermont and Washington. Puerto Rico and the U.S. Virgin Islands similarly license naturopaths.

The rest of the country does not recognize the profession through licensure, with South Carolina and Tennessee both expressly prohibiting the practice of naturopathy.¹⁴⁴ Wyoming states the following in its case law:

Our statute is clear, that the practice of naturopathy cannot be regarded as a separate and distinct profession like that of dentistry for instance, nor can any good reason be given why the legislature may not for the benefit of society require that those who practice the healing art should know and keep up with the improvements and advanced learning in that art.¹⁴⁵

Florida abolished its naturopath licensing laws in 1959, and in 2004 a legislative committee concluded that an expanded scope might be harmful, and that naturopathic licensing is not cost-effective.¹⁴⁶ Several other states, including Texas and Virginia, have abolished previous naturopathy licensure provisions.¹⁴⁷

It is critical to note that in most states and provinces where naturopathic medicine is not regulated, individuals may practice similar therapeutic approaches and/or call themselves naturopaths (whether or not they have

been trained at a school for naturopathic medicine), because the terms "naturopath" and "naturopathic medicine" are not restricted terms.¹⁴⁸ Traditional naturopathy is not a medical practice and, therefore, is not regulated through statutes or regulations in the states.

One of the major initiatives of the AANP is to obtain licensure for naturopaths in all 50 states.¹⁴⁹ (See Figure 1 for more information on requirements for state licensure.)

State scope of practice regulations for naturopaths

Naturopaths' scope of practice varies by state. Naturopaths seek privileges to prescribe drugs, not only those considered "natural" (hormones, purified botanicals, etc.), but also legend drugs, up to and including schedule III and IV controlled substances. Specific information on naturopath scope of practice can be found in Figure 2.

State boards of naturopathy

Information on the authority, procedures of operation, composition and appointment procedures of state boards of naturopathy can be found in Figure 3. Additionally, a roster of state boards of naturopathy can also be found in the Appendix (page 35).

144. Web. North American Board of Naturopathic Examiners. Licensing and registration. Retrieved July 30, 2006. www.nabne.org/licensereg.php and verified through Lexis searches September 2, 2006.

145. *Hahn v. State*, 78 Wyo. 258, 322 P.2d 896 (1958).

146. Florida state sunrise report (2004). See page 16 for more information.

147. Lexis-Nexis statutory searches. September 8, 2006.

148. Boon H. Practice patterns of naturopathic physicians: results from a random survey of licensed practitioners in two US States. *BMC Complement Altern Med.* October 20, 2004. www.pubmedcentral.nih.gov/articlerender.fcgi?artid=529271&tools=box.

149. Web. AANP. Issues and legislation. <http://capwiz.com/naturopathic/issues/>. Retrieved September 6, 2006.

AMA Scope of Practice Data Series

*A resource compendium for
state medical associations and
national medical specialty societies*

demographics

education and training

licensure and regulation

professional organization

current literature

Naturopaths

American Medical Association
June 2008

Disclaimer: This module is intended for informational purposes only, may not be used in credentialing decisions of individual practitioners, and it does not constitute a limitation or expansion of the lawful scope of practice applicable to practitioners in any state. The only content that the AMA endorses within this module is its policies. All information gathered from outside sources does not reflect the official policy of the AMA.



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- Figure 1: State licensure requirements for naturopaths
- Figure 2: State scope of practice for naturopaths
- Figure 3: State naturopath board operating information

AMA Scope of Practice Data Series module distribution policy

The modules are advocacy tools used to educate legislators, regulatory bodies and other governmental decision-makers on the education and training of physician and nonphysician health care providers. As such, the AMA will distribute the modules to the following parties:

- (1) State medical associations
- (2) State medical boards
- (3) National medical specialty societies
- (4) National medical organizations

In line with the express purpose of the modules being governmentally directed advocacy, it will not be the policy of the AMA to provide the modules to individual physicians. Organizations supplied with the module shall mirror the intent, purpose and standards of the AMA distribution guidelines.

Acknowledgments

Many people have contributed to the compilation of information contained within this module. The American Medical Association (AMA) gratefully acknowledges the contributions of the Alaska State Medical Association, the Maine Medical Association, the Missouri State Medical Association and the American Osteopathic Association.

I. Overview

The American Medical Association (AMA) Advocacy Resource Center has created this information module on naturopaths to serve as a resource for state medical associations, national medical specialty societies and policymakers. This guide is one of 10 separate modules collectively comprising the AMA Scope of Practice Data Series, each covering a specific nonphysician health care profession.

Without a doubt, limited licensure providers play an integral role in the delivery of health care in this country. Efficient delivery of care requires a team-based approach that cannot exist without inter-professional collaboration between physicians, nurses and other limited licensure health care providers. With the appropriate education, training and licensing, such providers can and do provide safe and essential health care to patients. The health and safety of patients are threatened, however, when limited licensure providers are permitted to perform services that are not commensurate with their education or training.

Each year in nearly every state and at times on the federal level, limited licensure health care providers lobby legislatures and regulatory boards to expand their scope(s) of practice. While some scope expansions may be appropriate, others definitely are not. It is important, therefore, to be able to explain to legislators and regulators the limitations in the education and/or training of limited licensure health care providers that can result in substandard or potentially harmful care of patients. Those limitations are brought clearly into focus when compared with the comprehensiveness and depth of the medical education and training of physicians.

Issues of access to qualified physicians in rural or underserved areas give limited licensure providers what, at first glance, seems to be a legitimate rationale for lobbying for expanded scope of practice. However, solutions to actual or perceived work force shortages simply cannot justify practice expansions that expose patients to unnecessary health risks.

In November 2005 the AMA House of Delegates approved Resolution 814, which called for the study of the qualifications, education, academic requirements, licensure, certification, independent governance, ethical standards, disciplinary processes and peer review of limited licensure health care providers. By surveying the type and frequency of bills introduced in state legislatures, and in consultation with state medical associations and national medical specialty societies, the AMA identified 10 distinct limited licensure professions that are currently seeking scope of practice expansions that may be potentially harmful to the public.

Each module in the AMA Scope of Practice Data Series is intended to assist in educating policymakers on the qualifications of a particular limited licensure health care profession, as well as on the qualifications physicians possess that prepare them to accept the responsibility for full, unrestricted licensure to practice medicine in all its branches. It is within the framework of education and training that health care professionals are best prepared to deliver safe, quality care under legislatively authorized state scopes of practice.

It is the AMA's intention that these Scope of Practice Data Series modules provide background information for state- and federal-based advocacy campaigns where the health and safety of patients may be threatened as a result of unwarranted scope-of-practice expansions sought by limited licensure providers.



Michael D. Maves, MD, MBA
Executive Vice President, Chief Executive Officer
American Medical Association

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II. Introduction

The American Medical Association (AMA) is pleased to offer this informative module to assist physicians in countering the advocacy efforts of naturopaths seeking licensure and/or expansion of their current scope of practice to include privileges or procedures unwarranted by their education and training.

This module examines the background, education and training of those practitioners who have earned a doctor of naturopathy or doctor of medical naturopathy degree, and who refer to themselves as “naturopathic physicians” or “naturopathic doctors.” Through their state chapters and their national professional organization, the American Association of Naturopathic Physicians, these practitioners seek to establish licensure in the 50 states, as well as liberal prescribing authority, “primary care physician” status and, in many cases, mandated insurance coverage for services. This stands in contrast to the beliefs of “traditional” naturopaths—providers of natural health care who do not seek state recognition or regulation through licensure.

Naturopaths frequently argue that licensure allows patients the freedom to choose them as primary health care providers. At the same time they are looking to distinguish themselves from and assert privileges over their colleagues, the traditional naturopaths. A wide schism separates these two factions, which have a long, documented history of philosophical differences culminating in the divergence of the “naturopathic physician” (and the corresponding quest for state licensure) from the non-medical practice of traditional naturopathy.

Currently, 14 states and the District of Columbia license naturopaths. However, naturopaths may practice without a license in states where naturopathy is not expressly prohibited. In a few such states, this has provoked concern over whether naturopathic practitioners treating patients should be subject to some sort of state regulation (in the form of limited licensure, certification or registration) as a mean to protect the public. Official legislative reports from several states have unearthed specific shortcomings in the education, training and competency testing of naturopaths, and several of these recommend against licensure for naturopaths.

Naturopathy involves the application of natural (non-pharmaceutical and non-surgical) treatment modalities to encourage and facilitate the body's healing of itself. The practice of naturopathy involves the application of a number of healing systems or physical, nutritional or natural agent regimens. Common naturopathic care includes treatments of botanical medicine/herbology, conventional nutritional counseling, homeopathy, acupuncture and/or traditional Chinese medicine, massage and manipulative bodywork, mind/body treatments, hydrotherapy, as well as physical treatments such as ozone therapy, air and light therapy, and ultraviolet, ultrasound and electro-stimulation therapies.

Such treatment modalities are collectively known as complementary and alternative medicine (CAM), and their usage has significantly increased in popularity within the last decade. In 1998 the federal government created the National Center for Complementary and Alternative Medicine (NCCAM), an arm of the National Institutes of Health (NIH), to study the efficacy of CAM in the treatment of chronic and acute diseases. Its mission is to apply accepted scientific principles to CAM by providing funding and grants to support CAM clinical trials and research, in order to objectively assess the efficacy of CAM treatments as compared to conventional medical treatments and placebo.

Consumers use CAM as either a complete treatment or as an adjunct to conventional medical care. Typically categorized as therapies not widely taught in U.S. medical schools, proponents of CAM broadly extend its definition to include common patient self-help strategies such as low-fat, low-sodium diets, stretching and exercise, daily vitamins and minerals, and prayer. In 2004 the NCCAM reported the results of a survey indicating that 36 percent of U.S. adults use some form of CAM. According to this survey, when megavitamin therapy and prayer specifically for health reasons are included in the definition of CAM, that number rose to 62 percent.¹ With such a broad definition, it is little wonder CAM usage statistics are so high.

For medical professionals and policymakers alike, the naturopathic profession's reluctance and/or inability to apply evidence-based principles and scientific study its

1. Web. National Center for Complementary and Alternative Medicine. The use of CAM in the United States. http://nccam.nih.gov/news/camsurvey_fs1.htm#use. Retrieved December 5, 2007.

treatment modalities is of great concern. For example, naturopaths' longstanding opposition to childhood vaccination has been demonstrated as recently as 1999, well after the remarkable decreases in childhood disease as a result of widespread vaccination had been documented (see page 17 for more information).

The mechanism of action and the efficacy of many naturopathic treatment modalities are not scientifically supported; yet practitioners of naturopathy continue to offer patients such treatments. Such behavior would not be tolerated in the practice of medicine. Care that is not premised on scientific evidence, and for which the patient is not informed of its experimental nature, would be considered unethical by the standards of the medical profession. Specifically, AMA Ethical Opinion E-3.01 states:

It is unethical to engage in or to aid and abet in treatment which has no scientific basis and is dangerous, is calculated to deceive the patient by giving false hope, or which may cause the patient to delay in seeking proper care ...²

Some naturopathic treatments are blatantly unsafe and place the health of the patient at great risk for additional health complications. The *Textbook of Natural Medicine*,³ the foremost textbook used in schools of naturopathy, discusses naturopathic treatments that defy medical knowledge or, incredulously, omit discourse on the therapeutic benefits of pharmaceutical or surgical interventions. For example, the second edition of the book called for St. John's wort in the treatment of HIV-positive individuals. Results of an NIH-funded study published in February 2000—just months after the September 1999 release of the textbook—found that St. John's wort interacts with protease inhibitors commonly used in treating patients with HIV and significantly decreases their concentration in the blood.

Compared to medical school and residency training, a naturopathic education consists of relatively few contact hours of study on pharmacological treatment of disease, and provides virtually no clinical reinforcement of pharmaceutical intervention on patients during clinical

rotations or optional post-graduate training. Most drugs are considered toxic by naturopaths, so alternative treatments are instead prescribed. One important component to consider in the debate over naturopath licensure is whether a practitioner with such limited exposure to pharmaceuticals can appropriately treat patients who take prescription medicines regularly or who would likely benefit from pharmacological intervention.

When faced with the claims of naturopaths that the rigors of their education and licensing exams parallel those of physicians, legislators should recognize that graduates of campus-based, four-year naturopathic programs who have passed a standardized examination may demonstrate *consistency* from one naturopathic practitioner to the next. But that says nothing about the *validity* of their practice, which can be determined only by reference to the laws of science or nature, and by rigorous testing of biologically plausible claims.⁴ By failing to rigorously study all the treatments they provide, naturopaths may place patients' safety at risk.

According to a 2003 article in *MedScape General Medicine*, "without licensing standards, individuals with little or no formal education may proclaim themselves naturopathic physicians without medical school education or board testing. ... [T]he clear message is that such licensing implies competence. There is, however, no evidence that 'educated' naturopaths—i.e., the NDs or naturopathic 'physicians'—are more competent than others. If anything, 'traditional naturopaths' (i.e., those who did not attend the 'approved' schools) may be less of a threat to public health because they do not pretend to be primary care physicians."⁵

We hope the information contained in this module provides the tools necessary to help physicians present relevant facts in response to naturopaths' efforts to enact state licensure laws or expand their current scopes of practice. The AMA stands ready to assist state and specialty societies in their efforts to protect and preserve the health and safety of patients.

Advocacy Resource Center
American Medical Association

2. Web. American Medical Association. Ethical Opinion E-3.01 Nonscientific Practitioners. www.ama-assn.org. Retrieved December 5, 2007.

3. Web. Pizzorno JE, Murray MT, eds. *Textbook of Natural Medicine*. Pub. Churchill Livingstone, 1999. p. 803, 1292. As quoted on Quackwatch. www.quackwatch.org. Retrieved December 5, 2007.

4. Web. Atwood KC. Naturopathy: A critical appraisal. *Medscape General Medicine*. December 30, 2003. www.medscape.com/viewarticle/465994. Retrieved November 19, 2007. As attributed to Ernst E. The role of complementary and alternative medicine. *BMJ*. 2000;321:1133-1135.

5. Web. Atwood KC. Naturopathy: A critical appraisal. *Medscape General Medicine*. December 30, 2003. www.medscape.com/viewarticle/465994. Retrieved November 19, 2007.

III. Naturopathy as a profession

Definition(s) of naturopathy

Webster's dictionary defines naturopathy as a system of treatment of disease that avoids drugs and surgery, and emphasizes the use of natural agents (such as air, water and herbs) and physical means (such as tissue manipulation and electrotherapy).⁶ The National Center for Complementary and Alternative Medicine, a bureau of the National Institutes of Health, notes that naturopathy is a system of healing originating from Europe that views disease as a manifestation of alterations in the processes by which the body naturally heals itself. It emphasizes health restoration as well as disease treatment. The term naturopathy literally translates as "nature disease."⁷

Although the most visible professional organizations of naturopaths do not provide a formal definition of a naturopath, the American Association of Naturopathic Physicians (AANP) notes:

[A] licensed naturopathic physician [ND] attends a four-year graduate level naturopathic medical school and is educated in all of the same basic sciences as an [MD] but also studies holistic and non-toxic approaches to therapy with a strong emphasis on disease prevention and optimizing wellness. In addition to a standard medical curriculum, the naturopathic physician is required to complete four years of training in clinical nutrition, acupuncture, homeopathic medicine, botanical medicine, psychology, and counseling (to encourage people to make lifestyle changes in support of their personal health). A naturopathic physician takes rigorous professional board exams so that he or she may be licensed by a state or jurisdiction as a primary care general practice physician.⁸

This module will focus mostly upon the education, training and qualifications of naturopathic "physicians," practitioners who attend four-year graduate schools of naturopathy and earn advanced degrees, as opposed to traditional naturopaths, who receive either apprenticeship-style training or attend unaccredited naturopathy schools.

Principles of naturopathy

Classical naturopathy training is guided by the following six principles. Students in naturopathy schools worldwide are taught to abide by these principles.

- **First do no harm (*Primum no nocere*)**
Illness is a purposeful process of the organism. The process of healing includes the generation of symptoms that are, in fact, an expression of the life force attempting to heal itself. Therapeutic actions should be complementary to and synergistic with this healing process. The naturopathic physician's actions can support or antagonize the actions of the *vis mediatrix naturae*, the healing power of nature. Therefore, methods designed to suppress symptoms without removing the underlying causes are considered harmful and are to be avoided or minimized.
- **The healing power of nature (*Vis mediatrix naturae*)**
The body has an inherent ability to establish, maintain and restore health. The healing process is ordered and intelligent; nature heals through the response of the life force. The naturopathic physician's role is to facilitate this process, to identify and remove obstacles to health and recovery, and to establish or restore a healthy internal and external environment.
- **Identify and treat the cause (*Tolle causam*)**
Illness does not occur without cause. Underlying causes of disease must be discovered and removed or treated before a person can recover completely from illness. Symptoms express the body's attempt to heal, but are not the cause of disease and, therefore, should not be suppressed by treatment. Causes may occur on many levels including the physical, mental, emotional and spiritual. The naturopathic physician must evaluate fundamental underlying causes on all levels, directing treatment at root causes rather than at symptomatic expression.
- **Heal the whole person (*Tolle totum*)**
Health and disease are conditions of the whole organism, a whole involving the complex interaction of many factors. The naturopathic physician must treat

6. Web. Merriam-Webster online dictionary. www.merriam-webster.com. Retrieved November 7, 2007.

7. Web. National Center for Complementary and Alternative Medicine. www.nccam.nih.gov/health/backgrounds/wholemed.htm. Retrieved November 2, 2007.

8. Web. American Association of Naturopathic Physicians. www.naturopathic.org. Retrieved November 7, 2007.

the whole person by taking these factors into account. The harmonious functioning of physical, mental, emotional and spiritual aspects is essential to the recovery from and the prevention of disease. This requires a comprehensive approach to diagnosis and treatment.

- **The physician as teacher (*Docere*)**

A cooperative doctor-patient relationship has inherent therapeutic value. The naturopathic physician's major role is to educate and encourage the patient to take responsibility for their own health. The naturopathic physician is a catalyst for healthful change, empowering and motivating the patient to assume responsibility. It is the patient, not the doctor, who ultimately creates/accomplishes healing. Teaching with hope, knowledge and understanding, the physician acts to enable patients to heal.

- **Prevention (*Praevenire*)**

The ultimate goal of any health care system should be prevention of disease. This is accomplished through education and the promotion of life habits that create good health. Naturopathic physicians learn to assess risk factors and to sharpen their deductive reasoning, and to understand the patient's circumstances. Appropriate interventions are then sought to avoid further harm or risk to the patient. Building health works better and more surely than fighting disease.⁹

General duties

Naturopaths assess and diagnose patient conditions, devise treatment plans using natural, complementary and alternative medicine (CAM), or conventional remedies, and provide counseling to patients. They typically focus on prevention and promoting the understanding that healing comes from within.^{10,11,12}

Naturopathic practice may include the following diagnostic and treatment modalities: clinical and laboratory diagnostic testing, including diagnostic radiology and other imaging techniques; hair, skin and nail analysis; iridology; nutritional counseling, dietetics and therapeutic fasting; medicines of vitamin, mineral, animal and botanical/herbal origin; hormones and biosynthetic agents; hygiene and public health measures; homeopathy; acupuncture; traditional Chinese medicine; psychotherapy and counseling; minor surgery and naturopathic obstetrics (natural childbirth); naturopathic physical medicine including manipulation and massage; the use of hydrotherapies, heat, cold, ultrasound, ultraviolet light, magnetic and electrical fields; energy-based treatments, including reiki, biofeedback and therapeutic touch; and therapeutic exercise.^{13,14}

Brief history of the profession

The modern form of naturopathy can be traced to 18th- and 19th-century healing systems in Germany and Austria. While naturopathy was being used in Europe during those time periods, it was not until the turn of the 20th century that the term surfaced in America. In 1902 Benedict Lust, a German immigrant, introduced naturopathy to the United States when he founded the American School of Naturopathy, which was later reorganized as the American Naturopathic Association in 1919.¹⁵

Once naturopathy was introduced in the United States, naturopathic schools were established and large numbers of naturopaths were trained for practice. However, the advent of scientific medicine in the 20th century greatly decreased the demand for naturopathic treatment. In the 1970s, when a "natural" counterculture movement espousing health foods and natural remedies began, many consumers sought out alternative treatments and CAM modalities enjoyed a surge in popularity.

9. Web. Naturodoc. www.naturodoc.com/cardinal/naturopathy/nat_principles.htm. Retrieved November 15, 2007.

10. Web. Natural Healers. Common Q&A. Retrieved July 28, 2006. www.naturalhealers.com/qa/naturopathy.html#q1.

11. Web. Homeo Info. Non-classical topics—naturopathy. Retrieved July 28, 2006. http://homeoinfo.com/08_non-classical_topics/wide/naturopathy.php.

12. Web. American Naturopathic Certification Board (ANCB). ANCB Policies. Retrieved July 28, 2006. www.ancb.net/policies.html.

13. Web. American Osteopathic Association document. Non-physician monograph series: Naturopaths. September 2005, as referencing the American Association of Naturopathic Physicians. Positions and Practice, accessed on October 7, 2005. www.naturopathic.org/naturopathic_medicine/positions_and_practice.aspx.

14. Web. National Center for Complementary and Alternative Medicine. www.nccam.nih.gov. Retrieved December 2, 2007.

15. Web. American Osteopathic Association document. Non-physician monograph series: Naturopaths. September 2005, as referencing *Natural Health, The European Healers*, available at: www.naturalhealth.org/tradnaturo/history2.html#erop, accessed October 7, 2005; and *Natural Health, Natural Healers and Education*, available at www.naturalhealth.org/tradnaturo/history3.html#edu, accessed October 7, 2005.

Additionally, in the late 20th century consumers began to utilize complementary and alternative approaches to healing as either adjunct or separate, distinct treatment modalities to traditional allopathic/osteopathic medical treatments. During this time, the number of complementary and alternative practitioners, including naturopaths, acupuncturists, homeopaths, energy healers, herbalists and bodywork technicians, grew and licensure efforts for these non-traditional practitioners expanded.

As discussed earlier, a naturopath (or naturopathic "physician") has graduated from a four-year graduate school of naturopathy with a doctor of naturopathy (ND) or doctor of medical naturopathy (NMD) degree, and is educated in both the basic sciences and complementary and alternative treatment modalities. In some of the 14 states where naturopaths maintain licensure, statutory language may allow them to be called naturopathic physicians.

Notably, doctoral-level graduate naturopathic education is not the norm in the rest of the world. In England and Germany, for example, four-year degrees are adequate to train naturopathic practitioners.¹⁶ Nor are there two competing factions of naturopathic practitioners in most of the world. The norm is to practice traditional naturopathy. Moreover, in no other country are naturopathic practitioners referred to as naturopathic physicians.

The AANP, the organization that represents "naturopathic physicians," declares their members to be (*emphasis added*) "... educated in *all of the same basic sciences as an M.D.* but also [studied in] holistic and nontoxic approaches to therapy with a strong emphasis on disease prevention and optimizing wellness. *In addition to a standard medical curriculum*, the naturopathic physician is required to complete four years of training in clinical nutrition, acupuncture, homeopathic medicine, botanical medicine, psychology, and counseling

(to encourage people to make lifestyle changes in support of their personal health). A naturopathic physician takes rigorous professional board exams so that he or she may be licensed by a state or jurisdiction as a *primary care general practice physician*."¹⁷

A traditional naturopath is a practitioner who has obtained his or her education through some combination of a mentorship program with another practitioner or an alternative clinic, or a distance learning program, and/or classroom schooling on natural health or otherwise holistic studies. These practitioners do not have naturopathy degrees from schools recognized as accredited by the U.S. Department of Education, but they may earn degrees from other schools or obtain certification from professional naturopathic organizations.¹⁸ Traditional naturopaths' education and training is neither standardized nor accredited, and therefore their skill set and training varies widely.¹⁹ No state currently permits the licensure of traditional naturopaths, therefore no minimum requirements for practice are mandated.²⁰

The philosophical divide that separates traditional naturopaths from naturopathic "physicians" could not be wider. Traditional naturopaths, collectively represented by the American Naturopathic Medical Association (ANMA), actively oppose the licensure of naturopathy in any form, preferring to practice natural health care unlicensed.²¹ Traditional naturopaths believe that licensure takes away their right to practice natural health care.²² In fact, testimony from the ANMA or individual traditional naturopaths opposing the licensure of naturopaths can often be found in the legislative dockets of many states.

Accordingly, the ANMA offers this sample letter for their members to write their elected representatives on the licensing issue²³:

16. Web. Natureline. Training to be a naturopath. <http://mypage.direct.ca/alagaul/index.htm>. Retrieved December 10, 2007.

17. Web. AANP. Education. www.naturopathic.org/viewbulletin.php?id=29. Retrieved December 5, 2007.

18. Web. The Cure Research Foundation. Naturopaths. Retrieved June 3, 2008. www.cancure.org/naturopaths.htm.

19. *Id.*

20. AOA Document. Non-physician monograph series: Naturopaths. September 2005. Verified by Lexis search, September 5, 2006.

21. Web. American Naturopathic Medical Association (ANMA). Writing your representative. Retrieved December 18, 2007. www.anma.com/writing_yourrepresentative.html.

22. *Id.*

23. *Id.*

Dear (Representative):

My name is (Name) and I live in (Dist #) in the State of (Name). I am writing to urge you to vote No on H.R./S Bill (#).

My practice involves education of my clients, using natural therapies, including but not limited to fresh air, clean water, good diet, and exercise to attain a healthier body. I do not diagnose or treat disease and I represent the majority of practicing naturopaths. Naturopaths, Naturopathic Doctors, or Naturopathic Physicians have no business diagnosing, dispensing drugs, or performing surgeries as set out in the legislation in question. Naturopaths, Naturopathic Doctors, or Naturopathic Physicians simply don't have the experience or education required. When diagnosing, dispensing drugs, or performing surgeries is needed, clients should see those licensed and trained to do so. You owe it to the public to protect them from the group seeking this scope of practice for naturopaths. You should require those people to attend traditional medical school. I took an oath to "First do no harm" and I intend to do just that. Please do not take my right to practice away because of a few untrained who want to be "doctors" and have the right to practice as equals to DO's and MD's.

Thank you for considering a "NO" vote on (Bill #).

In a recent proposal by naturopaths for expansion of scope of practice in Washington state, the ANMA notes: "The naturopaths are asking for drugs, surgery and IV therapy which would cover chelation. These naturopaths are not just asking for any drug, they want narcotics under the Controlled Substances III & IV categories. It is obvious that these naturopaths want to be MDs without earning the education and doing an internship in hospitals. We urge you [ANMA members] to read this carefully, understand it, then write, call or e-mail a Washington State legislator whose name, address and phone number will appear on this page. We do not oppose properly trained doctors doing these practices. However, a naturopath pretending to have the knowledge to practice in this manner is definitely a 'danger to the public.'"²⁴

Primer on complementary and alternative medicine

Greatly concerned with growing consumer use of CAM, in 1998 Congress established a new bureau of the National Institutes of Health, the National Center for Complementary and Alternative Medicine (NCCAM). Not a formal recognition of CAM, but rather a federal agency funded to apply rigorous scientific inquiry to the outcomes and safety of various CAM modalities, the stated mission of the NCCAM is to:

- Explore complementary and alternative healing practices in the context of rigorous science
- Train complementary and alternative medicine researchers
- Disseminate authoritative information to the public and professionals²⁵

The NCCAM defines CAM as "a group of diverse medical and health care systems, practices, and products that are not presently considered to be part of conventional medicine. Conventional medicine is medicine as practiced by holders of M.D. (medical doctor) or D.O. (doctor of osteopathy) degrees and by their allied health professionals, such as physical therapists, psychologists, and registered nurses." The National Cancer Institute defines CAM as "forms of treatment that are used in addition to (complementary) or instead of (alternative) standard treatments. These practices generally are not considered standard medical approaches. Standard treatments go through a long and careful research process to prove they are safe and effective, but less is known about most types of CAM. CAM may include dietary supplements, megadose vitamins, herbal preparations, special teas, acupuncture, massage therapy, magnet therapy, spiritual healing, and meditation."

However, the common popular characterization of CAM is any treatment that does not involve pharmaceuticals or surgery. To that end, many conventional treatments are considered CAM by certain CAM practitioners and advocates. For example, nutritional counseling, vitamins, physical activity, the application of ice packs or heat compresses—all conventional treatments—have been adopted as CAM, and are typically counted in surveys and/or polls to indicate the surge of CAM in America. Other research includes prayer, meditation or other spiritual/contemplative thought into the broad definition of CAM as well.

24. *Id.*

25. Web. NCCAM. <http://nccam.nih.gov/about/ataglance/>. Retrieved October 2, 2006.

The NCCAM categorizes CAM treatments into five distinct groupings. Below is a brief primer on the modalities in each NCCAM grouping,²⁶ many of which are commonly used by naturopaths.

Whole medical systems

Whole medical systems are built upon complete systems of theory and practice. Often, these systems have evolved earlier than and apart from the conventional medical approach used in the United States.

- Homeopathy—a whole medical system that originated in Europe. Homeopathy seeks to stimulate the body's ability to heal itself by giving very small doses of highly diluted substances that in larger doses would produce illness or symptoms (an approach called "like cures like").
- Traditional Chinese medicine (TCM)—a whole medical system that originated in China. TCM is based on the concept that disease results from disruption in the flow of qi and imbalance in the forces of yin and yang. Practices such as herbal therapy, meditation, massage and acupuncture seek to aid healing by restoring the yin-yang balance and the flow of qi.
- Ayurveda—a whole medical system that originated in India. Ayurveda aims to integrate the body, mind and spirit to prevent and treat disease. Therapies used include herbs, massage and yoga.
- Naturopathy—a whole medical system that originated in Europe. Naturopathy aims to support the body's ability to heal itself through the use of dietary and lifestyle changes together with CAM therapies such as herbs, massage and joint manipulation.

Mind-body medicine

Mind-body medicine uses a variety of techniques designed to enhance the mind's capacity to affect bodily function and symptoms. Some techniques that were considered CAM in the past have become mainstream, for example patient support groups and cognitive-behavioral therapy.

- Meditation—a conscious mental process using certain techniques, such as focusing attention or maintaining a specific posture, to suspend the stream of thoughts and relax the body and mind.
- Other—prayer, mental healing and therapies that use creative outlets such as art, music or dance.

Biologically based practices

Biologically based practices in CAM use substances found in nature, such as herbs, foods and vitamins. Some examples include dietary supplements, herbal products and the use of other so-called natural, but as yet scientifically unproven therapies (for example, using shark cartilage to treat cancer). The CAM domain of biologically based practices includes, but is not limited to, botanicals, animal-derived extracts, vitamins, minerals, fatty acids, amino acids, proteins, prebiotics and probiotics (which are live bacteria and sometimes yeasts found in foods such as yogurt or in dietary supplements), whole diets and functional foods.

Manipulative and body-based practices

Manipulative and body-based practices in CAM are based on manipulation, the application of controlled force to a joint, moving it beyond the normal range of motion in an effort to aid in restoring health. Manipulation may be performed as a part of other therapies or whole medical systems. Under the umbrella of manipulative and body-based practices is a heterogeneous group of CAM interventions and therapies including Tui Na, rolfing, Bowen technique, Trager bodywork, Alexander technique, Feldenkrais method and a host of others.

- Chiropractic—a form of spinal manipulation whereby subluxations, or misalignments of the spine, interrupt or interfere with "nerve flow." The manipulation serves to "adjust" the vertebrae with the goal of correcting subluxations.²⁷
- Massage—pressing, rubbing and moving muscles and other soft tissues of the body, primarily by using the hands and fingers. The aim is to increase the flow of blood and oxygen to the massaged area.

26. Web. This entire primer (with the exception of the separately footnoted definition of "chiropractic," below) is taken from the NCCAM Web site. *What is CAM?* <http://nccam.nih.gov/health/whatiscam/#4>. Retrieved December 10, 2007.

27. The NCCAM does not provide a formal definition of "chiropractic." This brief definition is condensed from information found on the NCCAM Web page: *About chiropractic and its use in treating low back pain.* <http://nccam.nih.gov/health/chiropractic/#1a>. Retrieved December 14, 2007.

- Reflexology—a practice in which pressure is applied to points on the foot and sometimes the hand with the intent to promote relaxation or healing in other parts of the body.

Energy medicine

Energy therapies involve the use of energy fields. They are of two types.

1. **Biofield therapies** are intended to affect energy fields that purportedly surround and penetrate the human body. The existence of such fields has not yet been scientifically proven. Some forms of energy therapy manipulate biofields by applying pressure and/or manipulating the body by placing the hands in or through these fields. Biofields have defied measurement to date by reproducible methods.

Therapies involving these putative energy fields are based on the concept that human beings are infused with a subtle form of energy. This vital energy or life force is known by different names in different cultures, such as qi (pronounced “chi”). In traditional Chinese medicine, the vital energy or life force is supposed to regulate a person’s spiritual, emotional, mental and physical health, and to be influenced by the opposing forces of yin and yang. Vital energy is believed to flow throughout the human body, but it has not been measured by means of conventional instrumentation. Nonetheless, therapists claim that they can work with this subtle energy, see it with their own eyes, and use it to effect changes in the physical body and influence health.

Examples of biofield therapy include:

- Qi gong—a component of traditional Chinese medicine that combines movement, meditation and controlled breathing. The intent is to improve blood flow and the flow of qi.
- Reiki—a therapy in which practitioners seek to transmit a universal energy to a person, either from a distance or by placing their hands on or near that person. The intent is to heal the spirit and thus the body.

- Therapeutic touch—a therapy in which practitioners pass their hands over another person’s body with the intent to use their own perceived healing energy to identify energy imbalances and promote health.

2. **Bioelectromagnetic-based therapies** involve the unconventional use of electromagnetic fields, such as pulsed fields, magnetic fields, or alternating-current or direct-current fields. The veritable energies employ mechanical vibrations (such as sound) and electromagnetic forces, including visible light, magnetism, monochromatic radiation (such as laser beams) and rays from other parts of the electromagnetic spectrum. They involve the use of specific, measurable wavelengths and frequencies to treat patients.

Assessing the evidentiary basis for naturopathy

Naturopaths claim that their natural treatments have been in use for hundreds of years. In many cases, neither the mechanism of action nor the efficacy of the naturopathic treatment as prescribed have been documented or established. The lack of randomized controlled trials and other forms of rigorous scientific inquiry into naturopathic treatments has not gone unnoticed by the medical and scientific communities.^{28,29}

Reinforcing the self-image of naturopathy as a distinct type of health care, according to one article, the AANP states that “naturopathic medicine has its own unique body of knowledge, evolved and refined for centuries” and is “effective in treating all health problems, whether acute or chronic.”³⁰ This collective professional isolationist identity of naturopaths lays the groundwork for substandard patient care. Not only does naturopaths’ insistence on practicing on the fringe of modern medicine produce providers of questionable medical competence through an educational system fraught with scientific inaccuracies and omissions of even the most basic established medical principles, it also propagates the unfortunate result of patient care that is devoid of current, evidence-based medically accepted concepts.

28. Web. Atwood KC. Naturopathy, pseudoscience, and medicine: Myths and fallacies vs. truths. March 25, 2004. *Med Scape Today*. www.medscape.com/viewarticle/471156. Retrieved December 26, 2007.

29. Web. Skolnick A. Live Science. Voice of reason: Licensing naturopaths may be hazardous to your health. www.livescience.com/health/naturopathy_license_041118.html. Retrieved December 26, 2007.

30. Web. American Association of Naturopathic Physicians. www.aanp.org. Retrieved December 16, 2007.

A lack of scientific proof for many of their treatment modalities does not deter naturopaths, however. One article in the April 2006 issue of the *Journal of Alternative and Complementary Medicine* proposes that naturopaths disdain the application of evidence-based medicine (EBM) to their practice:

This paper presents the voices of tradition-sensitive naturopathic practitioners in response to what they perceive as an ideologic assault by EBM advocates on the validity and integrity of natural medicine practice. Those natural medicine practices, which have tradition-based paradigms articulating vitalistic and holistic principles, may have significant problems in relating to the idea of EBM as developed in biomedical contexts. The paper questions the appropriateness of imposing a methodology that appears to minimize or bypass the philosophic and methodological foundations of natural medicine, and that itself seems primarily driven by political considerations.³¹

Is this "unique body of knowledge" not then subject to the same scientific, peer-reviewed scrutiny as are medical concepts? At least one mainstream medical journal article has acknowledged the inherent difficulty in using traditional, randomized, controlled clinical trials for CAM modalities. At the same time, it called for medicine to demand CAM "develop and defend a rational and coherent method for assessing causality and efficacy, though not necessarily one based on the results of controlled clinical trials."³² To date, proponents of CAM and/or naturopathy have not proposed any alternative epistemology calculated to assess the efficacy of CAM treatments.

Nonetheless, naturopaths and other CAM providers have begun conducting limited research and contributing their results to the scientific body of literature. In many instances, such as the NCCAM-funded clinical trials discussed below, the efficacy of naturopathic treatments is not supported by clinical evidence. The NCCAM "Research Results" Web page lists the following examples³³:

- "Pilot Study Provides New Insight on Effect of Ginkgo Extract on Dementia in the Elderly." Overall, in this study of the elderly, researchers did not find a reduction in progression to dementia in those using ginkgo versus those using placebo. (February 2008)
- "Drinking Black Tea Shows No Impact on Cardiovascular Risk Factors." It is commonly believed that polyphenol antioxidants, found in tea, have a variety of health benefits, including cardiovascular benefits. However, randomized trials to date have yielded mixed results on the effects of tea on cardiovascular risk factors. (October 2007)

Some naturopathic treatments have been subjected to the gold standard research design: the randomized controlled trial. However, many of the studies considered by the profession to be "naturopathic" in nature involve treatments that are not unique to naturopathy. For example, Bastyr University, Seattle, considered by many to be the top naturopathic school in the United States, lists current and past research projects on its Web site. Two of its current research projects include the nutritional studies, "Will a naturopathic diet improve glycemic management?" and "Effectiveness of two levels of pulse [beans/legumes] consumption on caloric restriction adherence and chronic disease risk."³⁴ Dietary modifications are hardly the sole province of naturopaths. However, results from these studies will add to the general scientific body of knowledge and should be encouraged.

Bastyr also posts that 40 research projects have been completed or are underway.³⁵ A cursory review of its "Current Research Studies" Web page reveals 11 current research projects.³⁶ Four are non-clinical research projects, seven are clinical research projects. Of these, one is an animal research project and six are human research projects, only one of which is identified as a randomized controlled trial.³⁷ Furthermore, of the 11 research projects listed, only two investigators listed are also named as faculty on Bastyr's Web site. In just one study is the primary investigator also a faculty member.³⁸

31. Jagtenberg T et al. *J Altern Complement Med*. Evidence based medicine and naturopathy. 2006 Apr;12(3):323-8. Note: the authors are Australian.

32. Tonelli MR et al. *Acad Med*. Why alternative medicine cannot be evidence-based. 2001 Dec;76(12):1213-20.

33. Web. NCCAM. <http://nccam.nih.gov/research/results/>. Retrieved March 11, 2008.

34. Web. Bastyr University. Research Home Web page. www.bastyr.edu/research/default.asp. Retrieved March 11, 2008.

35. *Id.*

36. *Id.*

37. *Id.* *Trametes versicolor* in women with breast cancer. Principal Investigator: L.J. Standish.

38. *Id.* Principal Investigator: L.J. Standish. Dr. Standish is also a co-investigator on a second research project. Co-investigator: W. Weber.

NCCAM funding for CAM clinical trials has increased every year since its inception in 1999. Congress appropriated \$121.4 million to the NCCAM for the fiscal year 2007.³⁹ However, 2007 press releases on the results of NCCAM-funded botanical/herbal clinical trials note a lack of efficacy for many CAM modalities studied (naturopaths commonly employ herbal/botanical and nutritional counseling in their treatments):

Shark cartilage supplement does not extend the lives of lung cancer patients⁴⁰

Researchers announced the results of an NCCAM and National Cancer Institute co-funded clinical trial showing that a shark cartilage supplement did not improve the overall survival of patients with lung cancer. Colleagues at the University of Texas M.D. Anderson Cancer Center conducted this phase III randomized, double-blind, placebo-controlled clinical trial at cancer centers throughout the U.S. and Canada. All 379 patients in the study received radiation and chemotherapy in addition to a shark cartilage supplement or a placebo pill. The study team found that those who took the supplement did not live any longer than those who took the placebo. A previous NCCAM-funded study also found shark cartilage did not benefit patients with advanced breast or colon cancer.

Echinacea for the prevention and treatment of colds in adults⁴¹

The research team tested three preparations of the roots of a species of echinacea called *Echinacea angustifolia*, which prior smaller studies had found to benefit adults with the common cold. The three preparations were made by extracting the root of *E. angustifolia* using procedures that represent some of the different ways that echinacea is available and used to treat the common cold. In this study, researchers found that none of the three preparations of *E. angustifolia* at the 900 mg daily dose had significant effects on whether volunteers became infected with the cold virus or on the severity or duration of symptoms among those who developed

colds. However, critics of this study believe the dose of *E. angustifolia* used was too low.

St. John's wort and depression⁴²

An extract of the herb St. John's wort was no more effective for treating major depression of moderate severity than placebo, according to research published in the *Journal of the American Medical Association*. The randomized, double-blind trial compared the use of a standardized extract of St. John's wort (*Hypericum perforatum*) to a placebo for treating major depression of moderate severity. The multisite trial, involving 340 participants, also compared the FDA-approved antidepressant drug sertraline (Zoloft[®]) to placebo as a way to measure how sensitive the trial was to detecting antidepressant effects.

Questions remain as to whether naturopaths are integrating such clinical evidence into their treatment protocols and, moreover, to what extent they are attempting to elucidate—for the benefit of their patients, as well as the scientific community—the mechanisms of their traditional treatments such as homeopathy, traditional Chinese medicine, and botanical or herbal preparations. In a 2006 editorial in the *Journal of Alternative and Complementary Medicine*, researchers from the National College of Naturopathic Medicine, Portland, Ore., and the Oregon College of Oriental Medicine, also in Portland, note that aside from the difficulty in applying the randomized controlled trial design to CAM treatments, “an equally important impediment is the paucity of our understanding of the basic mechanisms underlying most CAM therapies. Stated most directly, in the absence of knowing how a treatment ‘works,’ an appropriate sham control cannot be designed rationally. And, without an appropriate sham control, the efficacy of a treatment cannot be assessed adequately. It has even been suggested that sham controls are more appropriate for studying *why* CAM treatments are effective than *whether* they are effective.”⁴³

This module does not purport to be an exhaustive literature search on the natural remedies most commonly

39. Web. NCCAM. NCCAM funding: Appropriations history. <http://nccam.nih.gov/about/appropriations/>. Retrieved December 26, 2007.

40. Web. NCCAM. Research results spotlight. <http://nccam.nih.gov/research/results/spotlight/061507.ham>. Retrieved December 26, 2007.

41. *Id.*

42. *Id.*

43. Hammerschlag R and Zwickey H. Evidence based complementary medicine and alternative medicine: Back to basics. *Journal of Alternative and Complementary Medicine*. Vol. 12, No. 4, 2006. pp. 349–350. *Authors' note:* We prefer the term 'sham' rather than placebo, because sham implies better to research on therapies involving devices and physical manipulation, in which—unlike in pharmaceutical research—there is no assumption that the control will be inert.

used by naturopaths, and should not be held as evidence of the efficacy or lack thereof of the particular naturopathic CAM modalities discussed. However, it should be noted that, without consideration of research design or methodology, through the most basic of PubMed literature searches on the efficacy of CAM modalities, several sources (NCCAM press releases and studies in peer-reviewed medical journals) demonstrated positive outcomes for directed uses of acupuncture. As discussed elsewhere in this module, naturopathic graduate education does not typically prepare naturopaths to practice acupuncture. Most states that license naturopaths require additional training beyond the ND or NMD degree for naturopaths to use acupuncture in practice.

Official state reports on naturopathy

Many states have commissioned investigative reports or special committees to study the issues related to licensure or, in states where naturopaths currently enjoy licensure, issues related to the expansion of scope-of-practice privileges. Most of these state legislative or agency reports exhibit significant research into the history of the naturopathic profession, both nationally and within the state, as well as other states' experiences with naturopath licensure and/or professional regulation. These reports are excellent resources for those states anticipating licensure or scope of practice expansion proposals by naturopaths.

Arizona (2000)

In 2000 the Arizona Office of the Auditor General conducted an audit and sunset review⁴⁴ of the Arizona Naturopathic Physicians Board of Medical Examiners pursuant to a June 16, 1999, resolution of the Joint Legislative Audit Committee. This audit noted significant concerns with the operative processes of the Arizona board, potentially attributable to lack of oversight. (Note: The Arizona Naturopathic Physicians Board of Medical Examiners was established in 1935 to regulate naturopathic physicians through licensure. Naturopaths were once restricted to using natural, drugless and nonsurgical methods, however, in 1992 the law was changed to allow naturopaths to perform many of the same activities performed by allopathic and osteopathic physicians.)

The audit report also concluded that the Arizona board needed to improve complaint processing to ensure that complaints were resolved in a timely and appropriate manner. At the time of the review, it had developed a backlog of cases. Of 13 unresolved complaints, five had been open for more than 1,000 days.⁴⁵

The audit report also noted that Arizona naturopaths enjoyed the most liberal scope of practice and prescribing formulary in the nation, and suggested the Legislature review the board's statutes in order to ascertain whether "the Legislature intended such an extension of naturopaths' activities." With regard to the Arizona board's proposal to recognize 16 specialties within naturopathic medicine, including family medicine and minor surgery, internal medicine, neurology and psychiatry, and ophthalmology, the report authors concluded, "No other state that regulates naturopaths recognizes such a broad range of specialties."⁴⁶

The audit report authors also suggested the Legislature review the Arizona Naturopathic Physicians Board of Medical Examiners statutes to determine if increased oversight should be provided on what prescriptions naturopaths can write. "The Board's statutes require it to develop a list of 'natural substances' that naturopaths can prescribe, but the statutes do not define what 'natural substances' are. The Board has developed an extensive list, or formulary, that includes not only vitamins and minerals, but also vaccines, antibiotics, oral contraceptives, anabolic steroids, and controlled substances such as morphine and cocaine. The U.S. Drug Enforcement Administration has recently approved Arizona naturopaths to prescribe controlled substances from the formulary because this appears to be in accordance with state law. Although some other states allow naturopaths to prescribe and dispense drugs, none has a list as extensive as what the Board has developed. Most of these states also have separate oversight bodies to develop or review the list, while Arizona does not."⁴⁷

Most importantly, however, the Arizona Auditor General's Office found a disturbing lack of valid competency assessment of candidates for naturopathic licensure in the state (*emphasis added*):

44. Web. State of Arizona Office of the Auditor General. Naturopathic Physicians Board of Medical Examiners (June 2000, Report No. 00-9). Available at: www.azauditor.gov/Reports/State_Agencies/.

45. *Id.* Executive summary.

46. *Id.*

47. *Id.*

The Board needs to correct numerous problems with its three-part licensing examination, or adopt a national examination, to ensure that the naturopaths it licenses are competent. Since 1997, the Board has been administering a licensing examination it developed specifically for Arizona. Problems with this examination call into question its validity as a tool for measuring an applicant's competence to practice naturopathy. For example, *the Board has not ensured that the examination tests what a naturopath would need to know to practice safely* and has not shown that examination writers possess the necessary expertise and training to develop test questions. *Further, the Board has made extensive adjustments to examination scores.* For example, one licensure applicant received credit for 90 questions that she had answered incorrectly on one part of the February 1999 exam. *As a result of such scoring adjustments, no one has failed the Board's exam since September 1998.*

The shortcomings noted in the Auditor General's report indicate a serious and disconcerting lack of regard for public safety. The failure of the naturopathic profession in the state of Arizona to address professional complaints in a timely manner, to ensure the administration of licensing examinations of sufficient quality so as to protect the public from dangerous practitioners, and to maintain their professional scope of practice within the areas for which naturopaths are educated and trained, should instill a lack of public confidence in the naturopathic profession in Arizona.

Colorado (2005)

The state of Colorado performed a sunrise review of naturopaths in 2005.⁴⁸ The Colorado report found that naturopaths in the state presented evidence supporting their proposal request for state licensure and regulation. This report contains a valuable compilation of other states' licensure and scope of practice regulations for naturopaths as of 2005. For instance, the Colorado report illustrates the lack of recognized safeguards prevalent in the licensed practice of naturopathy in the United States:

- Four out of 15 states do not require licensed naturopaths to partake in any continuing medical education whatsoever.

- Only three out of 15 states mandate that licensed naturopaths carry professional liability insurance.

Additionally, the Colorado report provides an excellent psychometric analysis of the Naturopath Physicians Licensing Examination (NPLEX). The Colorado Office of Examination Services performed an analysis of the NPLEX test construction and scoring methods, and made several key observations:⁴⁹

To date, there is little generalizable evidence that NPLEX Part II clinical licensing examinations actually measure clinical competence.

The thirteen years of NPLEX examination statistics presented ... indicate that the band within which we can be reasonably sure an examinee's true score lies can be variable and somewhat concerning if we are drawing conclusions about technical knowledge of a candidate based on his/her particular test score.

Unlike the NPLEX, the United States Medical Licensing Examination™ and the Comprehensive Osteopathic Medical Licensing Examination are three-part licensing examinations, each containing a separate Step/Level 3 that specifically assesses whether the examinee can apply medical knowledge and understanding of biomedical and clinical science essential for the unsupervised practice of medicine, with emphasis on patient management in ambulatory settings. Step/Level 3 provides a final assessment of physicians assuming independent responsibility for delivering general medical care.⁵⁰

Florida (2004)

The "2004 Sunrise Report on Proposed Licensure of Naturopathic Physicians" concluded that there is "potential risk from licensing naturopathic physicians to allow them to provide a broad range of primary care services." The state of Florida abolished its licensing provisions for naturopathy in 1959, grandfathering in several practicing naturopaths who had been licensed at that time. The 2004 report was conducted as proponents for naturopathy again sought licensure in the state.

48. Web. Colorado Department of Regulatory Agencies, Office of Policy, Research and Regulatory Reform. 2005 sunrise review of naturopathic physicians. www.dora.state.co.us/opr/archive/2005Naturopaths.pdf. Retrieved December 12, 2007.

49. *Id.* pp. 40-50.

50. Web. United States Medical Licensing Examination. www.usmle.org. Retrieved December 17, 2007.

The authors of the report concluded that:

- The proponents of regulation did not provide evidence that there is substantial harm or that the public is endangered from the unregulated practice of the profession.
- The department and other sources indicate there is a risk of harm to the public from licensing naturopathic physicians with an expanded scope of practice.⁵¹

Massachusetts (2002)

A legislative commission to study naturopathy and the prospect of licensure was established at the request of naturopaths in Massachusetts. In 2002 the Majority and Minority of the Massachusetts Special Commission on Complementary and Alternative Medical Practitioners presented their reports.⁵²

Although the majority report recommended licensure for naturopaths be granted, the minority of the special commission was compelled to submit its own report, highlighting significant deficiencies in the majority's fact-finding process and in the information presented within the majority report. The minority report provides extensive examples of the unscientific basis for naturopathic treatment and calls into question the failure of the majority to report on the validity of treatments used by naturopaths in the care of patients. "Those [members of the commission] favoring licensure of naturopaths did not show an interest in investigating the validity of naturopathic practices. We ask the legislature to question why the proponents of naturopathy did not discuss the validity of specific naturopathic practices."

In addition, the minority report contains detailed significant findings related to the education and practice of naturopaths.⁵³ "Evidence shows that the course content of naturopathy schools is filled with unscientific assertions that strain credulity. ... Evidence was presented showing that both graduates and practicing naturopaths lack experience in recognition of disease and effects of treatment."

The authors of the minority report assert a logical approach in opposing licensure to naturopaths. "Standard naturopathic practice is substandard medical practice. Thus, an independent naturopathic board would legitimize unacceptable practices. ... [T]hus, the establishment of a self-regulating naturopathic board would, paradoxically, endorse practices that would be grounds for discipline if performed by a physician."

Though professional collaboration should be the norm among health professionals, the authors of the minority report state that serious problems would arise with regard to professional collaboration should naturopaths be granted licensure in Massachusetts. First, they argue, naturopaths by their very training are disinclined to refer patients for conventional medical care. Naturopaths consider naturopathy to be a "distinct system of complementary health care," not complementary to conventional medical care. In fact, the authors note that every naturopathic treatise or professional literature denigrates modern medicine as "treating only the symptoms, not the cause" of disease, and warns the reader about pharmaceuticals, which are consistently referred to as "toxins."⁵⁴ Therefore, it is highly unlikely, the authors conclude, that a naturopath would refer a patient to a physician for medical care.

These statements are corroborated by a 1999 study published in the *Archives of Pediatric and Adolescent Medicine*. Using professional naturopathic associations to identify possible subjects, the author surveyed practicing naturopaths and homeopaths in Massachusetts. Results showed that nearly all respondents reported treating children, but *fewer than half* of the responding practitioners reported any formal pediatric training. Most practitioners reported that they *did not* actively recommend immunizations and *fewer than half* of the nonphysician practitioners reported that they would refer a two-week-old neonate with a fever to a medical doctor or emergency medical facility. The author concluded that many of the patients using homeopathy and naturopathy are children. "Failure on the part of these providers to recommend immunizations or recognize potentially serious illnesses is cause for concern."⁵⁵

51. Web. Sunrise report on proposed licensure of naturopathic physicians. January 2004. Found at Naturowatch. www.naturowatch.org/licensure/flsunrise2004.html. Retrieved December 17, 2007.

52. Web. Minority report of the Massachusetts Special Commission on Complementary and Alternative Medicine Providers, 2003. Retrieved December 5, 2007. www.quackwatch.org/01QuackeryRelatedTopics/Naturopathy/Minority.pdf.

53. *Id.*

54. *Id.*

55. Lee AC, Kemper KJ. Homeopathy and naturopathy: practice characteristics and pediatric care. *Arch Pediatr Adolesc Med*. 2000 Jan;154(1):75-80.

The Massachusetts minority report also notes that the medical code of ethics precludes physicians from collaborating with unscientific practitioners, such as naturopaths. In particular, AMA Ethical Opinion E-3.01 is referenced, which reads:

It is unethical to engage in or to aid and abet in treatment which has no scientific basis and is dangerous, is calculated to deceive the patient, by giving false hope, or which may cause the patient delay in seeking proper care.

The report of the majority, as mentioned above, does not include any information on the safety, efficacy or scientific validity of naturopathic treatments. Instead, it provides recommendations for an administrative framework to support the implementation of naturopath licensure, as well as training standards for licensure that mirror the requirements of the accrediting body for naturopathic schools. Although presented with textbooks used in naturopathy schools, the majority "was not able to determine the quality or reliability of these books or the standards used in developing them."⁵⁶

There is at least one statement in the majority report that is untrue. Under the section entitled "Criteria that suggest the need for licensure," the majority truthfully states that the accreditor of naturopathy schools, the Council on Naturopathic Medical Education (CNME), is a private accrediting agency not recognized by the federal government. The report then incorrectly states that the accrediting body for conventional medical schools is similarly not recognized by the federal government.⁵⁷ Nothing is further from the truth. The Liaison Committee on Medical Education, the accreditor of U.S. medical schools, has been continuously recognized by the U.S. Department of Education since 1952.⁵⁸ Instead, it was the CNME that had its recognition from the U.S. Department of Education revoked in 2001 (just prior to the release of the majority and minority Massachusetts reports) for failure to apply its own standards to a natu-

ropathy school in candidate status for accreditation. At the time of the Massachusetts Commission's reports, the CNME was not recognized by the Department of Education, while the Liaison Committee on Medical Education previously had been and continues to be recognized by the Department of Education as the sole accreditor of U.S. medical schools awarding the MD degree. Likewise, the American Osteopathic Association's Commission on Osteopathic College Accreditation is recognized by the Department of Education as the sole accreditor of U.S. osteopathic medical colleges awarding the DO degree, and has continuously maintained its recognition since 1952.⁵⁹

Missouri (2006)

A 2006 Report of the Senate Interim Committee on Naturopathic Medicine in Missouri⁶⁰ noted significant concerns with the education and standardized testing of naturopaths:

Questions have been raised as to the extent to which the NPLEX (the Naturopathic Licensing Examination) effectively measures competency. ... Unlike the NPLEX, the USMLE (U.S. Medical Licensing Exam) has a third part (USMLE Part III) designed to test clinical competence and "assess whether medical graduates can apply medical knowledge and understanding of biomedical and clinical science essential for the unsupervised practice of medicine." The Committee views the absence of such an evaluation as a significant flaw in the NPLEX.

The main accrediting organization for naturopathic colleges has been in and out of favor with the U.S. Department of Education. ... As a result, the Committee does not have full faith in the diligence of the CNME as an accrediting body."

Finally, emphasizing the inadequacy of the evidence presented them by proponents for naturopathic licensure, and also echoing public confusion regarding the

56. Web. Majority report of the Massachusetts Special Commission on Complementary and Alternative Medicine Providers, 2003. Retrieved December 5, 2007. Available at www.quackwatch.org/01QuackeryRelatedTopics/Naturopathy/minority.pdf.

57. *Id.*

58. Web. U.S. Department of Education. Specialized accrediting agencies. www.ed.gov/admins/finaid/accred/accreditation_pg8.html#med. Retrieved December 18, 2007.

59. Web. A brief history of AOA accreditation activities. www.do-online.org/index.cfm?PageID=edu_main&au=D&SubPageID=acc_main&SubSubPageID=acc_predoc. Retrieved March 10, 2008.

60. Web. Report of the Senate Interim Committee on Naturopathic Medicine. Prepared by Chris Hogerty, Senate Research Staff. January 20, 2006. Retrieved December 5, 2007. www.senate.mo.gov/06info/comm/interim/sinm/NaturopathReport.pdf.

qualifications of naturopaths, the committee concluded, "it remains unclear to the committee ... who is a naturopath or what makes one a naturopath. This is a fundamental and necessary question that the committee was unable to determine."⁶¹

Nevada (An administrative history of the Board of Naturopathic Healing)

The Nevada Board of Naturopathic Healing was created in 1981. Nevada statutes required that the board consist of the following members appointed by the Governor: three licensed naturopaths engaged in the practice of naturopathic healing for more than two years in the state, one licensed physician who is a valid Nevada resident and one public member who is neither a licensed health practitioner nor a health administrator. The statute allowed the initial naturopaths on the board to be licensed and engaged in practice in another state, and authorized their appointment to the board to constitute their licensure in Nevada.

The first chairman of the Nevada Board of Naturopathic Healing submitted his resignation in 1982 and the three other members resigned in 1983, leaving the one non-health practitioner, who was unable to take any action for lack of a quorum. Until the governor appointed qualified members, the board remained inactive. Meanwhile, the legislative subcommittee received testimony and correspondence alleging that certain licensed naturopaths in the state were practicing with questionable, if not fraudulent credentials. The subcommittee recommended a modification of the board's membership, and that the skills and knowledge of all Nevada licensed naturopaths be thoroughly examined and verified. There appeared to be little board activity after 1983, and in 1987 the state assembly enacted a bill that rendered the board defunct. Any license issued by the Nevada Board of Naturopathic Healing expired on July 1, 1987.⁶²

Demographics of the profession

Number of licensed naturopaths in the U.S. work force

In 2004 it was estimated there were 1,500 naturopaths practicing in the United States.⁶³ As of late 2005, the AANP reported approximately 4,000 naturopathic doctors were practicing in the United States, but a 2006 tally of naturopaths in the 15 states that permit licensure of naturopaths revealed approximately 3,300 licensed naturopaths. There is no practical estimate of the number of naturopaths practicing in states where licensure is not permitted, nor is there an estimate of the number of traditional naturopaths currently practicing in any or all states. (See Figure 1, page 46, for more information.)

Employment types/locales

Most naturopaths establish private naturopathic practices or teach at schools of naturopathy. Naturopathic practitioners may work with physicians or chiropractors, or in hospitals, nursing homes, clinics, health clubs or resorts.⁶⁴

Salary data

A Seattle newspaper stated in December 2003 that most naturopaths established private practices and earned \$35,000 to \$100,000 annually.⁶⁵ A 2004 survey conducted by the National College of Naturopathic Medicine found that the median take-home pay for individuals working 32 hours or more per week was \$45,000, while the average was \$54,000. The high annual take-home pay was \$250,000.⁶⁶

The Princeton Review online, in its graduate school and careers section, notes that "according to a survey by the AANP, naturopathic doctors generally earn in the low to mid range of family practice doctors. A beginning ND, just starting up his or her practice, working part time or building a staff, may earn between \$20,000 to \$30,000 per year. However, an ND who runs or partners in a large, busy practice makes an average estimated income of \$80,000 to \$90,000 per year—and may make upwards of \$200,000."⁶⁷

61. *Id.*

62. Web. Nevada State Library and Archives. Board of Naturopathy; Administrative History. <http://dmla.clan.lib.nv.us/DOCS/nsla/archives/archival/lic-rec/naturo.htm>. Retrieved December 10, 2007.

63. Web. eNotes. Alternative medicine—naturopathic medicine. Retrieved July 28, 2006. <http://health.enotes.com/alternative-medicine-encyclopedia/naturopathic-medicine.htm>.

64. Web. UniXL. Retrieved July 28, 2006. Search term "naturopathy jobs." www.unixl.com/dir/health_sciences/naturopathy/.

65. Perry N. University carves niche in alternative health care. *The Seattle Times*. December 24, 2003. www.niskeptics.org/news/news2003-12-28.htm.

66. Web. National College of Naturopathic Medicine. Alumni survey summer 2004—income data. Retrieved July 28, 2006. www.ncnm.edu/alumniandfriends/2004AlumniSurvey.pdf.

67. Web. The Princeton Review. Retrieved November 20, 2007. www.princetonreview.com/grad/research/programProfiles/salariescareers.asp?programid=98.

IV. Billing for services

Medicare

Medicare does not provide for the reimbursement of naturopathy.⁶⁸ In 1968 the U.S. Department of Health, Education, and Welfare (now the U.S. Department of Health and Human Services) reported to Congress, recommending that naturopathic services not be added to Medicare coverage.⁶⁹ Naturopaths had requested coverage for the services of naturopathic physicians under Part B of the Supplementary Medical Insurance Program as independent practitioners serving as "points of entry," similar to doctors of medicine and osteopathy, but subject to restrictions in treatment as specified in state licensure laws.⁷⁰

The report contained an enormous amount of research, and Congress ultimately declined the naturopaths' request for coverage, concluding that "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."⁷¹

Medicaid

Medicaid will cover acupuncture and/or naturopathic services if the practitioner is licensed in the state where the service is provided and the service is considered a medical necessity.⁷² The Medicaid Act does not define "medically necessary"; each state is allowed to develop its own definition for operation of the Medicaid program in the state.⁷³

Private payers

More than 90 insurance carriers currently cover naturopathic medicine in the United States and Canada.⁷⁴ Increasingly, NDs are covered as specialists and primary care providers under corporate reimbursement plans.⁷⁵ Connecticut, Washington, Montana and Alaska have mandated insurance reimbursement for "medically necessary and appropriate naturopathic medical services."⁷⁶

68. Web. AOA Document. Non-physician Monograph series: Naturopaths. September 2005; also NaturoWatch, Sunrise report on proposed licensure of naturopathic physicians (Jan. 2004). www.naturowatch.org/licensure/flsunrise2004.html. Verified by CMS Web site search. www.cms.hhs.gov/default.asp. Search terms: naturopath and naturopathic (searched September 2, 2006).

69. Web. Quackwatch.org. HEW report on naturopathy (1968). Retrieved December 18, 2007. www.quackwatch.org/01QuackeryRelatedTopics/Naturopathy/hew.html. Referencing U.S. Department of Health, Education, and Welfare's Report to Congress: Independent practitioners under Medicare: 1968.

70. *Id.*

71. *Id.*

72. Web. AOA Document. Non-physician monograph series: Naturopaths. September 2005; also verified by Lexis search, September 5, 2006.

73. Web. Neighborhood Legal Services Inc. The "Medical Necessity Requirement" in Medicaid. Tim Sindelar, Disability Law Center, Boston, MA. www.nls.org/conf2002/medicaidandmedicalnecessity.htm. Retrieved November 19, 2007.

74. Web. Vital Stream Naturopathy. About naturopathy. Retrieved July 29, 2006. www.vsnaturopathy.com/aboutnd.html.

75. Dunne N. Naturopathic medicine: What can patients expect. *The Journal of Family Practice* 54,12 (Dec. 2005): 1067-72.

76. Leonard T. Naturopathic medicine focuses on body's natural healing processes. *Santa Cruz Sentinel*. September 25, 2005.

V. Education and training of naturopaths

Doctoral programs/degrees

As mentioned earlier, naturopathy has been in existence in the United States for more than 100 years, but modern graduate naturopathic education is relatively new. The oldest of the accredited U.S. schools of naturopathy was established in 1956, with the remaining three accredited schools first admitting students in the years 1978, 1992 and 1996, respectively.⁷⁷

The ND and NMD programs lead to a doctoral degree in naturopathy and typically require four years of graduate study. Some schools offer ND degrees as correspondence courses with little or no requirement for supervised clinical practice. Programs accredited by the CNME that offer an ND or NMD degree require clinical internship during the third and fourth years of study.⁷⁸

Accrediting bodies

Founded in 1978, the CNME is presently accepted as the programmatic accrediting agency for naturopathic education by the four-year naturopathic colleges and programs in the United States and Canada, by the American and Canadian national naturopathic professional associations, and by the North American Board of Naturopathic Examiners. The CNME received initial recognition from the U.S. Department of Education in 1987, lost recognition status in 2001 due to its failure to apply its own accreditation standards to a candidate school for accreditation, and ultimately regained recognition status in 2003. (See next section for more information.)

The American Naturopathic Medical Accreditation Board (ANMAB) also accredits U.S. schools of naturopathy leading to the ND degree, as well as schools that

offer certificates, diplomas or coursework in the naturopathic arts and sciences.

U.S. Department of Education recognition of accrediting bodies

The U.S. Department of Education recognizes the CNME as the national programmatic accrediting agency for programs leading to the NMD or ND degree.⁷⁹ Accrediting agencies with the Department of Education's recognition have been found in compliance with the federal regulations that apply to educational accrediting agencies, and are determined to be reliable authorities as to the quality of education or training provided by the institutions of higher education and the higher education programs they accredit.⁸⁰ The Department of Education's recognition means the schools or specialized educational programs the accrediting agency accredits are eligible to seek participation in programs sponsored by federal agencies. Students and graduates of U.S. naturopathic medicine programs with CNME accreditation are eligible to apply for such federal programs as the Academic Research Enhancement Awards and the Loan Repayment Program, and receive federal student aid.⁸¹

Originally recognized by the Department of Education as an accrediting agency in 1987, the CNME was stripped of its recognized status Jan. 16, 2001, as a result of its failure to apply its own standards to a candidate school for accreditation, the Southwest College of Naturopathic Medicine and Health Sciences.⁸² Before 1987, U.S. schools of naturopathy were not accredited by any body recognized by the U.S. Department of Education, thus providing no assurance as to the quality of the education received by naturopathic graduates prior to this time.

77. Web. National College of Natural Medicine, www.ncnm.edu; Bastyr University, www.bastyr.edu; Southwest College of Naturopathic Medicine, www.scnm.edu; University of Bridgeport College of Naturopathic Medicine, www.bridgeport.edu. Retrieved December 12, 2007.

78. Hough H, Dower C, and O'Neil E. *Profile of a Profession: Naturopathic Practice*. Center for the Health Professions: University of California, San Francisco, 2001.

79. Web. U.S. Department of Education. National institutional and specialized accrediting bodies. www.ed.gov/admins/finaid/accrred/accrreditation_pg8.html#nnm. Retrieved September 6, 2006.

80. Web. U.S. Department of Education. Overview of accreditation. www.ed.gov. Retrieved December 12, 2007.

81. Web. CNME. www.cnme.org/faq.html. Retrieved September 6, 2006.

82. Web. Memorandum from the U.S. Secretary of Education to the Council on Naturopathic Medical Education. January 16, 2006. Docket No. 00-06-O. www.ed-oha.org/secretarycases/2000-06-O.pdf. Retrieved November 26, 2007.

In order to be recognized by the Department of Education, an "accreditor must have standards for accreditation that assess, among other things, an institution's 'curricula,' 'faculty,' and 'fiscal and administrative facility.'"⁸³ Further, the accreditor must be one that "consistently applies and enforces standards that ensure that the course or programs ... are of sufficient quality to achieve ... the stated objectives for which the course of programs are offered."⁸⁴

The CNME's standards for accreditation noted several particular situations that would lead the CNME to issue a show-cause letter to withdraw a candidate institution from contention for accreditation. One of these situations included the "inadequate financial support and control of the institution."⁸⁵

The U.S. Department of Education found that during the period of 1996–1999, while Southwest College was a candidate for accreditation, "the entire financial structure [of the college] had become unstable." Because of financial constraints, the school had no president, senior vice president/chief operating officer or dean of students. Moreover, the college had "a large accumulated debt," and the school's tuition could not cover its operating expenses, much less its debt. The November 1997 CNME evaluation team believed the school was operating "under crisis management."⁸⁶

A prior 1996 CNME evaluation visit to Southwest College, as well as the November 1997 visit, produced merely recommendations and scheduled future visits by the CNME. Situations had not improved in April 1998 or in March 1999. Regulations of the Department of Education require that candidate status for accreditation can last no longer than five years. In 1999, as the college's period for candidacy neared its end, its leadership announced a decision to close the school and classes were ultimately cancelled for two weeks.

The Department of Education denied the CNME recognition as an accreditor of naturopathic schools due to its failure to issue a show-cause letter to Southwest College, despite overwhelming evidence of the school's inadequate financial support and control. More succinctly, the "[c]onditions at [Southwest College] continued to deteriorate significantly," yet the CNME did not act (deliver a show-cause letter) until officials attempted to close the school. According to the Department of Education's memorandum, the CNME did not "take prompt adverse action" or "require [Southwest College] to bring itself into compliance" with CNME standards for accreditation.

The CNME was re-recognized by the U.S. Department of Education in 2003.⁸⁷ To regain its recognition, the CNME had to "consistently apply and enforce standards that ensure that the course or programs ... are of sufficient quality to achieve ... the stated objective for which the courses or the programs are offered" in the future. The CNME is scheduled for a renewal of recognition review by the Department of Education again in the spring of 2008.⁸⁸

The ANMAB is not currently recognized by the U.S. Department of Education as a programmatic accreditor of post-secondary programs in naturopathy. However, four U.S. schools awarding ND degrees publicize their ANMAB accreditation on their Web sites.⁸⁹

U.S. and Canadian schools granting ND or NMD degrees

Research has identified eight U.S. schools of naturopathy that grant doctoral degrees and two additional schools in Canada. There are four CNME-accredited doctoral programs in the United States, one in Canada, and one school in Canada that is a candidate for accreditation.⁹⁰ As of August 2006, among the four U.S.

83. *Id.*

84. *Id.*

85. *Id.*

86. *Id.*

87. *Id.*

88. Web. U.S. Department of Education. Accreditation in the United States. www.ed.gov/admins/finaid/accred/accrediation_pg8.html#rnm. Retrieved December 14, 2007.

89. Clayton College; Canyon College; Trinity College of Natural Health; The University of Natural Medicine.

90. Web. The Council on Naturopathic Medical Education. CNME accredited and candidate programs. Retrieved July 29, 2006. www.cnme.org/links.html.

CNME-accredited schools, there were approximately 1,290 students enrolled in naturopathy programs.^{91,92,93,94} The CNME-accredited schools in the United States are:

- Bastyr University in Kenmore, Wash. (est. 1978)
- National College of Naturopathic Medicine in Portland, Ore. (est. 1956)
- Southwest College of Naturopathic Medicine and Health Sciences in Tempe, Ariz. (est. 1992)
- University of Bridgeport (UB) College of Naturopathic Medicine in Bridgeport, Conn. (est. 1927, ND program est. 1996)

The sole CNME-accredited Canadian school, located in Ontario, is the Canadian College of Naturopathic Medicine. The CNME has granted candidate status to The Boucher Institute of Naturopathic Medicine located in British Columbia.⁹⁵ All U.S. and Canadian accredited schools operate their degree programs on campus (as opposed to distance or online learning).

The financial instability of the Southwest College of Naturopathic Medicine has been previously mentioned. The UB similarly faced significant fiscal and administrative problems when, as a result of declining enrollment in the 1980s and reduced state and federal funding for higher education during this period, the school's administration attempted to fire nearly 50 tenured faculty and demand a 30 percent decrease in salary from the rest of the faculty. What resulted was the longest strike of faculty in the history of U.S. higher education.⁹⁶

Interestingly, a group called the Professors World Peace Academy (PWPA) offered financial assistance to the UB with a program of forgivable loans in 1992. The PWPA is a satellite group of the Unification Church of Sun Myung Moon⁹⁷ (a group commonly known as

the "Moonies"). The amount loaned to the UB over the years nears \$110 million.

According to one 1997 article on the Unification Church bailout of the UB:

Instantly, there was a mass exodus of faculty from the university. Many professors did not want to be associated with a cult. The strikers settled with UB, but had to sign documents to the effect that they would never seek employment at the school again. The Law School, the university's only profitable program, dissolved its association and fled to Quinipiac College in Hamden.

The PWPA was given the right to name 60% of the UB board.

UB has become a center for alternative and unproven pseudo-medical propaganda. It was the first U.S. university to officially create a College of Chiropractic. In the fall of 1996, the new school of Naturopathy was opened . . . [T]hey are trying to gain acceptability through the legitimizing tonic of university affiliation.⁹⁸

Average annual tuition and fees at the four U.S. CNME-accredited schools for the 2007–2008 academic year was \$22,315.⁹⁹

The four U.S. schools of naturopathy granting ND degrees that are accredited by the ANMAB include:

- Clayton College of Natural Health in Birmingham, Ala.
- Canyon College in Caldwell, Idaho
- Trinity College of Natural Health in Warsaw, Ind.
- The University of Natural Medicine in Santa Fe, N.M.

91. Pfau, Jason L. Naturopathic program questions. E-mail from school. August 7, 2006.

92. Ackles, Kelly. ND program question. E-mail from school. August 8, 2006.

93. Phone conversation with the National College of Natural Medicine Admissions Department (August 7, 2006).

94. Grandison, Mike. ND degree program question. E-mail from school. August 7, 2006.

95. Web. The Council on Naturopathic Medical Education. CNME accredited and candidate programs. Retrieved September 2, 2006. www.cnme.org/links.html.

96. Web. *New York Times*. Judson G. Strike by professors is settled at the University of Bridgeport. August 29, 1992. Retrieved December 18, 2007. <http://query.nytimes.com/gst/fullpage.html?res=9E0CE7D91030F93AA1575BC0A964958260>.

97. Web. *New York Times*. Liotta J. For Bridgeport campus, a new kind of college. October 19, 1997. <http://query.nytimes.com/gst/fullpage.html?res=9E03E1D7143FF93AA25753C1A961958260&sec=&spon=&pagewanted=1>. Retrieved December 14, 2007.

98. Web. Perry DeAngelis. The New England Skeptic Society. The Cultiversity of Bridgeport. January 1, 1997. www.theness.com/articles.asp?id=60. Retrieved December 14, 2007.

99. Web. Bastyr University (\$23,515), www.bastyr.edu; Southwest College of Naturopathic Medicine (\$22,820), www.scnm.edu; National College of Naturopathic Medicine (\$22,928), www.ncnm.edu; phone call to University of Bridgeport (\$20,000). All retrieved December 19, 2007.

Graduates per year

Approximately 270 students graduated from CNME-accredited U.S. schools of naturopathy in 2005.¹⁰⁰

Core competencies required for accreditation

The CNME accredits programs using the *Handbook of Accreditation*.¹⁰¹ The following are the core accreditation standards for naturopathic programs:

- Program must have a well-defined mission and practical objectives
- Program is well-organized, administered and has a competent faculty
- Program is financially stable and financially well-managed
- Adequate student services
- Core curriculum must meet the following minimum standards:

1. **Academic program** presented over a period of 12 quarters (10–12 weeks per quarter) and has a minimum of 4,100 total clock hours, at least 1,200 of which must be devoted to clinical education
2. **Basic Sciences program** consisting of: anatomy (including gross anatomy, dissection and/or prosection, neuroanatomy, embryology, histology); physiology (lecture and lab); pathology; biochemistry; environmental/public health (also including immunology and infectious diseases); and pharmacology/pharmacognosy
3. **Clinical Sciences program** consisting of: diagnostic courses (physical, clinical, laboratory, diagnostic imaging and differential diagnosis); therapeutic courses (botanical medicine, homeopathy, emergency and legend drugs, nutrition, physical medicine [includes naturopathic, osseous and soft tissue manipulative therapy, physiotherapy, sports medicine, therapeutic exercise and hydrotherapy], psychological counseling, nature care, acupuncture and Oriental medicine, medical procedures/emergencies and minor surgery); and specialty courses (organ systems [includes cardiology, dermatology, endocrinology, EENT, gastroenterology, genitourinary system, gynecology, neurology, orthopedics, pulmonary], natural childbirth/obstetrics, pediatrics, geriatrics,

rheumatology, oncology, jurisprudence, marketing principals and practice management)

4. Courses in the history, philosophy and principles of naturopathic medicine must also be offered in the curriculum

- Program must have a clinical education program designed to equip the students with the skills necessary for successful clinical practice
- Program must have adequate library/information resources
- Program must encourage research
- Program has sufficient physical resources, including instructional and research facilities¹⁰²

There is no information available on the ANMAB standards for accreditation other than the following excerpt from their Web site¹⁰³:

The accreditation procedures adopted have become the standard recognized by the majority of practitioners, and institutions in the naturopathic profession. To become a recognized institution of learning, and to win approval of worthiness by ANMAB, an institution has voluntarily submitted its programs to a thorough investigation by ANMAB. To insure quality in programming, the following entities underwent close scrutiny before accreditation was bestowed:

- Curricula, Faculty
- Fiscal and administrative capacity
- Student support services
- Program length, tuition, and fees in relation to academic objectives and credit received
- Student achievement (job placement, certification examination, etc.)
- Student complaints received by, or available to, the accreditor
- Credible recruiting, admissions practices, calendars, proper student records catalogues, and other publications, grading practices, advertising and publicity

100. Web. Bastyr University www.bastyr.edu/. National College of Natural Medicine www.ncnm.edu/. Southwest College of Naturopathic Medicine and Health Sciences www.scnm.edu/. University of Bridgeport—College of Naturopathic Medicine www.bridgeport.edu/pages/3240.asp.

101. Web. Council on Naturopathic Medical Education. www.cnme.org/index.html. Retrieved November 15, 2007.

102. Web. The Council on Naturopathic Medical Education. *Handbook of Accreditation*. Retrieved on September 5, 2006. www.cnme.org/resources/2004_hoa.pdf.

103. Web. The American Naturopathic Medical Accreditation Board. Retrieved on November 25, 2007. www.anmab.org.

Admission requirements

From surveying the four CNME-accredited U.S. naturopathic doctoral programs, general requirements for admission include a baccalaureate degree (or 90 credit hours of courses) with specific undergraduate course requirements detailed below, essays, letters of recommendation, personal interviews and a grade point average of 2.5–3.0.¹⁰⁴ No entrance examination, such as the Medical College Admissions Test, is required of applicants to schools of naturopathy.

Course	Average prerequisite credit hours
Algebra	0–3
Chemistry (including organic)	12–16
Biology	8–12
Physics	4–6
English	6
Humanities	6
Psychology	3–6

The Association of Accredited Naturopathic Medical Colleges (AANMC) was established in February 2001 “to propel and foster the naturopathic medical profession by actively supporting the academic efforts of accredited and recognized schools of naturopathic medicine.”¹⁰⁵ However, unlike the Association of American Medical Colleges or the American Association of Colleges of Osteopathic Medicine, the AANMC does not compile statistics on applicants or matriculants to its member schools. Nor does the AANMC publish a journal or disseminate information to the public regarding educational teaching methods, noticeable trends or statistics in the student body and/or in the achievement of educational goals, or provide information as to advanced study of students’ learning processes or faculty development programs. Therefore, a comparison of the average grade point averages, bachelor’s degree attainment rates and the demographic makeup of matriculants to naturopathic schools cannot be made to matriculants of U.S. medical schools.

Naturopathy school curriculum requirements

The four CNME-accredited colleges that award ND degrees in the United States follow fairly standard curricula. CNME accreditation standards do not require minimum contact hours in any one discipline. Students typically take basic science courses comprising two years of didactic study, then spend the following two years in their clinical rotations.¹⁰⁶

Didactic curriculum (years one and two)

Biological sciences¹⁰⁷:

Course	Credits required for graduation
Anatomy (including neuroanatomy)	13–25.5
Embryology	2–3
Histology	0–4
Biochemistry	4–12
Physiology	9–21
Microbiology/Immunology	6–7
Public health/Epidemiology	0–3
Pathology	4–14
Correlative basic science	0–2

104. Web. Bastyr University www.bastyr.edu/. National College of Natural Medicine www.ncnm.edu/. Southwest College of Naturopathic Medicine and Health Sciences www.scnm.edu/. University of Bridgeport—College of Naturopathic Medicine www.bridgeport.edu/pages/3240.asp.

105. Web. Association of Accredited Naturopathic Medical Colleges. www.aanmc.org. Retrieved December 18, 2007.

106. Web. Bastyr University www.bastyr.edu/. National College of Natural Medicine www.ncnm.edu/. Southwest College of Naturopathic Medicine and Health Sciences www.scnm.edu/. University of Bridgeport—College of Naturopathic Medicine www.bridgeport.edu/pages/3240.asp. Last accessed September 6, 2006.

107. *Id.*

Naturopathic medicine studies and organ systems¹⁰⁸:

Course	Credits required for graduation
Living anatomy (including massage, palpation)	1.5-4
Profession history and philosophy	2-4
Nutrition	8-13
Botanical medicine	7-14
Hydrotherapy	1.5-3.5
Oriental medicine	3-18
Homeopathic medicine	8-15
Naturopathic manipulative therapy	0-9
Diagnostic imaging	0-7
Medical genetics	1-2
Gynecology	3-4
Cardiology	2-3
Pediatrics	2-3
Minor surgery	1.5-5
Emergency procedure	2-5
Addictions and disorders	0-2
Obstetrics	2-3
EENT	1.5-2
Endocrinology	1.5-10.5
Neurology	1.5-2
Environmental medicine	1.5-4
Prevention/Therapeutic exercise	0-2
Geriatrics	1-2
Urology/Proctology	1.5-2
Oncology	1.5-2
Dermatology	1.5-2
Orthopedics/Sports medicine	1.5-4
Pharmacology	7-11

Other professional skills¹⁰⁹:

History taking/Critical thinking	0-1
Counseling skills (class)	3-3.5
Psychological assessment	1.5-2
Practice management	3.5-6
Jurisprudence/Ethics	1.5-4
Diagnostic skills (class)	3-4
Doctor-patient relationship	0-2
Research	2-4

Naturopaths employ any number of CAM modalities in their treatment, claiming mastery of all such modalities, even while practitioners of each individual modality devote years of experience to mastering their craft. Whole-system modalities, such as traditional Chinese medicine and the Ayurvedic healing system from India, which are iconic forms of cultural healing in their respective countries, are covered in naturopathy schools in 33 (three credits) and 22 (two credits) contact hours, respectively.¹¹⁰

Additionally, in states where acupuncturists enjoy licensure, typical state requirements for licensure include board certification from the National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM). Minimum standard requirements for NCCAOM certification include graduation from an accredited program leading to a Master of Acupuncture certificate. This course must be at least three academic years in length and consist of at least 105 credits of specified coursework, with at least 1,905 contact hours, 660 of which must be spent in supervised clinical experiences.¹¹¹ Naturopathy students at Bastyr University receive a three-credit (33 hour) didactic course on "the fundamental principles" of traditional Chinese medicine and unknown hours of supervised clinical experience with acupuncture technique.¹¹² Most schools of naturopathy do, however, offer optional extended study for their students to meet most state licensing requirements for acupuncture.

Greater contact hours are given to the botanical and nutritional curriculum, with Bastyr University requiring 22 credits (271 contact hours).¹¹³ In contrast, the Bachelor of Science in Dietetics degree at Purdue

108. *Id.*

109. *Id.*

110. Bastyr University course catalog, 2004-2005. Graduate programs and curricula—naturopathic medicine. p. 51.

111. Web. Accreditation Commission for Acupuncture and Oriental Medicine. Handbook. www.acaom.org/index.htm. Retrieved December 18, 2007.

112. Bastyr University course catalog, 2004-2005. Graduate programs and curricula—naturopathic medicine. p. 51.

113. *Id.*

University¹¹⁴ requires 66 credits of specific dietetics- and nutrition-related course work after completion of prerequisites, such as one year of general biology, one year of general chemistry, one year of organic chemistry, and one semester each of microbiology and biochemistry.¹¹⁵ In addition, 1,100 hours of supervised practica are required before the new graduate can sit for the registered dietitian examination.

Clinical curriculum (years three and four)

From surveying the four accredited naturopathic programs, many of the schools' curriculums have generic course titles for third- and fourth-year clinical courses or rotations (i.e., Clinical Rotation 1, Clinical Education I, Patient Care, etc.), and are not standardized with regard to when they are completed during the program.¹¹⁶ Generally, all naturopathic students' clinical experience is gained through outpatient clinics. These clinical rotations may include specialization in organ system studies, physical medicine and naturopathic manipulative therapy.¹¹⁷ It also appears that didactic education continues throughout the third and fourth years of study (i.e., these years are not wholly spent in clinical rotations), although with fewer lecture hours than in the first two years, further decreasing the time spent in clinical settings.

All CNME-accredited naturopathic doctoral programs require candidates for graduation to participate in clinical rotations.¹¹⁸ The clinical education program begins in the third year of naturopathic education and must be at least 1,200 clock hours, with at least 60 percent of the program's required hours in direct patient care.¹¹⁹ Therefore, the minimum requirement for direct patient care in a CNME-accredited naturopathic doctoral program is only 720 hours over two years.

The Textbook of Natural Medicine

Popularly hailed as the foremost reference book in naturopathy, the *Textbook of Natural Medicine* was written by Joseph E. Pizzorno, ND, and Michael T. Murray, ND. Pizzorno is the founding president, now emeritus, of Bastyr University, and Murray is a former faculty member at Bastyr. Originally published in 1985, the textbook, now in its third edition, is widely studied in schools of naturopathy.

In 2001 Arnold S. Relman, MD, professor emeritus, Medicine and Social Medicine, Harvard Medical School, and editor-in-chief emeritus of *The New England Journal of Medicine*, reviewed the second edition of the *Textbook of Natural Medicine* (1999) as part of a legislative inquiry into naturopathic medicine in Massachusetts.¹²⁰ Dr. Relman's thoughts appear below.

[T]he licensing of naturopathic medical practitioners as independent providers of primary health care would endanger the health and safety of the public and would not result in health benefits commensurate with its risks. There is abundant evidence in the *Textbook* to support this conclusion, but I summarize below only a few of the most problematic examples of the deficiencies and dangers in naturopathic practices¹²¹:

The *Textbook* describes the diagnosis and treatment of only 70 "specific health problems," and they are simply listed in alphabetical order, without regard to the nature of the condition or the organ(s) involved. In comparison, standard textbooks of conventional medicine provide a much more rational and systematic presentation that includes hundreds of disease conditions and describes them in much greater depth and detail. The *Textbook* includes in its 70 chapters on specific diseases nothing about cancer, diseases of the blood (including leukemias and anemias), nothing about heart attacks or serious abnormal rhythms

114. The Purdue University program in dietetics was ranked fourth in the nation out of 240 undergraduate dietetics/nutrition programs in 1998, as reported by the Gourman Report.

115. Web. Purdue University. Division of Food and Nutrition, College of Consumer and Family Sciences. www.cfs.purdue.edu/frn/undergrad/majors_minors_dietetics.shtml. Retrieved December 5, 2007.

116. Web. Bastyr University www.bastyr.edu/. National College of Natural Medicine www.ncnm.edu/. Southwest College of Naturopathic Medicine and Health Sciences www.scnm.edu/. University of Bridgeport—College of Naturopathic Medicine www.bridgeport.edu/pages/3240.asp. Last accessed September 27, 2006.

117. Web. Bastyr University www.bastyr.edu/. National College of Natural Medicine www.ncnm.edu/. Southwest College of Naturopathic Medicine and Health Sciences www.scnm.edu/. University of Bridgeport—College of Naturopathic Medicine www.bridgeport.edu/pages/3240.asp. Last accessed September 27, 2006.

118. Hough H, Dower C, and O'Neil E. *Profile of a Profession: Naturopathic Practice*. Center for the Health Professions: University of California, San Francisco, 2001.

119. Web. The Council on Naturopathic Medical Education. *Handbook of Accreditation*. Retrieved on September 5, 2006. www.cnme.org/resources/2004_hoa.pdf.

120. Web. Review of the *Textbook of Natural Medicine*. Presented to the Massachusetts Special Commission on Complementary and Alternative Medical Practitioners. Retrieved December 18, 2007 from www.quackwatch.com/01/QuackeryRelatedTopics/Naturopathy/relman1.html.

121. *Id.*

of the heart (such as atrial fibrillation), and virtually nothing about kidney diseases, chronic obstructive pulmonary disease, cirrhosis of the liver, or about many common and serious infections such as pulmonary tuberculosis, malaria, syphilis, meningitis, encephalitis or bacterial endocarditis. Lacking adequate education about these diseases, naturopathic practitioners might fail to diagnose them in a timely fashion or delay in referring patients for appropriate medical treatment.¹²²

Dr. Relman cited several examples of common, serious diseases that are dangerously mistreated in the textbook¹²³:

The chapter on the treatment of anginal (coronary artery) heart disease does not even mention the use of nitrates, beta-blockers or calcium-channel blockers—all of which are standard, effective, FDA-approved treatment for this condition. Failure to use one or more of these agents in the treatment of severe angina would probably be considered medical malpractice. There is no mention of “statin” drugs to lower cholesterol and prevent further progression of coronary heart disease. The use of angioplasty or bypass surgery for patients unresponsive to pharmacologic therapy is dismissed.

The chapter on high blood pressure says nothing about the diagnostic workup that is often needed to rule out certain curable causes (such as certain diseases of the adrenal gland, or obstruction in the aorta or the renal arteries). It recommends diet lifestyle changes and the use of herbs, but admits that severe cases unresponsive to these “natural” measures may require treatment with pharmaceuticals (presumably under the management of a conventional medical doctor). However, it ends with the dangerous advice that once control of high blood pressure has been achieved with drugs, the naturopathic physician should have the patient “taper off” the medications. For some such patients, a reduction in medication risks sudden resurgence of severe hypertension and the possibility of a stroke or heart attack. Most patients with severe hypertension need to remain on medication indefinitely, or for many years.

The chapter on diabetes says very little about the use of insulin, nothing about oral hypoglycemic

drugs, and nothing about the diagnosis, prevention or treatment of diabetic acidosis—except to warn that it is a medical emergency that will require hospitalization.

The chapter on HIV infection and AIDS advocates various types of herbal and “natural” remedies, but gives no information about conventional drug therapy. Although it is admitted that no clinical studies have yet demonstrated the effectiveness of naturopathic medical care in HIV infection when used alone, or even as a supplement to conventional medical treatment, the chapter nevertheless ends with this advice: ‘We urge physicians to apply the principles of naturopathic medicine in the care of their HIV positive patients.’ As if this neglect of the proven life-prolonging value of anti-viral pharmacotherapy were not shocking enough, the chapter also fails to recommend drug treatment of pregnant women with HIV infections, which is standard practice for the prevention of HIV transmission to the newborn. Neglect of such treatment would surely be considered malpractice in the medical profession.

As already noted, naturopathic teaching (as exemplified in the *Textbook*) claims that “natural” herbal remedies are generally superior to pharmaceuticals in the treatment of most diseases—despite the fact that the FDA forbids the manufacturers of herbal preparations and dietary supplements from making therapeutic claims. The *Textbook* nevertheless devotes a large section to herbs and dietary supplements in which many such claims are made, often with little or no credible supporting evidence in the peer-reviewed scientific literature.¹²⁴

Dr. Relman concludes his review by stating:

Primary care practitioners whose education does not include the use of prescription drugs simply cannot be expected to provide effective and safe care for many serious conditions they are likely to encounter. While it is true that unnecessary or inappropriate use of drugs is harmful, and that even proper usage of drugs can sometimes cause serious reactions, there can be no doubt that on balance prescription drugs have been enormously beneficial, and that drugs will be even more important in

122. *Id.*

123. *Id.*

124. *Id.*

the future. The anti-pharmaceutical bias of naturopathic education (as illustrated in the *Textbook*) therefore poses real risks for patients who rely on naturopaths for the management of their illnesses. Without prompt and appropriate drug therapy many patients with serious diseases will die.¹²⁵

Specific examples of other dangerous scientific inaccuracies in the second edition of the textbook include the following naturopathic treatment claims (with corresponding scientific commentary refuting the treatment claim):

St. John's wort for the treatment of HIV-positive patients

In 2000 the U.S. Food and Drug Administration (FDA) posted the following public health advisory* on its Web site: "[R]esults from a study conducted by The National Institutes of Health (NIH) that showed a significant drug interaction between St John's wort (*Hypericum perforatum*), an herbal product sold as a dietary supplement, and indinavir, a protease inhibitor used to treat HIV infection. In this study, concomitant administration of St. John's wort and indinavir substantially decreased indinavir plasma concentrations, potentially due to induction of the cytochrome P450 metabolic pathway. ... [B]ased on these results, it is expected that St John's wort may significantly decrease blood concentrations of all of the currently marketed HIV protease inhibitors (PIs) and possibly other drugs (to varying degrees) that are similarly metabolized, including the nonnucleoside reverse transcriptase inhibitors (NNRTIs). Consequently, concomitant use of St John's wort with PIs or NNRTIs is not recommended because this may result in suboptimal antiretroviral drug concentrations, leading to loss of virologic response and development of resistance or class cross-resistance."¹²⁶

*This FDA public health advisory was released in February 2000. The second edition of the *Textbook of Natural Medicine* was published in September 1999.¹²⁷ Information on NIH-funded trials is public information.

Electrochemical silver solutions exhibit antimicrobial effectiveness

In 1999 the FDA stated it was "issuing a final rule [21 CFR Part 310] establishing that all over-the-counter (OTC) drug products containing colloidal silver ingredients or silver salts are not generally recognized as safe and effective, and are misbranded. FDA is issuing this final rule because many OTC drug products containing colloidal silver ingredients or silver salts are being marketed for numerous serious disease conditions and FDA is not aware of any substantial scientific evidence that supports the use of OTC colloidal silver ingredients or silver salts for these disease conditions."¹²⁸

Publisher Churchill Livingstone released a third edition of the *Textbook of Natural Medicine* in November 2005. Critiques or analyses of this current edition are either not known to exist or are unavailable.¹²⁹

Requirements for graduation

An ND or NMD degree generally requires four years of graduate study. Several ND programs allow students to extend study by one or two years. All students are required to complete both the didactic and clinical portions of the education program.¹³⁰

Post-graduate training

Post-graduate training is not required of graduates of naturopathic schools except in the state of Utah, which currently requires one year of post-graduate naturopathic training. Each of the four CNME-accredited naturopathic schools offers a one-year post-doctoral training program. These "residencies" may include placement in naturopathic clinics or private practices, where naturopathic philosophy and treatment are applied to patients in primary care, pediatrics, emergency care, pharmacy compounding, geriatrics, nutritional counseling and obstetrics.¹³¹

125. *Id.*

126. Web. FDA Center for Drug Evaluation and Research (CDER). Public Health Advisory. February 10, 2000. Subject: Risk of drug interactions with St. John's wort and indinavir and other drugs. www.fda.gov/cder/drug/advisory/stjwort.htm. Retrieved December 20, 2007.

127. Web. Amazon.com. www.amazon.com/Textbook-Natural-Medicine-2-Set/dp/0443059454. Retrieved March 10, 2008.

128. Web. FDA Talk Paper. FDA issues final rule on OTC products containing colloidal silver. www.fda.gov/bbs/topics/ANSWERS/ANS00971.html. Retrieved December 20, 2007.

129. When researching this module, the AMA did not review the second or third editions of the *Textbook of Natural Medicine*.

130. Hough H, Dower C, and O'Neil E. *Profile of a Profession: Naturopathic Practice*. Center for the Health Professions: University of California, San Francisco, 2001.

131. Web. Bastyr University www.bastyr.edu/. National College of Natural Medicine www.ncnm.edu/. Southwest College of Naturopathic Medicine and Health Sciences www.scnm.edu/. University of Bridgeport—College of Naturopathic Medicine www.bridgeport.edu/pages/3240.asp. Last accessed September 27, 2006.

In 2005 the CNME implemented an approval process for naturopathic post-graduate training programs. However, there are no standard requirements for naturopathy curriculum, rotations or experiences. In terms of program content, all that is required by the CNME is that the participant receive 35 hours a year of didactic instruction and participate in "scholarly activities that promote a spirit of inquiry, scholarship and critical thinking, such as discussions, rounds, study clubs, presentations, conferences, and local, regional or national professional associations and scientific societies."¹³²

As an example of the limited exposure to patients experienced by naturopathic post-graduates, below is a description of the training offered by the UB.¹³³ Note in particular the administrative nature of the majority of the duties assigned to the "residents," the low number of hours spent in direct patient care and the absence of descriptions of patient pathology or patient populations expected to be seen by the residents.

The [University of Bridgeport (UB)] residency program is part of the CNME approved residency program at National College of Naturopathic Medicine (NCNM). The UB residency offers a wide range of clinical experiences at three different settings. The resident will have an opportunity to supervise UB student clinicians at the UB Health Center and its satellite clinics. At the Integrative Medicine Center (IMC), which is affiliated with Yale Preventative Research Center (PRC) at Griffin Hospital, the resident will be working closely with conventional practitioners (MDs or a nurse practitioner) and a supervising Naturopathic physician to come up with appropriate diagnoses and treatment plans for patients. To increase patient exposures and to familiarize with conventional assessments and treatments, the resident will also have clinical rotations in different departments at Griffin Hospital and its affiliated clinics.

UB Health Center:

- Supervise UB student clinicians at the UB Health Center and its satellite clinics for five 4-hour shifts or 20 hours per week.

- Perform administrative duties such as posting daily patient schedules and opening/closing the clinics.
- Keep track of patient contacts to report to the NCNM residency program.

Integrative Medicine Center (IMC) at Griffin Hospital:

- Work at the IMC for three 4-hour shifts per week or 12 hours per week.
- Discuss diagnoses and treatment plans with conventional practitioners and a supervising ND and present to patients.
- Perform IVMT (Intravenous Micronutrients Therapy) or Myer's cocktail through IV push for fibromyalgia patients or Glutathione IV push for Parkinson's disease.
- Conduct dictations for new patients.
- Make follow-up phone calls to returning patients.
- Present Fire Chat talks on topics of your choice on a monthly basis to local community at the IMC.
- Keep track of patient contacts to report to the NCNM residency program.
- The resident may be required to help with the research at the PRC.

Clinical Rotations at Griffin Hospital:

- Initiate and maintain clinical rotations in the departments of choice at Griffin hospital and its affiliated clinics for approximately two 5-hour shifts per week or 10 hours per week.
- Select an interesting case from the rotations and present a grand round to medical students and residents at Griffin hospital.
- Take a medical history, perform a physical exam, and present the case to attending physicians (MDs) before initiating diagnostic assessments and treatment plans.

132. Web. Council on Naturopathic Medical Education. *The Handbook on CNME Postdoctoral Naturopathic Medical Education Sponsor Recognition Process And Standards*. www.cnme.org/resources/residency_handbook.pdf. Retrieved November 26, 2007.

133. Web. National College of Natural Medicine. *www.ncnm.edu/academics/UB_Residency 2005.doc*. Retrieved October 5, 2006.

VI. Naturopath licensure and board certification

Standardized national licensure examination

The North American Board of Naturopathic Examiners (NABNE) developed and administers the Naturopathic Physicians Licensing Exam (NPLEX).¹³⁴ The exam consists of two parts, unlike the United States Medical Licensing Examination (USMLE) or the Comprehensive Osteopathic Medical Licensing Examination (COMLEX-USA), which each contain three steps/levels.

NPLEX Part I, the "basic science" exam, is generally taken by students upon completion of their second year of naturopathy school. Eligibility requirements for Part I include enrollment in an accredited naturopathy school or an approved in-residence program, and completion of courses in the following subject areas to be tested: anatomy, physiology, biochemistry, microbiology and immunology, and pathology.¹³⁵ Each section contains 50 multiple choice questions and students are allotted 60 minutes to complete each section.¹³⁶

Individuals are eligible for NPLEX Part II, the "core clinical science" exam, upon graduation from an approved naturopathic medical education program and after fulfilling the NABNE basic science requirement by either passing NPLEX Part I or by having been granted a waiver by the NABNE.¹³⁷ NPLEX Part II consists of eight sections that test the core clinical sciences: physical and clinical diagnosis, lab diagnosis and diagnostic imaging, emergency medicine and public health, pharmacology, botanical medicine, nutrition, physical medicine and counseling, behavioral medicine and health psychology. Each section contains 50 multiple choice questions and students are allotted 60 minutes per section. Additional time is given for the physical and clinical diagnosis (150 items, three hours) and lab diagnosis and diagnostic imaging (75 items, 90 minutes) sections.¹³⁸ Part II is offered over a course of three days.

NPLEX Part II also features three elective examinations in homeopathy, minor surgery and acupuncture.¹³⁹ Each of these elective examinations contains 50 multiple choice questions and runs 60 minutes.¹⁴⁰

Notably, the state of Colorado, in its detailed analysis of the NPLEX series, found that NPLEX Part II does not adequately measure clinical competence. This deficiency in the assurance of providing competent health care providers to the public is not at issue in examining physicians for licensure. As noted earlier, the USMLE and COMLEX-USA both contain a separate third component to specifically assess whether the examinee can apply medical knowledge and understanding of biomedical and clinical science essential for the unsupervised practice of medicine, with emphasis on patient management in ambulatory settings. Step 3 of the USMLE and Level 3 of the COMLEX-USA provide a final assessment of physicians assuming independent responsibility for delivering general medical care.¹⁴¹

Additionally, states may require candidates for naturopathic licensure pass a state-written and -administered examination for licensure. As mentioned previously, in 2000 the Arizona Office of the Auditor General reported a concerning lack of diligence by the Arizona Naturopathic Physicians Board of Medical Examiners in their examination of candidates for naturopathic licensure:

The Board needs to correct numerous problems with its three-part licensing examination, or adopt a national examination, to ensure that the naturopaths it licenses are competent. Since 1997, the Board has been administering a licensing examination it developed specifically for Arizona. Problems with this examination call into question its validity as a tool for measuring an applicant's competence

134. Web. NABNE. Licensing and Registration. Retrieved July 30, 2006. www.nabne.org/licensereg.php.

135. *Id.*

136. Web. NABNE. Eligibility. Retrieved September 6, 2006. www.nabne.org/eligibility.php.

137. Web. NABNE. Waiver. Retrieved September 6, 2006. www.nabne.org/consideration.php#PWUSNPCPE.

138. Web. NABNE. FAQs. Retrieved September 6, 2006. www.nabne.org/questions.php#aboutexams.

139. *Id.*

140. *Id.*

141. Web. United States Medical Licensing Examination. www.usmle.org. Retrieved December 17, 2007.

to practice naturopathy. For example, the Board has not ensured that the examination tests what a naturopath would need to know to practice safely and has not shown that examination writers possess the necessary expertise and training to develop test questions. Further, the Board has made extensive adjustments to examination scores. For example, one licensure applicant received credit for 90 questions that she had answered incorrectly on one part of the February 1999 exam. As a result of such scoring adjustments, no one has failed the Board's exam since September 1998.¹⁴²

National board certification

There is no generalist board certification available for the practice of naturopathy. However, a naturopath may achieve specialty certification by any of several organizations. Several states require licensed naturopaths to obtain specialty certification in order to provide certain health care services. For example, it is most common for states to require naturopaths to achieve certification in naturopathic childbirth or acupuncture if they want to provide those services.

Naturopathic childbirth

The American College of Naturopathic Obstetrics (ACNO) is the credentialing arm of the American Association of Naturopathic Midwives. Eligibility to sit for the three-hour ACNO examination requires that (1) the candidate is a student of a CNME-accredited naturopathic school or hold a degree from such a school; (2) the candidate has sat through 100 contact hours of didactic instruction on midwifery at a CNME-accredited school; and (3) the candidate has attended 15 births.

A naturopathic midwife must hold a ND or NMD degree, but in essence receives the same certification as a certified professional midwife, more commonly known as a lay midwife. Many naturopathic colleges offer optional training programs that allow students or graduates to qualify for both the ACNO exam and the certified professional midwife exam offered by the North American Registry of Midwives.

The American Association of Naturopathic Midwives describes naturopathic midwives as:

[T]he most extensively trained natural childbirth providers available to you and your family. Naturopathic midwives are trained to provide you with safe and effective midwifery care and their background as licensed naturopathic doctors broadens the scope of care you will experience from pregnancy and birth to full family natural health care. From preconception and infertility counseling through newborn and pediatric care, ongoing well woman and menopause concerns, naturopathic midwives are healthcare providers for all seasons of your family's health care needs.¹⁴³

Again, it is significant to note that naturopaths who attend births and deliver newborns are licensed only to the extent of a certified professional midwife (also known as a lay midwife). The doctoral degree does not confer upon the naturopath any birthing privileges greater than those of a lay midwife.

Naturopathic acupuncture

States that permit naturopaths to perform acupuncture typically require specialty certification. Candidates must submit documentation of didactic instruction and supervised clinical experience. In addition, candidates must typically pass an examination, either the NPLEX Part II elective examination in acupuncture or a test offered by the National Certification Commission for Acupuncture and Oriental Medicine. In most cases, students of naturopathy who also want to practice acupuncture will need to extend their doctoral study by at least one year in order to fulfill state and/or examination requirements.

142. Web. State of Arizona Office of the Auditor General. Naturopathic Physicians Board of Medical Examiners (June 2000, Report No. 00-9). Retrieved December 12, 2007. Available at: www.azauditor.gov/Reports/State_Agencies/.

143. Web. American Association of Naturopathic Midwives. www.naturopathicmidwives.org. Retrieved December 20, 2007.

VII. State licensure and regulation

States that license naturopaths

Naturopaths must meet licensing requirements in all states that recognize naturopathy through licensure. Presently, 14 states and the District of Columbia regulate naturopaths through licensure: Alaska, Arizona, California, Connecticut, Hawaii, Idaho, Kansas, Maine, Montana, New Hampshire, Oregon, Utah, Vermont and Washington. Puerto Rico and the U.S. Virgin Islands similarly license naturopaths.

The rest of the country does not recognize the profession through licensure, with South Carolina and Tennessee both expressly prohibiting the practice of naturopathy.¹⁴⁴ Wyoming states the following in its case law:

Our statute is clear, that the practice of naturopathy cannot be regarded as a separate and distinct profession like that of dentistry for instance, nor can any good reason be given why the legislature may not for the benefit of society require that those who practice the healing art should know and keep up with the improvements and advanced learning in that art.¹⁴⁵

Florida abolished its naturopath licensing laws in 1959, and in 2004 a legislative committee concluded that an expanded scope might be harmful, and that naturopathic licensing is not cost-effective.¹⁴⁶ Several other states, including Texas and Virginia, have abolished previous naturopathy licensure provisions.¹⁴⁷

It is critical to note that in most states and provinces where naturopathic medicine is not regulated, individuals may practice similar therapeutic approaches and/or call themselves naturopaths (whether or not they have

been trained at a school for naturopathic medicine), because the terms "naturopath" and "naturopathic medicine" are not restricted terms.¹⁴⁸ Traditional naturopathy is not a medical practice and, therefore, is not regulated through statutes or regulations in the states.

One of the major initiatives of the AANP is to obtain licensure for naturopaths in all 50 states.¹⁴⁹ (See Figure 1 for more information on requirements for state licensure.)

State scope of practice regulations for naturopaths

Naturopaths' scope of practice varies by state. Naturopaths seek privileges to prescribe drugs, not only those considered "natural" (hormones, purified botanicals, etc.), but also legend drugs, up to and including schedule III and IV controlled substances. Specific information on naturopath scope of practice can be found in Figure 2.

State boards of naturopathy

Information on the authority, procedures of operation, composition and appointment procedures of state boards of naturopathy can be found in Figure 3. Additionally, a roster of state boards of naturopathy can also be found in the Appendix (page 35).

144. Web. North American Board of Naturopathic Examiners. Licensing and registration. Retrieved July 30, 2006. www.nabne.org/licensereg.php and verified through Lexis searches September 2, 2006.

145. *Hahn v. State*, 78 Wyo. 258, 322 P.2d 896 (1958).

146. Florida state sunrise report (2004). See page 16 for more information.

147. Lexis-Nexis statutory searches. September 8, 2006.

148. Boon H. Practice patterns of naturopathic physicians: results from a random survey of licensed practitioners in two US States. *BMC Complement Altern Med*. October 20, 2004. www.pubmedcentral.nih.gov/articlerender.fcgi?artid=529271&tools=bot.

149. Web. AANP. Issues and legislation. <http://capwiz.com/naturopathic/issues/>. Retrieved September 6, 2006.

VIII. Professional organizations in naturopathy

The AANP is the professional association for licensed and licensable NDs. The mission of the AANP is to gain licensure for "naturopathic physicians" in all 50 states and to help facilitate the medical paradigm shift from disease management to holistic health care. The AANP offers continuing education and other resources to its members, and referrals to naturopaths for health care consumers.¹⁵⁰

American Association of Naturopathic Physicians
4435 Wisconsin Ave. N.W., Suite 403
Washington, DC 20016
Toll free: (866) 538-2267¹⁵¹

There are approximately 1,000 members of the AANP.¹⁵² To become a "regular" or "graduate" member of the association, one must be a graduate of a college of naturopathy and must either: (1) hold a license as a naturopathic physician in a state or jurisdiction whose license is acceptable to the AANP, or (2) be an active regular member of a state association that is recognized by the AANP, such state association being the one which covers the state, commonwealth or territory in which she resides for the majority of each year.¹⁵³

The AANP does not post its policies on the Web for public viewing. The "Positions and Practices" Web page is not available through "guest user" Web registration.

The American Naturopathic Medical Association (ANMA) is a nonprofit, scientific and educational organization, dedicated to exploring new frontiers of mind, body, medicine and health with approximately 4,000 members worldwide.¹⁵⁴

The ANMA has a nondiscriminatory policy, with membership open to individuals with (ND) or NMD degrees, as well as those who practice in other health care fields. According to the Web site, some members hold other medical degrees, such as an MD, DO, DDS, OMD, HMD and DC.¹⁵⁵ The ANMA vigorously opposes the state licensing of naturopathic physicians, which is one of the major initiatives of the American Association of Naturopathic Physicians.

American Naturopathic Medical Association
P.O. Box 96273
Las Vegas, NV 89193
Phone: (702) 897-7053

A roster of naturopathy association state chapters can be found in the Appendix, page 36.

150. Web. The American Association of Naturopathic Physicians. Retrieved August 7, 2006. www.naturopathic.org/.

151. *Id.* Contact us. www.naturopathic.org/.

152. Phone conversation with the American Association of Naturopathic Physicians (August 8, 2006).

153. Web. American Association of Naturopathic Physicians. Membership. Retrieved August 8, 2006. www.naturopathic.org.

154. Web. American Naturopathic Medical Association. Retrieved August 7, 2006. www.anma.com.

155. *Id.*

Appendix

State naturopathy boards

Alaska Department of Commerce and Economic
Development
Division of Occupational Licensing, Naturopathic Section
P.O. Box 110806
Juneau, AK 99811-0806
(907) 465-2695
www.dced.state.ak.us/occ/pnat.htm

Arizona Naturopathic Physicians Board of Medical
Examiners
1400 W. Washington, Suite 230
Phoenix, AZ 85007
(602) 542-8242
www.npbomex.az.gov

California Bureau of Naturopathic Medicine
Department of Consumer Affairs
1625 N. Market Blvd., Suite S-209
Sacramento, CA 95834
(916) 574-7991
www.naturopathic.ca.gov

Connecticut Board of Naturopathic Examiners
Department of Public Health
P.O. Box 340308
Hartford, CT 06134-0308
(860) 509-7562
www.dph.state.ct.us

District of Columbia Board of Naturopathy
Department of Health
717 14th St. N.W., Suite 600
Washington, DC 20005
(877) 672-2174; fax: (202) 727-8471
<http://dchealth.dc.gov/doh/cwp>

Hawaii Board of Examiners in Naturopathy
P.O. Box 3469
Honolulu, HI 96801
(808) 586-2704
www.hawaii.gov/dcca/areas/pvl/boards/naturopathy

Idaho State Board of Naturopathic Medical Examiners
Bureau of Occupational Licenses
1109 Main St., Suite 220
Boise, ID 83702-5642
www.ibol.idaho.gov/nat.htm

Kansas State Board of Healing Arts
235 S. Topeka Blvd.
Topeka, KS 66603
www.ksbha.org

Maine Board of Complementary Health Care Providers
35 State House Station
Augusta, ME 04333
(207) 624-8579
www.state.me.us/pfr/olr/categories/cat12.htm#3

Montana Alternative Health Care Board
301 S. Park
Helena, MT 59620-0573
(406) 841-2394
http://mt.gov/dli/bsd/license/bsd_boards/ahc_board/board_page.asp

State of New Hampshire Department of Health and
Human Services
Board of Naturopathic Examiners
129 Pleasant St.
Concord, NH 03301
(603) 271-5127
www.dhhs.state.nh.us

Oregon Board of Naturopathic Examiners
800 N.E. Oregon St., Suite 407
Portland, OR 97232
(503) 224-7744
www.obne.state.or.us

Utah Naturopathic Physicians Licensing Board
P.O. Box 146741
Salt Lake City, UT 84114-6741
(801) 530-6628
www.dopl.utah.gov/licensing/naturopathic.html

**Vermont Office of the Secretary of State
Office of Professional Regulation, Naturopathic
Physicians Advisors**
26 Terrace St., Drawer 9
Montpelier, VT 05609
(802) 828-2191
<http://vtprofessionals.org/opr1/naturopaths/>

**Washington State Naturopathic Physician Licensing
Program**
P.O. Box 47870
Olympia, WA 98540-7870
(360) 236-4941
[https://fortress.wa.gov/doh/hpqa1/hps7/Naturopathy/
default.htm](https://fortress.wa.gov/doh/hpqa1/hps7/Naturopathy/default.htm)

State naturopathy association chapters

Alabama Association of Naturopathic Physicians
503 State St., Suite 3
Muscle Shoals, AL 35661
(256) 386-9804

Alaska Association of Naturopathic Physicians
10928 Eagle River Road, #254
Anchorage, AK 99577
(907) 451-7100

Arizona Naturopathic Medical Association
2101 E. Broadway Road, Suite 14
Tempe, AZ 85282
(480) 921-3088; fax: (480) 921-0061
www.aznma.com

California Naturopathic Doctors Association
1121 L St., Suite 610
Sacramento, CA 95814
(800) 521-1200 or (916) 427-3105
www.calnd.org

Colorado Association of Naturopathic Physicians
1181 S. Parker Road, Suite 101
Denver, CO 80231
(303) 380-1189

Connecticut Naturopathic Association
2558 Whitney Ave.
Hamden, CT 06518
(203) 230-2200
www.cnpaonline.org

**District of Columbia Association of Naturopathic
Physicians**
900 19th St. N.W., Suite 250
Washington, DC 20006
(202) 457-8282

Florida Naturopathic Physicians Association Inc.
445 North Wymore Road
Winter Park, FL 32789
(888) 660-9030
www.fnpa.org

Georgia Association of Naturopathic Physicians
7505 Waters Ave., Suite B-9
Savannah, GA 31406
(912) 354-2222
www.ganp.org

Hawaii Society of Naturopathic Physicians
P.O. Box 542
Kailua, HI 96734
(808) 227-8400

Idaho Association of Naturopathic Physicians
2023 Sandpoint West Drive
Sandpoint, ID 83864
(208) 265-2213

Illinois Association of Naturopathic Physicians
2520 Elisha Ave.
Zion, IL 60099
(847) 872-6325 or (847) 731-4126

Kansas Association Naturopathic Physicians
4824 Quail Crest Place
Lawrence, KS 66049
(785) 749-2255

Maine Association of Naturopathic Physicians
4 Milk St.
Portland, ME 04101
(207) 772-5227

Maryland Association of Naturopathic Physicians
10806 Reisterstown Road, Suite 1E
Owings Mills, MD 21117
(410) 356-4600

Massachusetts Association of Naturopathic Physicians
8 Naples Road
Salem, MA 01970
(617) 699-0812

Minnesota Association of Naturopathic Physicians
905 Jefferson Ave., Suite 202
Saint Paul, MN 55102
(651) 222-4111; fax: (651) 222-8758

Michigan Association of Naturopathic Physicians
4488 Jackson Road, Suite 1
Ann Arbor, MI 48103
(734) 389-2386

Missouri Association of Naturopathic Physicians
HC 73 Box 74-A
Drury, MO 65638
(417) 261-2399

Nebraska Association of Naturopathic Physicians
7447 Franam St.
Omaha, NE 68114
(402) 391-6714

New Hampshire Association of Naturopathic Physicians
76 Northeastern Blvd., #36A
Nashua, NH 03062
(603) 579-0956

New Jersey Association of Naturopathic Physicians
34 Bussell Court
Dumont, NJ 07628
(201) 385-7106

New Mexico Association of Naturopathic Physicians
P.O. Box 31552
Santa Fe, NM 87594
(505) 454-9525

New York Association of Naturopathic Physicians
303 Park Ave. South, #1175
New York, NY 10010
(800) 846-6778
www.nyanp.org

North Carolina Association of Naturopathic Physicians
301 West Weaver St.
Carrboro, NC 27510
www.ncanp.com

Ohio Chapter of the American Association of Naturopathic Physicians
2460 Fairmont Blvd., Suite 219
Cleveland Heights, OH 44106
(216) 707-9137; fax: (216) 707-0162
www.oceanp.org

Oregon Association of Naturopathic Physicians
P.O. Box 5876
Portland, OR 97228
(503) 262-8586 or (877) 500-6277
www.oanp.org

Pennsylvania Association of Naturopathic Physicians
P.O. Box 847
Brownstown, PA 17508-0847
(717) 859-4222
www.panp.org

Rhode Island Association of Naturopathic Physicians
144 Waterman St.
Providence, RI 02906
(401) 455-0546

Utah Association of Naturopathic Physicians
2188 S. Highland Drive, #207
Salt Lake City, UT 84106
(801) 474-3684

Vermont Association of Naturopathic Physicians
P.O. Box 1915
Burlington, VT 05402-1915
(802) 985-8250
www.vanp.org

Virginia Association of Naturopathic Physicians
www.vaanp.org

Washington Association of Naturopathic Physicians
4500 Roosevelt Way N.E., Suite C
Seattle, WA 98115
(206) 547-2130 or (877) 788-8882

Wisconsin Association of Naturopathic Physicians
1621 Plainfield Ave.
Janesville, WI 53546
(608) 531-0079
www.wanp.org

National association policy concerning naturopathy

American Academy of Family Physicians

Complementary Practice

The American Academy of Family Physicians (AAFP) is an advocate of patient access to quality health care and effective education and counseling of patients and consumers. The AAFP recognizes the availability in the market place of complementary and alternative practice and its approaches to healthcare.

The AAFP advocates the evaluation of these alternative treatments and complementary practice through various means including evidenced-based outcomes research as to their efficacy and effectiveness.

To this end, the AAFP believes that physicians can best serve their patients by recognizing and acknowledging the availability of such alternatives and by educating themselves concerning these non-traditional methods of healing in order to facilitate appropriate education, treatment and counseling of patients and consumers.

All clinical information regarding complementary or alternative practice presented or sponsored by the AAFP should include a discussion of the evidence on which it is based. (1997) (2003).

American Osteopathic Association

Non-Physician Clinicians

Whereas, non-physician clinicians can be categorized into one of the three following groups: midlevel professionals who are meant to work under the supervision of or in collaboration with physicians, non-physician independent traditional professionals who practice independently within specialty areas, and alternative medicine providers who follow and independently practice alternative therapies; and

Whereas, non-physician clinicians are gaining increased licensure and practice privileges in areas that were once only held by physicians including, but not limited to, prescribing drugs and medical or surgical treatments, practicing autonomously, performing surgery, and being reimbursed by all types of third-party payors; and

Whereas, non-physician clinicians are gaining even more expansive privileges that they already possess; and

Whereas, patient safety is the foremost concern when addressing issues of expanding scopes of practice for any healthcare profession; and

Whereas, patient safety and state laws mandate that physicians meet a minimum threshold of education, post-graduate training, examination, and regulation for an unlimited license to practice medicine; and

Whereas, many of these non-physician clinician professions are undertaking tasks that overlap with physician practice without being required to meet the equivalent threshold of education, post-graduate training, examination, and regulation established for physicians by state licensing boards; now, therefore, be it

RESOLVED, that the American Osteopathic Association adopt the attached policy paper as its position on non-physician clinicians including appropriate onsite supervision (2000, revised 2005). www.osteopathic.org/pdf/aoa_postiong-n.pdf (pages 98-104).

American Academy of Pediatrics

Scope of Practice Issues in the Delivery of Pediatric Health Care (select sections provided)

In recent years, there has been an increase in the number of nonphysician pediatric clinicians and an expansion in their respective scopes of practice. This raises critical public policy and child health advocacy concerns. The American Academy of Pediatrics (AAP) believes that optimal pediatric health care depends on a team-based approach with coordination by a physician leader, preferably a pediatrician. The pediatrician is uniquely suited to manage, coordinate, and supervise the entire spectrum of pediatric care, from diagnosis through all stages of treatment, in all practice settings. The AAP recognizes the valuable contributions of nonphysician clinicians, including nurse practitioners and physician assistants, in delivering optimal pediatric care. The AAP also believes that nonphysician clinicians who provide health care services in underserved areas should be supported by consulting pediatricians and other physicians using technologies including telemedicine. Pediatricians

should serve as advocates for optimal pediatric care in state legislatures, public policy forums, and the media and should pursue opportunities to resolve scope of practice conflicts outside state legislatures. The AAP affirms that as nonphysician clinicians seek to expand their scopes of practice as providers of pediatric care, standards of education, training, examination, regulation, and patient care are needed to ensure patient safety and quality health care for all infants, children, adolescents, and young adults.

In recent years, the role of [complementary and alternative medicine] CAM has also received increased attention. Controversy exists about the efficacy of many of the modalities incorporated under the heading of CAM. Although many definitions exist, the National Center for Complementary and Alternative Medicine defines CAM as "those treatments and health care practices not taught widely in medical schools, not generally used in hospitals, and not usually reimbursed by medical insurance companies." According to the National Center for Complementary and Alternative Medicine, "some approaches are consistent with physiologic principles of Western medicine, while others constitute healing systems with a different origin. Although some therapies

are far outside the realm of accepted Western medical theory and practice, others are becoming established in mainstream medicine."

Although this policy statement will not address the treatments but rather the training of individuals who provide such treatments to children, it is important to note that little scientific evidence exists regarding the safety and efficacy of CAM therapies in children. Indeed, there have been few randomized, controlled, double-blinded clinical trials on the use of CAM therapies in the pediatric population. Table 2 summarizes information on 5 of the most common practitioners of CAM. [Only the portion of Table 2 relevant to naturopaths is included below.]

Children may receive care from CAM practitioners without it being revealed to their pediatrician. A 1997 study reported that the percentage of American adults using CAM increased from 34% in 1990 to 42% in 1997. The estimate for CAM use by the general pediatric population is lower, ranging from approximately 11% in 1994 to 20% in 1999. The rate for children with chronic or serious illness, however, is much higher, varying according to age, background, and access to services from 30% to more than 70%, according to 1998 data. These figures raise serious concerns. The pediatrician

TABLE 2. Summary of 5 Major Providers of CAM (*Editors' note: Only naturopaths are included in this table.*)

	No. of Providers	No. of Programs or Schools	Length of Training	Content of Training	Pediatric-Specific Training
Naturopathy	Approx 1500	4 (3 US, 1 Canada) accredited by the Council on Naturopathic Medical Education. Another US program is a candidate for accreditation	3 years of college + 4 years of naturopathic study	Clinical nutrition, acupuncture, homeopathic medicine, botanical medicine, psychology, and counseling	No

cannot be responsible for overseeing the actions of CAM providers, but can take a proactive role in asking patients and families about their use of CAM therapies. As advocates for their patients, pediatricians need to advise patients and their parents that the interactions between some CAM therapies and conventional medical treatments can cause complications and even death. Many people are unaware of this danger and view CAM therapies as natural and, therefore, safe, and so often do not report their use of CAM to their physicians. The AAP has recognized the importance of this issue and has published a series of recommendations on how to counsel families about CAM use for children with chronic illness or disability. The pediatric community has questioned the ability of CAM practitioners to identify serious or complex medical conditions that require referral to a physician for medical treatment. In addition, the opposition of some CAM practitioners to immunizations negatively affects the health and safety of children in their care.

No uniform standards exist across the country for scope of pediatric practice of chiropractors, naturopaths, and other CAM practitioners. As summarized in Table 2, pediatric training and experience are not specifically outlined or regulated. Studies documenting improved outcomes and efficacy of treatments in pediatric practice for CAM practitioners do not exist. In view of this lack of national standards for pediatric care by CAM practitioners, the absence of studies documenting that the quality of health care for children provided by these practitioners is comparable with that provided by conventional clinicians, and the more extensive training and education of pediatricians, the AAP has concerns about the provision of health care services to pediatric patients by CAM practitioners.

American Medical Association

E-3.01 Nonscientific Practitioners

It is unethical to engage in or to aid and abet in treatment which has no scientific basis and is dangerous, is calculated to deceive the patient by giving false hope, or which may cause the patient to delay in seeking proper care. Physicians should also be mindful of state laws which prohibit a physician from aiding and abetting an unlicensed person in the practice of medicine, aiding or abetting a person with a limited license in providing services beyond the scope of his or her license, or under-

taking the joint medical treatment of patients under the foregoing circumstances. Physicians are otherwise free to accept or decline to serve anyone who seeks their services, regardless of who has recommended that the individual see the physician. (III, VI) Issued prior to April 1977; Updated June 1994 and June 1996.

D-35.991 Licensure of Naturopaths

Our AMA will work through the Scope of Practice Partnership and interested Federation partners to oppose the licensure of naturopaths and report back to the House of Delegates at the 2006 Interim Meeting. (Res. 209, A-06)

H-480.964 Alternative Medicine

Policy of the AMA on alternative medicine is: (1) There is little evidence to confirm the safety or efficacy of most alternative therapies. Much of the information currently known about these therapies makes it clear that many have not been shown to be efficacious. Well-designed, stringently controlled research should be done to evaluate the efficacy of alternative therapies. (2) Physicians should routinely inquire about the use of alternative or unconventional therapy by their patients, and educate themselves and their patients about the state of scientific knowledge with regard to alternative therapy that may be used or contemplated. (3) Patients who choose alternative therapies should be educated as to the hazards that might result from postponing or stopping conventional medical treatment. (CSA Rep. 12, A-97; Reaffirmed: BOT Rep. 36, A-02)

H-480.973 Unconventional Medical Care in the United States

Our AMA: (1) encourages the Office of Alternative Medicine of the National Institutes of Health to determine by objective scientific evaluation the efficacy and safety of practices and procedures of unconventional medicine; and encourages its members to become better informed regarding the practices and techniques of alternative or unconventional medicine; and (2) utilizes the National Institutes of Health's National Center for Complementary and Alternative Medicine's classification system of alternative medicine, "Major Domains of Complementary and Alternative Medicine," in order to promote future discussion and research about the efficacy, safety, and use of alternative medicine. (BOT Rep. 15-A-94; Reaffirmed and Modified by Sub. Res. 514, 1-95; Appended: Res. 505, A-00)

D-480.981 Increasing Awareness of the Benefits and Risks Associated with Complementary and Alternative Medicine

Our AMA will promote awareness among medical students and physicians of the wide use of complementary and alternative medicine, including its benefits, risks, and evidence of efficacy or lack thereof. (Sub. Res. 306, A-06)

H-35.990 Non-Physician Measurement Of Body Functions

In the public interest, the AMA recommends that non-physicians who perform tests such as blood pressure or blood sugar measurements advise the examinee to communicate these findings to a licensed physician. (Sub. Res. 59, I-80; CLRPD Rep. B, I-90; Reaffirmed: Sunset Report, I-00)

H-200.969 Definition of Primary Care

(1) The AMA rejects the definition of primary care as stated in the March 1996 report of the Institute of Medicine as "the provision of integrated accessible health care services by clinicians." The AMA believes that primary care consists of the provision of a broad range of personal medical care (preventive, diagnostic, palliative, therapeutic, curative, counseling and rehabilitative) in a manner that is accessible, comprehensive and coordinated by a licensed MD/DO physician over time. Care may be provided to an age-specific or gender-specific group of patients, as long as the care of the individual patient meets the above criteria. (2) The AMA encourages the efforts to define what constitutes primary care services. Data should be collected on which specialties currently provide these services, and how these services are integrated into the practice of physicians. Such data are essential to determine future physician workforce needs in primary care. (3) The AMA encourages that training programs for physicians who will practice primary care include appropriate educational experiences to introduce physicians to the required knowledge and skills, as well as to the types of services and the modes of practice that characterize primary care. (4) Where case management or coordination might limit access to appropriate medical care, patients should have the freedom to see a physician appropriate for the services they need, regardless of specialty. Above all, the best interests of the patient must be paramount. (BOT Rep. 12-A-94; Reaffirmed CMS Rep. 3, A-96; BOT Rep. 19, A-97; Amended: Res. 317, I-97; Reaffirmed: Res. 220, I-98)

H-285.933 Financial Liability Encountered in Referrals for Alternative Care

The AMA supports legislation that managed care organizations that offer alternative medicine as a covered service not require referral by the primary care physician for that service, and that the primary care physician not be held at risk financially for the costs of those provided alternative medical services. (Res. 702, A-98; Reaffirmed: BOT Rep. 36, A-02)

H-295.902 Alternative Medicine

(1) AMA policy states that courses offered by medical schools on alternative medicine should present the scientific view of unconventional theories, treatments, and practice as well as the potential therapeutic utility, safety, and efficacy of these modalities. (2) Our AMA will work with members of the Federation to convey physicians' and patients' concerns and questions about alternative care to the NIH Office of Alternative Medicine and work with them and other appropriate bodies to address those concerns and questions. (CSA Rep. 12, A-97; Appended by Res. 525, A-98)

H-480.957 Health Plan Liability for Complementary and Alternative Therapy Requests

Our AMA recommends that physicians include indemnification clauses for CAT referrals in all health plan contracts when such plans require referral for CAT. (BOT Rep. 36, A-02)

H-405.969 Definition of a Physician

The AMA affirms that a physician is an individual who has received a "Doctor of Medicine" or a "Doctor of Osteopathic Medicine" degree or an equivalent degree following successful completion of a prescribed course of study from a school of medicine or osteopathic medicine. (CME Rep. 4-A-94; Reaffirmed by Sub. Res. 712, I-94; Reaffirmed and Modified: CME Rep. 2, A-04)

Literature and resources

Practice patterns of naturopathic physicians: Results from a random survey of licensed practitioners in two US States

Boon HS, Cherkin DC, Erro J, Sherman KJ, Milliman B, Booker J, Cramer EH, Smith MJ, Deyo RA, Eisenberg DM. *BMC Complement Altern Med.* 2004 Oct 20;4:14.

Leslie Dan, faculty of Pharmacy, University of Toronto, Toronto, Ontario, Canada. heather.boon@utoronto.ca

BACKGROUND: Despite the growing use of complementary and alternative medicine (CAM) by consumers in the U.S., little is known about the practice of CAM providers. The objective of this study was to describe and compare the practice patterns of naturopathic physicians in Washington State and Connecticut. **METHODS:** Telephone interviews were conducted with state-wide random samples of licensed naturopathic physicians and data were collected on consecutive patient visits in 1998 and 1999. The main outcome measures were: Sociodemographic, training and practice characteristics of naturopathic physicians; and demographics, reasons for visit, types of treatments, payment source and visit duration for patients. **RESULT:** One hundred and seventy practitioners were interviewed and 99 recorded data on a total of 1817 patient visits. Naturopathic physicians in Washington and Connecticut had similar demographic and practice characteristics. Both the practitioners and their patients were primarily White and female. Almost 75% of all naturopathic visits were for chronic complaints, most frequently fatigue, headache, and back symptoms. Complete blood counts, serum chemistries, lipids panels and stool analyses were ordered for 4% to 10% of visits. All other diagnostic tests were ordered less frequently. The most commonly prescribed naturopathic therapeutics were: botanical medicines (51% of visits in Connecticut, 43% in Washington), vitamins (41% and 43%), minerals (35% and 39%), homeopathy (29% and 19%) and allergy treatments (11% and 13%). The mean visit length was about 40 minutes. Approximately half the visits were paid directly by the patient. **CONCLUSION:** This study provides information that will help other health care providers, patients and policy makers better understand the nature of naturopathic care.

PMID: 15496231 [PubMed - indexed for MEDLINE]

Characteristics of visits to licensed acupuncturists, chiropractors, massage therapists, and naturopathic physicians

Cherkin DC, Deyo RA, Sherman KJ, Hart LG, Street JH, Hrbek A, Davis RB, Cramer E, Milliman B, Booker J, Mootz R, Barassi J, Kahn JR, Kaptchuk TJ, Eisenberg DM. *J Am Board Fam Pract.* 2002 Nov-Dec;15(6):463-72.

Center for Health Studies, Group Health Cooperative, Seattle 98101, USA.

BACKGROUND: Despite growing popularity of complementary and alternative medical (CAM) therapies, little is known about the patients seen by CAM practitioners. Our objective was to describe the patients and problems seen by CAM practitioners. **METHODS:** We collected data on 20 consecutive visits to randomly sampled licensed acupuncturists, chiropractors, massage therapists, and naturopathic physicians practicing in Arizona, Connecticut, Massachusetts, and Washington. Data were collected on patient demographics, smoking status, referral source, reasons for visit, concurrent medical care, payment source, and visit duration. Comparative data for conventional physicians were drawn from the National Ambulatory Medical Care Survey. **RESULTS:** In each profession, at least 99 practitioners collected data on more than 1,800 visits. More than 80% of visits to CAM providers were by young and middle-aged adults, and roughly two thirds were by women. Children comprised 10% of visits to naturopathic physicians but only 1% to 4% of all visits to other CAM providers. At least two thirds of visits resulted from self-referrals, and only 4% to 12% of visits were from conventional physician referrals. Chiropractors and massage therapists primarily saw musculoskeletal problems, while acupuncturists and naturopathic physicians saw a broader range of conditions. Visits to acupuncturists and massage therapists lasted about 60 minutes compared with 40 minutes for naturopathic physicians and less than 20 minutes for chiropractors. Most visits to chiropractors and naturopathic physicians, but less than one third of visits to acupuncturists and massage therapists, were covered by insurance. **CONCLUSIONS:** This information will help inform discussions of the roles CAM practitioners will play in the health care system of the future.

PMID: 12463292 [PubMed - indexed for MEDLINE]

Naturopathic medicine: what can patients expect?

Dunne N, Benda W, Kim L, Mittman P, Barrett R, Snider P, Pizzorno J. *J Fam Pract.* 2005 Dec;54(12):1067-72.

American Association Naturopathic Physicians, Washington, DC, USA.

No abstract available.

PMID: 16321345 [PubMed - indexed for MEDLINE]

Homeopathy and naturopathy: Practice characteristics and pediatric care

Lee AC, Kemper KJ. *Arch Pediatr Adolesc Med.* 2000 Jan;154(1):75-80.

Center for Holistic Pediatric Education and Research, Children's Hospital, Harvard Medical School, Boston, Mass. 02115, USA.

OBJECTIVE: To describe the practice characteristics and pediatric care of homeopathic practitioners (HPs) and naturopathic doctors (NDs). **DESIGN:** Cross-sectional, descriptive survey. **SETTING:** Homeopathic and naturopathic practices in Massachusetts. **PARTICIPANTS:** Homeopathic practitioners (N = 42) and NDs (N = 23) identified from the yellow pages, regional and national society membership lists, schools, magazine advertisements, and by word-of-mouth. The response rate was 55% (23/42) for HPs and 65% (15/23) for NDs. **MAIN OUTCOME MEASURES:** Demographics, practice characteristics, fee structure, and amount of pediatric care. Practitioners were asked for their approach to childhood immunizations and to treating a febrile neonate. Data were analyzed using simple descriptive statistics. **RESULTS:** Almost all respondents were white. Among the HPs, 13 (57%) were licensed medical doctors. Naturopathic doctors and HPs reported having an average of only 25 to 40 patient visits per week, but children and adolescents accounted for up to one third of these visits. Nearly all reported treating children, but fewer than half of the practitioners reported any formal pediatric training. Initial patient visits typically lasted more than 1 hour and cost \$140 to \$150. Follow-up visits were scheduled every 4 to 6 weeks and lasted more than 30 minutes on average. Insurance covered less than one third of the patient visits, and sliding scale payments were offered by less than half of the respondents. Most practitioners reported that they did not actively recommend immunizations and fewer

than half of the nonphysician practitioners reported that they would refer a 2-week-old neonate with a fever to a medical doctor or emergency medical facility. **CONCLUSIONS:** Many patients using homeopathy and naturopathy are children. Visits to these providers are frequent and fees are primarily paid out-of-pocket. Failure on the part of these providers to recommend immunizations or recognize potentially serious illnesses is cause for concern.

PMID: 10632255 [PubMed - indexed for MEDLINE]

A pilot and feasibility study on the effects of naturopathic botanical and dietary interventions on sex steroid hormone metabolism in premenopausal women
Greenlee H, Atkinson C, Stanczyk FZ, Lampe JW. *Cancer Epidemiol Biomarkers Prev.* 2007 Aug;16(8):1601-9. Mailman School of Public Health, Columbia University, 7th Floor, 722 West 168th Street, New York, NY 10028, USA. hg2120@columbia.edu

Naturopathic physicians commonly make dietary and/or dietary supplement recommendations for breast cancer prevention. This placebo-controlled, parallel-arm, pilot study tested the effects of two naturopathic interventions over five menstrual cycles on sex steroid hormones and metabolic markers in 40 healthy premenopausal women. The intervention arms were as follows: combination botanical supplement (*Curcuma longa*, *Cynara scolymus*, *Rosmarinus officinalis*, *Schisandra chinensis*, *Silybum marinum*, and *Taraxacum officinalis*; n = 15), dietary changes (3 servings/d crucifers or dark leafy greens, 30 g/d fiber, 1-2 liters/d water, and limiting caffeine and alcohol consumption to 1 serving each/wk; n = 10), and placebo (n = 15). Early- and late-follicular phase serum samples from cycles 1 and 5 were analyzed for estrogens (estrone, estrone-sulfate, total estradiol, and free estradiol), androgens (dehydroepiandrosterone, dehydroepiandrosterone-sulfate, androstenedione, total testosterone, and free testosterone), sex hormone-binding globulin, and metabolic markers (insulin, insulin-like growth factor-I, insulin-like growth factor binding protein-3, and leptin). Serum samples collected during the mid-luteal phase of cycles 1 and 5 were analyzed for total estradiol, free estradiol, and sex hormone-binding globulin. Urine samples collected during the late follicular phase of cycles 1 and 5 were analyzed for 2-hydroxyestrone and 16 α -hydroxyestrone. During the early follicular phase, compared with placebo, the

botanical supplement decreased dehydroepiandrosterone (-13.2%; P = 0.02), dehydroepiandrosterone-sulfate (-14.6%; P = 0.07), androstenedione (-8.6%; P = 0.05), and estrone-sulfate (-12.0%; P = 0.08). No other trends or statistically significant changes were observed. When comparing dietary changes with placebo, no statistically significant differences were observed. Overall, in this pilot study, the naturopathic interventions had no substantial effects on estrogen measures. Early-follicular phase androgens decreased with the botanical supplement. PMID: 17684134 [PubMed - indexed for MEDLINE]

Deaths resulting from hypocalcemia after administration of edetate disodium: 2003–2005

Brown MJ, Willis T, Omalu B, Leiker R. *Pediatrics*. 2006 Aug;118(2):e534-6.

Lead Poisoning Prevention Branch, Division of Emergency and Environmental Health Services, National Center for Environmental Health, Centers for Disease Control and Prevention, Atlanta, Georgia 30341, USA. mjb5@cdc.gov

From 2003 to 2005, deaths of 3 individuals as a result of cardiac arrest caused by hypocalcemia during chelation therapy were reported to the Centers for Disease Control and Prevention. Two were children, both of whom were treated with edetate disodium. At the time of this writing, the adult case was still under investigation. No previous cases of death resulting from hypocalcemia during chelation have been reported. From our experience and review of the literature, we suggest that health care providers who are unfamiliar with chelation consult an expert before undertaking treatment and that hospital formularies evaluate whether stocking edetate disodium is necessary, given the risk for hypocalcemia and the availability of less toxic alternatives.

PMID: 16882789 [PubMed - indexed for MEDLINE]

Why alternative medicine cannot be evidence-based

Tonelli MR, Callahan TC. *Acad Med*. 2001 Dec;76(12):1213-20.

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The concept of evidence-based medicine (EBM) has been widely adopted by orthodox Western medicine. Proponents of EBM have argued that complementary and alternative medicine (CAM) modalities ought to be subjected to rigorous, controlled clinical trials in order to assess their efficacy. However, this does not represent a scientific necessity, but rather is a philo-

sophical demand: promoters of EBM seek to establish their particular epistemology as the primary arbiter of all medical knowledge. This claim is problematic. The methods for obtaining knowledge in a healing art must be coherent with that art's underlying understanding and theory of illness. Thus, the method of EBM and the knowledge gained from population-based studies may not be the best way to assess certain CAM practices, which view illness and healing within the context of a particular individual only. In addition, many alternative approaches center on the notion of non-measurable but perceptible aspects of illness and health (e.g., Qi) that preclude study within the current framework of controlled clinical trials. Still, the methods of developing knowledge within CAM currently have limitations and are subject to bias and varied interpretation. CAM must develop and defend a rational and coherent method for assessing causality and efficacy, though not necessarily one based on the results of controlled clinical trials. Orthodox medicine should consider abandoning demands that CAM become evidence-based, at least as "evidence" is currently narrowly defined, but insist instead upon a more complete and coherent description and defense of the alternative epistemic methods and tools of these disciplines.

PMID: 11739043 [PubMed - indexed for MEDLINE]

Complementary and alternative medical treatment of breast cancer: A survey of licensed North American naturopathic physicians

Standish LJ, Greene K, Greenlee H, Kim JG, Grosshans C. *Altern Ther Health Med*. 2002 Jul-Aug;8(4):74-6, 78-81.

Bastyr University Research Institute, Kenmore, Wash, USA.

CONTEXT: Complementary and alternative medicine (CAM) use is on the rise in the United States, especially for breast cancer patients. Many CAM therapies are delivered by licensed naturopathic physicians using individualized treatment plans. OBJECTIVE: To describe naturopathic treatment for women with breast cancer. DESIGN: Cross-sectional mail survey in 2 parts: screening form and 13-page survey. SETTING: Bastyr University Cancer Research Center, Kenmore, Wash. PARTICIPANTS: All licensed naturopathic physicians in the United States and Canada (N=1,356) received screening forms; 642 (47%) completed the form. Of the respondents, 333 (52%) were eligible, and 161 completed the survey (48%). MAIN OUTCOME MEASURES: Demographics of naturopathic physicians, development of treatment plans, CAM therapies used, perceived efficacy of therapeutic interventions.

RESULTS: Of those respondents screened, 497 (77%) had provided naturopathic care to women with breast cancer, and 402 (63%) had treated women with breast cancer in the previous 12 months. Naturopaths who were women were more likely than men to treat breast cancer ($P < \text{or} = .004$). Of the survey respondents, 104 (65%) practiced in the United States, and 57 (35%) practiced in Canada; 107 (66.5%) were women, and 54 (33.5%) were men. To develop naturopathic treatment plans, naturopathic physicians most often considered the stage of cancer, the patient's emotional constitution, and the conventional therapies used. To monitor patients clinically, 64% of the naturopathic physicians used diagnostic imaging, 57% considered the patient's quality of life, and 51% used physical examinations. The most common general CAM therapies used were dietary counseling (94%), botanical medicines (88%), antioxidants (84%), and supplemental nutrition (84%). The most common specific treatments were vitamin C (39%), coenzyme Q-10 (34%), and Hoxsey formula (29%).

PMID: 12126176 [PubMed - indexed for MEDLINE]

Evidence-based medicine and naturopathy

Jagtenberg T, Evans S, Grant A, Howden I, Lewis M, Singer J. *J Altern Complement Med.* 2006 Apr;12(3):323-8.

School of Natural and Complementary Medicine, Southern Cross University, Lismore, Australia.

Evidence-based medicine (EBM) has been advocated as a new paradigm in orthodox medicine and as a methodology for natural medicines, which are often accused of lacking an adequate scientific basis. This paper presents the voices of tradition-sensitive naturopathic practitioners in response to what they perceive as an ideologic assault by EBM advocates on the validity and integrity of natural medicine practice. Those natural medicine practices, which have tradition-based paradigms articulating vitalistic and holistic principles, may have significant problems in relating to the idea of EBM as developed in biomedical contexts. The paper questions the appropriateness of imposing a methodology that appears to minimize or bypass the philosophic and methodological foundations of natural medicine, and that itself seems primarily driven by political considerations.

PMID: 16646733 [PubMed - indexed for MEDLINE]

Other information on naturopathy

"Findings and Recommendations Regarding the Prescribing and Furnishing Authority of a Naturopathic Doctor." Bureau of Naturopathic Medicine, California Department of Consumer Affairs.

www.naturopathic.ca.gov/formspubs/formulary_report.pdf

Profile of a Profession: Naturopathic Practice. Holly J. Hough, PhD, Catherine Dower, JD, Edward H. O'Neil, PhD. Center for the Health Professions, University of California, San Francisco.

www.futurehealth.ucsf.edu/pdf_files/Naturo2.pdf

Naturopathic Public Awareness Campaign (www.global-npac.org/index.htm). Based out of Southwest College of Naturopathic Medicine in Tempe, AZ, this organization is dedicated to furthering and supporting current and future public awareness efforts for naturopathic medicine in the United States and Canada. Our members are students of accredited four-year, graduate-level, in-residence naturopathic medical programs. In coordination with the AANP and the accredited naturopathic medical schools, NPAC seeks to further provide resources on the national level to support both federal and states' needs to educate the public and legislators about the importance of naturopathic medicine. We strive to expand public awareness of naturopathic medicine as a viable, affordable option for quality healthcare. As a strong naturopathic student organization, NPAC is an extremely effective vehicle for public health education and community outreach.

2003 testimony before the National Committee on Vital and Health Statistics. Konrad Kail, PA, ND.

www.ncvhs.hhs.gov/030129p1.pdf

Figure 1. State licensure requirements for naturopaths

State	Work force number	Graduate education required	University accreditation	Clinical experience required	Examination required	Reciprocity for licensure	Continuing education required	Medicaid reimbursement	Specialization
Alabama	Does not license naturopaths.								
Alaska	34* (as of April 2008)	Graduate from a school of naturopathy that required four years of attendance at the school. (Sec. 08.45.030)	Accredited or a candidate for accreditation by the Council on Naturopathic Medical Education or a successor organization recognized by the United States Department of Education. (Sec. 08.45.030)	Not addressed.	Applicant must pass the Naturopathic Physicians Licensing Examination (NPLEX). (12 AAC 42.030, Sec. 08.45.030)	Yes. (12 AAC 42.010)	Not addressed.	Not addressed.	Not addressed.
Arizona	541 (as of April 2008)	Graduate of an approved school of naturopathic medicine. (§ 32-1522)	A school or college determined by the board to have an educational program that meets standards prescribed by the Council on Naturopathic Medical Education, or its successor agency. (§ 32-1501)	Internship, preceptorship or clinical training program required. (§ 32-1522)	NPLEX and state jurisprudence exams, passing score = 75% (§ 32-1525, R4-18-201)	Yes. (§ 32-1523)	30 credit hours per year. Ten credit hours shall be in pharmacology as it relates to the diagnosis, treatment, or prevention of disease (R4-18-205)	Not addressed.	Must have satisfactorily completed a postdoctoral training program in the specialty. (A.R.S. § 32-1529)
Arkansas	Does not license naturopaths.								
California	237* (as of March 5, 2008)	Degree in naturopathic medicine from an approved naturopathic medical school. (8.2 C.C.A. § 3630)	Accredited by the Council on Naturopathic Medical Education or an equivalent federally recognized accrediting body for the naturopathic medical profession that meets specified criteria. (8.2 C.C.A. § 3623)	To qualify as an approved naturopathic medical school, it must require 1,200 hours of supervised clinical training. (C.C.A. § 3623)	NPLEX or an equivalent approved by the North American Board of Naturopathic Examiners. (C.C.A. § 3631, C.C.R. § 4220)	Yes. (C.C.A. § 3633)	60 credit hours biennially. At least 20 being in pharmacotherapeutics. (C.C.A. § 3635)	Not addressed.	Certification in naturopathic childbirth attendance. (C.C.A. § 3651)
Colorado	Does not license naturopaths.								

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State	Work force number	Graduate education required	University accreditation	Clinical experience required	Examination required	Reciprocity for licensure	Continuing education required	Medicaid reimbursement	Specialization
Connecticut	223 (as of April 2008)	Graduate of a legally chartered, reputable school or college of naturopathy. (§20-37)	The secretary of the Board of Naturopathic Examiners files a list with the Department of Public Health every year of Bd.-recognized naturopathic colleges. (C.S.A. § 20-37)	A college or program of naturopathic medicine approved pursuant to section 20-37 may include within its curriculum such didactic and clinical training necessary for such college or program to qualify for accreditation by the Council on Naturopathic Medical Education, including such training that is outside the scope of the practice of naturopathy. (C.S.A. § 20-37a (2)(c))	Passing score on exam prescribed by the Department of Public Health with the advice and consent of the Board of Naturopathic Examiners. (C.S.A. § 20-37)	Yes. (C.A.S. § 20-37b)	Not addressed.	Payment for naturopathic services shall be available on behalf of all persons eligible for the Medical Assistance Program subject to the conditions and limitations which apply to these services. (Sec. 17b-262-550)	Not addressed.
District of Columbia	6 naturopathic doctors (as of April 2008)	Earned a degree of doctor of naturopathic medicine from an accredited college or university. (D.C.C.A. § 3-1205.04)	College or university accredited by The Council of Naturopathic Medical Education (CNME) or any other accrediting agency recognized by the United States Department of Education. (D.C.C.A. § 3-1205.04)	Not addressed.	Pass NPLEX or other Board or Mayor-approved exam. (D.C.C.A. § 3-1205.04)	Not addressed.	30 credit hours (D.C.M.R. § 17.5206.4)	Not addressed.	Can participate in naturopathic childbirth by passing a specialty examination and meeting other criteria. (D.C.C.A. § 3-1206.21)
Delaware	Does not license naturopaths.								
Florida	Licensed naturopaths until 1986 when provisions were repealed. (21N-1.001, F.A.C.-21N-4.001, F.A.C.) Naturopaths licensed prior to 1986 are governed under then existing provisions.								
Georgia	Does not license naturopaths								
Hawaii	97 (as of January 2008)	Applicant shall be a graduate of a school, university, or college of naturopathy. (H.R.S.A. § 455-3)	School, university, or college of naturopathy that has received candidacy status with, or has been accredited by, a regional or a national accrediting body recognized by the United States Department of Education. (H.R.S.A. § 455-3)	Not addressed.	Passing score of 75 on all parts of NPLEX examination and examination on homeopathy. (C.H.R. § 16-88-12 - § 16-88-14)	Not addressed.	Not addressed.	Not addressed.	Not addressed.

Figure 1. State licensure requirements for naturopaths

State	Work force number	Graduate education required	University accreditation	Clinical experience required	Examination required	Reciprocity for licensure	Continuing education required	Medicaid reimbursement	Specialization
Idaho	15 (as of April 2008)*	The applicant shall provide proof of completion of a naturopathic medical program approved by the board. (I.S.A. § 54-5112)	Accredited by CNME or an equivalent recognized accrediting body. (I.D.A.P.A. § 24.24.01.400.02)	Not addressed.	NPLEX and Idaho Jurisprudence Exam Passing Score = 75% (I.D.A.P.A. § 24.24.01.200.01-24.24.01.200.04)	Yes. (I.D.A.P.A. § 24.24.01.100.02)	Annually. (I.D.A.P.A. § 24.24.01.350.01) 20 credit hours: 5 in pharmacology	No. (I.D.A.P.A. § 16-03-09-065.01)	Naturopathic childbirth special competency certificate. (I.C.S.A. § 54-5109)
Illinois	Does not license naturopaths.								
Indiana	Does not license naturopaths.								
Iowa	Does not license naturopaths.								
Kansas	19 naturopathic registrants* (as of April 2008)	The applicant shall present evidence satisfactory to the board of having successfully completed an educational program in naturopathy from an approved naturopathic medical college. (K.A.S. § 65-7204)	Shall meet the accreditation standards for naturopathic medical education published by the Council on Naturopathic Medical Education, and the accreditation criteria of the commission on institutions of higher education of the north central association of colleges and schools (K.A.R. § 100-72-4)	Not addressed.	Passing score of 75 on NPLEX examinations. (K.A.S. § 65-7205, K.A.R. § 100-72-5)	Yes. (K.S.A. § 65-7206)	Annually. (K.A.R. 100-72-7) 25 credit hours.	Not addressed.	Naturopathic acupuncture specialty certification. (K.S.A. § 65-7213)
Kentucky	Does not license naturopaths.								
Louisiana	Does not license naturopaths.								
Maine	27* (as of April 2008)	College or program granting the degree of doctor of naturopathic medicine. (32 M.R.S. § 12501, § 12525)	Approved by the Board and accredited by an accrediting agency recognized by the Federal Government. (32 M.R.S. § 12501)	Not addressed.	Passing score on NPLEX exam. (C.M.R. § 02 502 004)	Not addressed.	25 credit hours annually; at least 7 being in pharmacology. Additional 15 credit hours for naturopathic acupuncture specialists. (32 M.R.S. § 12526, C.M.R. § 02-502-005)	Not addressed.	In order to practice naturopathic acupuncture, a naturopathic specialty certification must first be obtained. (32 M.R.S. § 12525, C.M.R. § 02-502-004)

Figure 1. State licensure requirements for naturopaths

State	Work force number	Graduate education required	University accreditation	Clinical experience required	Examination required	Reciprocity for licensure	Continuing education required	Medicaid reimbursement	Specialization
Maryland	Does not license naturopaths.								
Massachusetts	Does not license naturopaths.								
Michigan	Does not license naturopaths.								
Minnesota	Naturopathy included in definition of "Complementary and alternative health care practices," which are not licensed in the state. (Minn. Stat. § 146A.01)								
Mississippi	Does not license naturopaths.								
Missouri	Does not license naturopaths.								
Montana	49 (as of April 2008)	A graduate of an approved naturopathic medical college. (M.C.A. § 37-26-402)	Accredited by CNME or another accrediting agency recognized by the United States department of education or has been approved by the board. (M.C.A. § 37-26-103 and A.R.M. § 24.111.501)	1200 clock hours in the clinical practicum program. (A.R.M. § 24.111.501)	NPLEX or any other exam to be prescribed or endorsed by the Board. Passing Score = 75. (A.R.M. § 24.111.502, K.A.R. § 100-72-5)	Yes. (A.R.M. § 24.111.503)	15 credit hours annually; at least 5 being in naturopathic pharmacy. (A.R.M. § 24.111.2102)	Not addressed.	Specialty practice of naturopathic childbirth attendance. (M.C.A. § 37-26-304, A.R.M. § 24.111.510)
Nebraska	Does not license naturopaths.								
Nevada	"Naturopathic Healing" provisions repealed in 1987. (Nev. Rev. Stat. Ann. § 633A.010)								
New Hampshire	59* (as of April 2008)	Graduate of an accredited naturopathic medical college. (N.H.R.S.A. § 328-E:9)	Accredited by the Council of Naturopathic Medical Education. (N.H.R.S.A. § 328-E:2)	Minimum of 1000 clock hours of clinical experience in all aspects of naturopathic practice; and primary care responsibility while supervised by a licensed doctor of naturopathic medicine. (N.H.C.A.R. § 303.05)	NPLEX Examinations ; or its substantial equivalent. (N.H.C.A.R. Nat. § 303.02, N.H.C.A.R. Nat. § 304.02)	Yes. (N.H.R.S.A. § 328-E:9, N.H.C.A.R. § 304.01)	The board shall require each licensee to show proof at least every 3 years that the licensee has completed an approved continuing education program within the preceding 3 years (N.H.R.S.A. § 328-E:13) 150 credit hours every 3 years; At least 60 must come from a professionally supervised setting with pharmacology courses totaling 24 of the 60 hours.	Not addressed.	Naturopathic childbirth or acupuncture specialty certification. (N.H.R.S.A. § 328-E:12, N.H.C.A.R. Nat. 305.01-305.02, Nat. 306.02 - 306.06)
New Jersey	Does not license naturopaths.								
New Mexico	Does not license naturopaths.								
New York	Does not license naturopaths.								
North Carolina	Does not license naturopaths.								
North Dakota	Does not license naturopaths.								
Ohio	Does not license naturopaths.								
Oklahoma	Does not license naturopaths.								

Figure 1. State licensure requirements for naturopaths

State	Work force number	Graduate education required	University accreditation	Clinical experience required	Examination required	Reciprocity for licensure	Continuing education required	Medicaid reimbursement	Specialization
Oregon	772 (as of April 2008)	Graduation from an accredited naturopathic school or college. (O.R.S. § 685.060)	Must meet the accreditation standards of the Council on Naturopathic Medical Education. (O.A.R. § 850-020-0000)	Not addressed.	The Board of Naturopathic Examiners shall conduct examination of applicant for licensure that includes a basic science section and a clinical section. (O.R.S. § 685.080)	Yes. (O.R.S. § 685.085, O.A.R. § 850-030-0070)	25 credit hours annually; no more than 15 coming from one subject area. (O.R.S. § 685.102, O.A.R. § 850-040-0210)	If the Department of Human Services is responsible for paying for services that a licensed naturopathic physician may render, the services shall be paid for in the same manner and under the same standards as similar professional services. (O.R.S. § 685.055)	Certificate of special competency in natural childbirth. (O.R.S. § 685.135, O.A.R. § 850-035-0230)
Pennsylvania	Does not license naturopaths.								
Rhode Island	Does not license naturopaths. Naturopathy included in definition of "unlicensed health care practices." (R.I. Gen. Laws § 23-74-1)								
South Carolina	"It shall be unlawful for any person whether heretofore licensed or not under the laws of this or any other State to practice naturopathy in this State." (S.C. Code Ann. § 40-31-10)								
South Dakota	Does not license naturopaths.								
Tennessee	Does not license naturopaths. "It is unlawful for any person to practice naturopathy in this state." (Tenn. Code Ann. § 63-6-205)								
Texas	Does not license naturopaths.								
Utah	29* (as of April 2008)	Successful completion of a program of professional education preparing an individual as a naturopathic physician, as evidenced by having received an earned degree of doctor of naturopathic medicine. (U.C.A. § 58-71-102)	CNME accreditation or a naturopathic medical school or college, which at the time of the applicant's graduation, met current criteria for accreditation by the CNME. (U.C.A. § 58-71-302)	A minimum 12 month program associated with a naturopathic medical school or college accredited by the Council of Naturopathic Medical Education. (U.C.A. § 58-71-302, U.A.C. R156-71-102)	NPLEX Basic Science Series, the State of Washington Basic Science Series or the State of Oregon Basic Science Series; NPLEX Clinical Series; NPLEX Homeopathy; NPLEX Minor Surgery; and the Utah Naturopathic Physician Practice Act Law and Rule Examination. (R156-71-302)	Not addressed.	24 credit hours every two years. (U.A.C. R156-71-304)	Not addressed.	Not addressed.

Figure 1. State licensure requirements for naturopaths

State	Work force number	Graduate education required	University accreditation	Clinical experience required	Examination required	Reciprocity for licensure	Continuing education required	Medicaid reimbursement	Specialization
Vermont	148* (as of April 2008)	Granted a degree of doctor of naturopathic medicine, or a degree determined by the Director of the Office of Professional Regulation to be essentially equivalent to such degree, from an approved naturopathic medical college. (V.S.A. § 4127)	Accredited by CNME or a degree determined by the Director of the Office of Professional Regulation to be essentially equivalent. (V.C.R. R04-030-380-2.2)	Not addressed.	Pass all parts of NPLEX. Passing score determined by NPLEX. (V.S.A. § 4127, V.C.R. R04-030-380-2.2)	Yes (V.C.R. R04-030-380-2.3)	30 credit hours every two years with no more than 10 hours coming from the same subject area. (V.C.R. R04-030-380-3.2)	Not addressed.	Special Endorsement for Naturopathic Childbirth - includes specialty training and exam. (V.C.R. R04-030-380-3.9)
Virginia	Naturopathy is no longer a licensed profession. Naturopaths licensed prior to June 30, 1980, may continue such practice in accordance with regulations promulgated by the Board of medicine. (Va. Code Ann. § 54.1-2901)								
Washington	768 (as of April 2008)	Successful completion of an educational program approved by the Secretary of Health, the minimum standard of which shall be the successful completion of a doctorate degree program in naturopathy. (A.R.C.W. § 18.36A.090)	College of naturopathic medicine approved by Washington State Department of Health. (A.R.C.W. § 18.36A.090, § 18.36A.100, W.A.C. 246-836-130 thru W.A.C. 246-836-150)	Clinical externship/preceptorship is considered a standard in the curriculum of a college of naturopathic medicine when it is considered for approval by the secretary. (W.A.C. 246-836-180)	Licensure exam consists of: (1) basic science component, (2) clinical science component and (3) law of the state and administrative regulations relating to the practice of naturopathic medicine. Passing Score = 75. (A.R.C.W. § 18.36A.090, WAC 246-836-030)	Yes. (A.R.C.W. § 18.36A.120, W.A.C. 246-836-110)	20 credit hours; only courses in diagnosis and therapeutics are eligible for credit (W.A.C. 246-836-080)	Not addressed.	Not addressed.
West Virginia	Does not license naturopaths.								
Wisconsin	Does not license naturopaths.								
Wyoming	Does not license naturopaths.								
Work force numbers indicate active, in-state licenses, and were gathered from phone conversations with the board or state unless indicated as:									
*Work force number gathered from board or state Web site.									

Figure 2. State scope of practice for naturopaths

State	Statutory authority	Definitions of naturopathy	Rx authority	Use of term "physician"
Alaska	Alaska Statutes Sec. 08.45.030, Alaska Statutes Sec. 08.45.200	The use of hydrotherapy, dietetics, electrotherapy, sanitation, suggestion, mechanical and manual manipulation for the stimulation of physiological and psychological action to establish a normal condition of mind and body; in this paragraph, "dietetics" includes herbal and homeopathic remedies. A person who practices naturopathy may not give, prescribe, or recommend in the practice: a prescription drug; a controlled substance; a poison; engage in surgery; use the word "physician" in the person's title.	No.	No. Use of the term "physician" is expressly prohibited (43.08.45.050) See also disclosure/transparency requirements at 12 ACC 42.900.
Arizona	A.R.S. § 32-1501	A medical system of diagnosing and treating diseases, injuries, ailments, infirmities and other conditions of the human mind and body including by natural means, drugless methods, drugs, non-surgical methods, devices, physical, electrical, hygienic and salutary measures and all forms of physical agents and modalities.	Yes. (A.R.S. § 32-1501) A doctor of naturopathy may dispense a natural substance, drug, or device to a patient. A "natural substance" is a homeopathic, botanical, or nutritional supplement that does not require a prescription by federal law before it is dispensed but is prescribed to treat a medical condition diagnosed by the doctor. HOWEVER: A notice from the AZ Naturopathic Physicians Board of Medical Examiners dated August 22, 2002, and addressed to Pharmacists states that "A licensed naturopathic physician will be able to prescribe any legend drug or controlled substance with the following exceptions: (1) Intravenous medications (except vitamins, chelation therapy, and drugs used in emergency resuscitation); (2) controlled substances as listed in Schedule I or II (except morphine will be allowed); (3) cancer chemotherapeutics classified as legend drugs; and (4) antipsychotics. The notice also states that after January 1, 2005 only naturopaths who have completed pharmacotherapeutic training and passed a test in pharmacotherapeutics will continue to be authorized to prescribe legend drugs and controlled substances.	Yes. A.R.S. § 32-1501.M
California	C.C.A. § 1640 - § 1643	A naturopathic doctor may order and perform physical and laboratory examinations for diagnostic purposes, including, but not limited to, plethysmometry, clinical laboratory tests, plethysmographic examinations, official examinations, and physiological function tests. A naturopathic doctor may order diagnostic imaging studies, including X-ray, ultrasound, mammogram, bone densitometry, and others, consistent with naturopathic training as determined by the bureau, but shall refer the studies to an appropriately licensed health care professional to conduct the study and interpret the results. Hot or cold hydrotherapy; naturopathic physical medicine inclusive of the manual use of massage, stretching, resistance, or joint play examination but exclusive of small amplitude movement as or beyond the end range of normal joint motion; electromagnetic energy; colon hydrotherapy; and therapeutic exercise. Devices, including, but not limited to, therapeutic devices, barrier contraception, and durable medical equipment. Health education and health counseling. Repair and care incidental to superficial laser treatments and abrasions, except suturing. Removal of foreign bodies located in the superficial tissues. A naturopathic doctor may utilize routes of administration that include oral, nasal, auricular, ocular, rectal, vaginal, transdermal, intradermal, subcutaneous, intravenous, and intramuscular.	Yes. (Cal. Bus. & Prof. Code § 1637) Licensed California naturopaths may prescribe drugs or products contained in the Naturopathic Formulary. As of October 2006, a Formulary advisory committee has been established, and is currently meeting, but has not yet produced a naturopathic formulary. Drugs can be furnished by a naturopathic doctor in accordance with standardized procedures or protocols developed by the naturopathic doctor and his or her supervising physician and surgeon. The furnishing and ordering of such drugs must occur under physician and surgeon supervision, may include Schedule III through Schedule V controlled substances, and may be further limited to those drugs specified in the standardized procedure between the naturopathic doctor and physician and surgeon.	No. Use of the term "physician" is prohibited. (Cal. Bus. & Prof. Code § 1641). "...shall not use any term or designation that would tend to indicate the practice of medicine, other than naturopathic medicine, unless otherwise licensed as a physician and surgeon, osteopathic doctor, or doctor of chiropractic." This section also contains disclosure requirements.
Connecticut	Conn. Ann. Stat. § 20-34	The practice of naturopathy means the science, art and practice of healing by natural methods as recognized by the Council of Naturopathic Medical Education and approved by the State Board of Naturopathic Examiners, with the consent of the commissioner, and shall include counseling and the practice of the mechanical and material sciences of healing as follows: The mechanical sciences such as mechanotherapy, articular manipulation, corrective and orthopedic gymnastics, physiotherapy, hydrotherapy, electrotherapy and phototherapy; and the material sciences such as nutrition, dietetics, phytotherapy, treatment by natural substances and external applications.	No. "Natural substances" means substances which are not isotonic substances, do not require the written or oral prescription of a licensed practitioner to be dispensed and are only administered orally.	Unfair. Authority to use the term is neither expressly granted nor prohibited. The term "naturopathic physician" is used in CT code (373 § 20-37b). The term is used in the official posted minutes of the Connecticut Board of Naturopathic Examiners.
District of Columbia	DCCA § 3-1201.02, § 3-1206.21, Code of D.C. Regs. § 17-5003	A system of health care that utilizes education, natural medicines, and natural therapies to support and stimulate a patient's innate self-healing processes to prevent, diagnose, and treat human conditions and injuries. Does not include the practices of physical therapy, physical rehabilitations, acupuncture, or chiropractic. Administrator or provider for preventive and therapeutic purposes (natural medicines) by their appropriate routes of administration, natural therapies, topical medicines, counseling, hydrotherapy, dietary therapy, naturopathic physical medicine, therapeutic devices, and barrier devices for contraindication. For the purposes of this paragraph, the term "naturopathic physical medicine" means the use of the physical agents of air, water, heat, cold, sound, and light, and the physical modalities of electrotherapy, biofeedback, diathermy, ultraviolet light, ultrasound, hydrotherapy, and exercise, and includes naturopathic manipulation and mobilization therapy, and review and interpret the results of diagnostic procedures commonly used by physicians in general practice, including physical and official examinations, electrocardiograms, diagnostic imaging	No. An individual licensed to practice naturopathic medicine shall not prescribe, dispense, or administer any controlled substances, except those natural medicines authorized by this chapter.	No. Practitioners of naturopathy or naturopathic healing may use the title "Doctor of Naturopathy." (DC Municipal Regulations, Title 14, Ch. 30, 3003.1)

Figure 1. State scope of practice for naturopaths

State	Statutory authority	Definition of naturopathy	Rx authority	Use of term "physician"
Hawaii	H.A.S. §433-1	The practice of Naturopathic medicine, natural therapeutics, and natural procedures, for the purpose of removing toxic conditions from the body and improving the quality, quantity, harmony, balance, and flow of the vital fluids, vital tissues, and vital energy, and dispelling, treating, and curing for patient using a system of practice that bases its treatment of physiological functions and abnormal conditions on natural laws governing the human body; utilizing physiological, psychological, and mechanical methods, such as air, water, light, nutrition, heat and cold, herbs, phytotherapy, physiotherapy, mechanical therapy, naturopathic corrections and manipulation, and natural methods or modalities, together with manual or homeopathic medicines, natural foods, and herbs, and nature's remedies of the type taught in education and training at naturopathic medical colleges. The practice of naturopathy excludes surgery and the application of X-rays.	No. The practice of naturopathy excludes prescribing, dispensing, or using prescription drugs except as provided for in the definition of natural medicine.	Yes. H.A.S. §433-1.
Idaho	Idaho Statutes § 54-3104	A naturopathic physician may use physical and laboratory examinations consistent with naturopathic medical education and training for diagnostic purposes. A naturopathic physician may order and perform diagnostic and imaging tests consistent with naturopathic medical education and training. All diagnostic and imaging tests not consistent with naturopathic medical education and training must be referred for performance and interpretation by an appropriately licensed health care professional. Naturopathic physicians are authorized to dispense, administer and prescribe prescription drug and medical devices determined by the naturopathic medical formulary council, and authorized by the board. A naturopathic physician may perform minor office procedures pursuant to privileges authorized by the board. A naturopathic physician may perform those therapies as trained and educated and authorized by the board.	Yes. (C.C.A. § 34-5110) A formulary council was established in 2005 to adopt a formulary for naturopathic physicians. "The formulary list may not go beyond the scope of prescription medicines and medical devices covered by approved naturopathic medical education and training and existing naturopathic medical formularies, or board-approved continuing education." Nothing herein shall allow a naturopathic physician to dispense, administer, or prescribe any prescription drug as defined in (Section 54-1703(2b)), unless such prescription drug is specifically included in the naturopathic medical formulary.	Yes. Idaho Statutes §34-5102.
Kansas	K.S.A. § 65-7202	A system of health care practiced by naturopathic doctors for the prevention, diagnosis and treatment of human health conditions, injuries and diseases, that uses education, natural medicines and therapies to support and stimulate the individually intrinsic self-healing processes, and includes prescribing, recommending or administering: (A) Food, food extracts, vitamins, mineral, enzymes, whole plant, thyroid, botanical, homeopathic preparations, nonprescription drugs, plant substances that are not designated as prescription drugs or controlled substances, topical drugs as defined in subsection (b)(9) of this section, and essential oils; (B) Health care counseling, nutritional counseling and dietary therapy, naturopathic physical applications, barrier contraceptive devices; (C) substances on the naturopathic formulary which are authorized for intramuscular or intravenous administration pursuant to a written protocol entered into with a physician who has entered into a written protocol with a naturopathic doctor registered under this act.	Yes. (K.S.A. § 100-72-4) Only those medicines approved by the Board on the Naturopathic Formulary and pursuant to a written protocol with a physician. The Naturopathic Formulary is available at K.S.A. § 100-72-4.	No. "Physician" means a person licensed to practice medicine and surgery. K.S.A. §65-722(10).

Figure 2. State scope of practice for naturopaths

State	Statutory authority	Definition of naturopathy	Rx authority	Use of term "physician"
Maine	M.R.S.A. § 12532. CMR 02.502.006	A naturopathic doctor may use and order for preventative and therapeutic purposes the following natural medicines and therapies: food, food extracts, vitamins, minerals, enzymes, digestive aids, whole gland thyroid and other natural hormones, plant substances, all homeopathic preparations, immunizations, counseling, hypotherapy, biofeedback, dietary therapy, naturopathic manipulative therapy, naturopathic physical medicine, therapeutic devices, barrier devices for conception and office procedures. Naturopathic doctors may also prescribe medications, including natural antibiotics and topical medicines, within the limitations set forth in subsection 4. A naturopathic doctor may use physical examinations for diagnostic purposes including phlebometry, clinical laboratory tests, specimen examinations and physiological function tests, excluding all endoscopic and physiological function tests requiring infusion, injection, intubation or ingestion of medications to perform tests. A naturopathic doctor may order ultrasound, x-ray and electrocardiogram tests but must refer to an appropriate licensed health care professional for conducting and interpreting the tests. A naturopathic doctor may prescribe therapeutic devices or use noninvasive diagnostic procedures commonly used by allopathic or osteopathic physicians in general practice. Naturopathic doctors have a limited scope of prescriptive authority. A naturopathic doctor may not: Prescribe, dispense or administer any substance or device identified in Schedule I, II, III, IV or V as described in the Federal Controlled Substances Act, 21 United States Code, Sections 801 to 971 (1988), or any controlled substances or devices; Perform surgical procedures except those office procedures authorized by this chapter; Practice emergency medicine except when a good Samaritan rendering gratuitous services in the case of emergency and except for the care of minor injuries; or Practice or claim to practice medicine and surgery, osteopathy, dentistry, podiatry, optometry, chiropractic, physical therapy or any other system or method of treatment not authorized in this chapter.	Yes (M.R.S.A. § 12532) A naturopathic doctor may not prescribe, dispense, or administer any substance or device identified in Schedule I, II, III, IV, or V as described in the Federal Controlled Substances Act; may only prescribe noncontrolled legend drugs from the following categories: homeopathic remedies, vitamins and minerals, hormones, local anesthetics, and immunizations that are designated by a subcommittee of the board which shall consist of naturopathic members, a pharmacist member, and an allopathic or osteopathic member. Prior to independently prescribing noncontrolled legend drugs, a naturopathic doctor shall establish and complete a 12-month collaborative relationship with a licensed allopathic or osteopathic physician to review the naturopathic doctor's prescribing practices. (MRS § 12532)	No. Use of the title "physician" by naturopathic licenses is prohibited. M.R.S. Title 32, Ch. 113-B, §12511(2).
Montana	M.C.A. § 37-26-103, M.C.A. § 37-26-301	Naturopathic medicine is a system of primary health care practiced by naturopathic physicians for the prevention, diagnosis, and treatment of human health conditions, injury, and disease. Its purpose is to promote or restore health by the support and stimulation of the individual's inherent self-healing processes. This is accomplished through education of the patient by a naturopathic physician and through the use of natural therapies and therapeutic substances. Naturopathic physical applications include the therapeutic use by naturopathic physicians of the actions or devices of electrical muscle stimulation, galvanic, diathermy, ultrasonic, ultraviolet light, constitutional hydrotherapy, and naturopathic manipulative therapy. A naturopathic physician may not: administer ionizing radioactive substances for therapeutic purposes; perform surgical procedures except those minor surgery procedures authorized by this chapter; or claim to practice any licensed health care profession or system of treatment other than naturopathic medicine unless holding a separate license in that profession. Naturopathic physicians may engage in and utilize health care counseling, nutritional counseling and dietary therapy, naturopathic physical applications, therapeutic devices, nonprescription drugs, barrier devices for contraception, naturopathic childbirth attendance, and minor surgery.	Yes (M.C.A. 37-26-301) A naturopathic physician may not prescribe, dispense, or administer any legend drug (as defined in 50-11-301), except for whole gland thyroid, homeopathic preparations; and natural substances, drugs, and therapies described in subsection (2), which includes food, food extracts, vitamins, minerals, enzymes, whole gland thyroid, botanical medicines, homeopathic preparations, and oxytocin (glucocin).	Yes. M.C.A. § 37-26-103(9).
New Hampshire	N.H.R.S.A. § 328-E:2, N.H.R.S.A. § 328-E:4	Naturopathic medicine is a system of primary health care for the prevention, diagnosis, and treatment of human health conditions, injuries, and diseases using education, natural medicines and therapies to support and stimulate the individual's intrinsic self-healing processes. Doctors of naturopathic medicine are authorized to use, for preventive and therapeutic purposes, natural medicines and therapies, counseling, hypotherapy, biofeedback, dietary therapy, naturopathic physical medicine, therapeutic devices, and barrier devices for contraception. Naturopathic physical medicine is the therapeutic use of the physical agents of air, water, heat, cold, sound, light, and electromagnetic non-ionizing radiation and the physical modalities of electrotherapy, diathermy, ultraviolet light, ultrasound, hydrotherapy, naturopathic manipulative therapy, and therapeutic exercise.	Doctors of naturopathic medicine shall not prescribe, dispense, or administer any legend or controlled substances, except those natural medicines as authorized by this chapter. Doctors of naturopathic medicine with specialty certification in naturopathic childbirth, shall be authorized to use oxytocin and pitocin.	Likely not. Naturopathic licenses shall use the title "doctor of naturopathic medicine" and the recognized abbreviation "N.D." Doctors of naturopathic medicine shall have the exclusive right to use of the terms: "doctor of naturopathic medicine," "naturopathic doctor," "naturopath," "naturopathic health care," "naturopathy," and "N.D." N.H.R.S.A. § 328-E:3.

Figure 2. State scope of practice for naturopaths

State	Statutory authority	Definition of naturopathy	Rx authority	Use of terms "physician"
Oregon	O.R.S. § 645.010	Naturopathic medicine is the discipline that uses psychotherapy, natural healing processes and minor surgery and has as its objective the maintaining of the body in, or of restoring it to, a state of normal health.	Yes (Oregon Rules §60-660-0215). Naturopathic physicians may only prescribe, dispense, or administer those substances on the Oregon Naturopathic Formulary List.	Yes. Only licenses under this chapter may use any or all of the following terms, consistent with academic degrees earned: "Doctor of Naturopathy" or its abbreviation, "N.D.," "Naturopath" or "Naturopathic Physician." However, none of these terms, or any combination of them, shall be so used as to convey the idea that the physician who uses them practices anything other than naturopathic medicine. O.R.S. §645.010
Utah	U.C.A. § 58-71-102	Naturopathic medicine is a system of primary health care for the prevention, diagnosis, and treatment of human health conditions, injuries, and diseases using education, natural medicines and therapies to support and stimulate the individual's intrinsic self-healing processes by using naturopathic childbirth (if specified requirements are met), naturopathic mobilization therapy, physical medicine, minor office procedures, prescribing or administering natural medicine, prescribing medical equipment and devices, diagnosing by using medical equipment and devices, and administering therapy or treatment by the use of medical devices, prescribing barrier devices for contraception, dietary therapy, taping and using diagnostic x-rays, electrocardiograms, ultrasound, and physiological function tests, taking body fluids for clinical laboratory tests and using the results in diagnosis, taking a history from and conducting a physical examination upon a human patient and prescribing and administering natural medicines and medical devices.	Yes. (U.C.A. § 58-71-102) Natural medicines are food, food extracts, dietary supplements, all homeopathic remedies and plant substances not (including) as prescription drugs or controlled substances; over the counter medications; other nonprescription substances (the prescription or administration of which is not restricted under federal or state law); and prescription drugs that are not controlled substances as defined in §8-7-2; the prescription of which is consistent with the competent practice of naturopathic medicine; and the prescription of which is approved by the Naturopathic Formulary Advisory Peer committee. The Naturopathic Formulary can be found at U.C.A. R156-71-202.	Yes. Naturopathic licenses can use the designation "naturopathic physician," "naturopathic doctor," "naturopath," "doctor of naturopathic medicine," "doctor of naturopathy," "naturopathic medical doctor," "naturopathic medicine," "naturopathic health care," "naturopathy," "N.D.," "N.M.D.," U.C.A. §58-71-102.
Vermont	V.S.A. § 4121, V.C.R. § 04-010-340-3.7	Naturopathic medicine is a system of health care that utilizes education, natural medicines and natural therapies to support and stimulate a patient's intrinsic self-healing processes to prevent, diagnose and treat human health conditions and injuries. This includes administering or providing, for preventive and therapeutic purposes, nonprescription medicines, topical medicines, botanical medicines, homeopathic medicines, counseling, hypnotherapy, nutritional and dietary therapy, naturopathic physical medicine, naturopathic childbirth, therapeutic devices, barrier devices for contraception, and using diagnostic procedures such as physical and official examinations, electrocardiograms, diagnostic imaging techniques, phlebotomy, clinical laboratory tests and examinations, and physiological function tests. Naturopathic physical medicine is the use of the physical agents of air, water, heat, cold, light, sound and light, ultrasound, hydrotherapy and exercise. Naturopathic medicine does not include physical therapy, physical rehabilitation or chiropractic.	Yes (V.S.A. § 4121). An individual licensed as a naturopathic physician may administer or provide for preventive and therapeutic purposes nonprescription medicines, topical medicines, botanical medicines, homeopathic medicines, counseling, hypnotherapy, nutritional and dietary therapy, naturopathic physical medicine, naturopathic childbirth, therapeutic devices, barrier devices for contraception, and prescription medicine authorized by this chapter or by the formulary. The formulary can be found at Vermont Rules 13-140-061.	Yes. V.S.A. §20-81-11(9).
Washington	R.C.W. § 18.36A.040	Naturopathic medicine is the practice by naturopaths of the art and science of the diagnosis, prevention, and treatment of disorders of the body by stimulation or support, or both, of the natural processes of the human body. A naturopath is responsible and accountable to the consumer for the quality of naturopathic care rendered. The practice of naturopathic medicine includes manual manipulation (mechanotherapy), the prescription, administration, dispensing, and use, except for the treatment of malignancies of nutrition and food science, physical modalities, minor office procedures, homeopathy, naturopathic medicines, hygiene and immunization, non-drug contraceptive devices, common diagnostic procedures, and suggestion; however, nothing in this chapter shall prohibit consultation and treatment of a patient in concert with a practitioner licensed under chapter 18.57 of 18.71 RCW (osteopathic medicine provisions). No person licensed under this chapter may employ the term "chiropractic" to describe any services provided by a naturopath.	Yes. (RCW § 18.36A.020 and A.040). "Naturopathic medicines" means vitamins, mineral, botanical medicines, homeopathic medicines, hormones, and those legend drugs and controlled substances consistent with naturopathic medical practice in accordance with rules established by the Secretary. Controlled substances are limited to codeine and testosterone products that are contained in Schedules III, IV, and V in Chapter 69.50 RCW. A Legend Substance List is currently being updated.	Most likely/unclear. Statutory headings refer to "naturopathic physicians," but express authority to use the title "physician" cannot be located in state statutes or regulations.

Figure 3. State naturopath board operating information

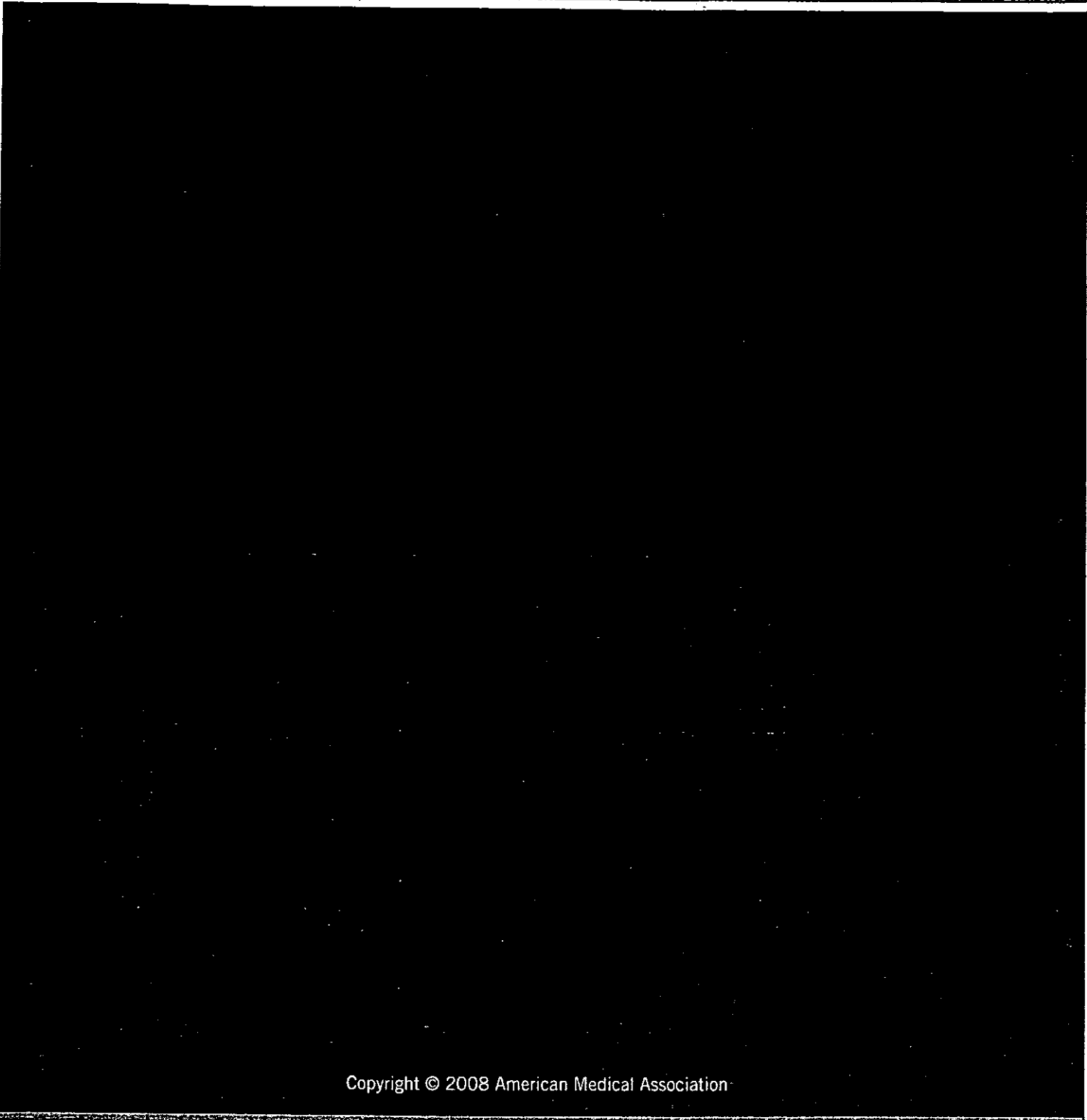
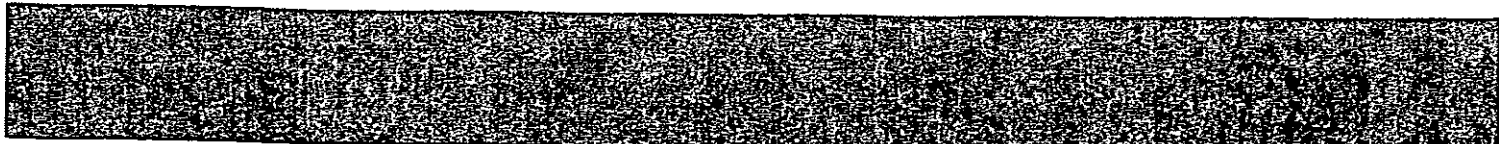
State	Regulatory board	Statutory authority	Board composition	Appointment procedure	Special procedures/Other
Alaska	Department of Commerce, Community, and Economic Development, Division of Occupational Licensing. <i>Division of Corporations, Business, & Professional Licensing</i>	A.S. § 08.01.010, § 08.01.050, § 08.01.070 and § 08.01.080	Licensing Examiner oversees operations because no separate board exists.	Not applicable.	The departments administrative duties are to set minimum qualifications for applicants for examinations and license, hold at least one examination each year and prepare and grade examinations. The Licensing Examiner reviews license applications, issues licenses, maintains licensing files, and responds to inquiries. The division itself has an investigative staff which oversees issues regarding naturopathy among other things.
Arizona	Naturopathic Physicians Board of Medical Examiners	A.R.S. § 32-1502- §32-1504	7 members: 4 naturopathic physician members and 3 public members.	Appointment by the Governor. Term = 5 years.	Not applicable.
California	Bureau of Naturopathic Medicine within the Department of Consumer Affairs	C.C.A. § 101 and C.C.A. § 3625	9 members: 3 licensed naturopathic doctors, 3 licensed physicians and surgeons, and 3 public members.	Governor appoints 2 physician/surgeon members, 2 naturopathic doctors, and 1 public member. The Senate Rules Committee appoints 1 physician/surgeon member and 1 public member. The Speaker of the Assembly appoints 1 naturopathic doctor and 1 public member. All members serve staggered 4-year terms.	Not applicable.

Figure 3. State naturopath board operating information

State	Regulatory board	Statutory authority	Board composition	Appointment procedure	Special procedures/Other
Connecticut	State Board of Naturopathic Examiners	C.A.S. § 19a-14, C.A.S. § 20-35, Conn. Gen. Stat. § 4-9a	3 members: 2 practicing naturopathic physicians and 1 public member.	Appointment by the Governor. Term = coterminous with the term of the Governor or until a successor is chosen whichever is later.	Not applicable.
District of Columbia	Advisory Committee on Naturopathic Medicine	D.C.C.A. § 3-1202.03, § 3-1204.01	3 members: 1 licensed physician, 1 licensed naturopathic physician (both with at least 3 years experience prior to appointment), and the Director of the Department of Health.	Appointed by the Mayor to 3-year terms.	Not applicable.
Hawaii	Board of Examiners in Naturopathy	H.R.S.A. § 455-4, H.R.S.A. § 26-34	5 members: 3 licensed naturopathic physicians and 2 public members.	Appointment by the Governor. Term = 4 years.	Not applicable.
Idaho	Board of Naturopathic Medical Examiners	I.C.S.A. § 54-5108	5 members: 4 licensed naturopathic physicians and 1 public member.	Appointment by the Governor. Term = 5 years.	Not applicable.
Kansas	1. Kansas State Board of Healing Arts 2. Naturopathic Advisory Council	K.A.S. § 65-7202- 65-7203, K.S.A § 65-7214	1) 15 members: 12 licensed professionals and 3 public members 2) 5 Members: 3 naturopathic physicians, 1 President of the Board of Healing Arts, 1 Public member.	1) Appointment by the Governor. Term = 4 years 2) Naturopathic physicians appointed by the State Board of Healing Arts, president and public member appointed by the Governor. Term = 3 years	Naturopathic Advisory Council will advise the Board.
Maine	Board of Complementary Health Care Providers	32 M.R.S. § 12502	7 members: 2 licensed acupuncturists, 2 naturopathic medicine practitioners who are licensed or eligible for license, 1 public member, 1 allopathic or osteopathic physician, and 1 licensed pharmacist.	Appointment by the Governor. Term = 3 years.	Not applicable.

Figure 3. State naturopath board operating information

State	Regulatory board	Statutory authority	Board composition	Appointment procedure	Special procedures/Other
Montana	Board of Alternative Healthcare	M.C.A. § 2-15-1730	6 members: 2 naturopathic doctors, 2 licensed midwives, 1 medical doctor, and 1 public member. Three members must have been residents in the state for at least 3 years.	Appointment by the Governor with Senate approval. Term = 4 years.	Not applicable.
New Hampshire	Naturopathic Board of Examiners	N.H.R.S.A. § 328-E:7, § 328-E:8	5 members: 4 naturopathic doctors and 1 public member. Two of the four doctors must have at least 3+ years experience.	Appointment by the Governor. Term = 5 years.	Not applicable.
Oregon	Board of Naturopathic Examiners	O.R.S. § 685.160	7 members: 5 licensed naturopathic physicians and 2 public members.	Appointment by the Governor. Term = 3 years.	Not applicable.
Utah	Naturopathic Physicians Licensing Board	Utah Code Ann. § 58-71-201, Utah Code Ann. § 58-1-201	5 members: 3 licensed naturopathic physicians and 2 public members.	Appointment by the Executive Director of the Division of Occupational and Professional Licensing with approval by the Governor. Term = 4 years.	Not applicable.
Vermont	Office of Professional Regulation	81 V.S.A. § 4125, 81 V.S.A. § 4126	Director of the Office of Professional Regulations and 2 advisor appointees which are naturopathic physicians.	Appointment by the Secretary of State. Term = 3 years.	Not applicable.
Washington	Naturopathic Physicians Advisory Committee	A.R.C.W. § 18.36A.070	5 members: 3 licensed naturopathic physicians and 2 public members.	Appointment by the secretary of Health. Term = 4 years.	Not applicable.



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