

**ALASKA LEGISLATURE**

**2732**

**HOUSE and SENATE FINANCE COMMITTEE FILES, 2003-2004**

288

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

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

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

✓ **Counseling**

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

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

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

✓ **Diagnostic Imaging**

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

✓ **Homeopathic Medicine**

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

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

✓ **Hydrotherapy**

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

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

✓ **Laboratory Diagnosis**

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

✓ **Minor Surgery**

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

✓ **Naturopathic Obstetrics/Gynecology**

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

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

✓ **Oriental Medicine and Acupuncture**

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

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

✓ **Physical Medicine**

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

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

✓ **Prescriptive Rights**

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

✓ **Venipuncture**

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

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

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Appendix G:  
The Scientific Basis for Naturopathic Medicine



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

#### The Demand for Research

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

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

Appendix H:  
Practicing Alaska Naturopathic Physicians



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Appendix I:  
May 2003 AKANP Letter to Alaska Legislators

May 6, 2003



Representative \_\_\_\_\_  
District 25, Eagle River/Chugiak  
Alaska State Legislature

Dear Representative \_\_\_\_\_,

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

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

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

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

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

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



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

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

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

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

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

Establishes public health rights and responsibilities.

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

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

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

Sincerely,

Madeleine Morrison –Young ND  
AKANP President

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

Daniel J. Young N.D., I.Ac.  
Legislative Task Force

Jason Harmon N.D  
AKANP Vice President  
Legislative Task Force

Torrey Smith N.D.  
Legislative Task Force

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Appendix J:  
Insurance and Naturopathic Medicine



**Patient Health Insurance**

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

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

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

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

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

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

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## Professional Liability Insurance (Malpractice Insurance)

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

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

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

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

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

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

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

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Appendix K:  
The Cost Effectiveness of Naturopathic Medical Services



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

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

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

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

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

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Appendix L:  
Freedom of Choice In Health Care Position Paper

*(Adopted at the 1993 Annual Convention)*



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

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

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

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

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

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

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

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

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Appendix M:  
Naturopathic Code of Ethics

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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Appendix N:  
Naturopathic Therapeutics



## **Naturopathic Therapeutics**

### **Naturopathic Methods**

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

### **Naturopathic Practice**

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

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



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## Appendix O: A History of Naturopathic Medicine



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

### History and the Formative Years

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

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

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### Hippocrates was a Naturopath

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

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

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

### Naturopathic Medicine Flourishes

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

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

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## Suppression and Decline

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

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

## Naturopathic Medicine Re-emerges

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

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

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

## The Future

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

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

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



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

Below is just the Executive Summary of the report.

### Executive Summary

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

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

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

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

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

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

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

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

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

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

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

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

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

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

#### Coordination of Research

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

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

#### Support for Research

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

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

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

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

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

#### Scope of Research

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

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

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

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

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

#### Research Training and Infrastructure

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

#### Education and Training of Health Care Practitioners

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

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

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

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

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

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

#### Support for CAM Programs, Faculty, and Students

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

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

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

#### Additional Education and Training in CAM

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

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

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

#### Development and Dissemination of Information about CAM

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

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

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

#### Promoting Accurate, Easily Accessible Information

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

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

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

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

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

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

#### Ensuring the Safety of CAM Products

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

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

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

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

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

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

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

#### Access and Delivery

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

#### Improving Access to CAM

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

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

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

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

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

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

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

#### Ensuring CAM Practitioners' Accountability to the Public

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

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

#### Coverage and Reimbursement

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

Coverage of CAM services and products varies among purchasers of health plans, but employer-sponsored plans appear more likely than others to offer them. These plans generally offer a chiropractic benefit, and a growing number cover acupuncture and massage therapy. When offered, CAM coverage often places a ceiling on the number of visits, restricts the clinical applications, and specifies the qualifications of the practitioner. Typically, CAM is offered as a supplemental benefit rather than as a core or basic benefit. Benefit designs also include discount programs, in which covered individuals pay reduced fees for services provided by a network of CAM practitioners, and annual benefit accounts against which services may be purchased.

#### Barriers to Coverage

Overcoming barriers to coverage and reimbursement will require first amassing scientific evidence to assess the benefits and cost-effectiveness of CAM and then giving equitable, impartial consideration to those practices and products proven to be safe and effective.

Gathering a body of evidence will require DHHS, other Federal agencies, states, and private organizations to develop a health services research agenda and to increase funding for studies of the outcomes of CAM.

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interventions in treating acute, chronic, and life-threatening conditions. Research, demonstrations, and evaluations should focus not only on safety but also on clinical effectiveness, costs, and the ratio of costs to benefits. In addition, health services research can be used to support the development and study of models for providing safe and effective CAM within the nation's health care system. Prototypes should include integrative and collaborative models for CAM and conventional health care, comparisons of conventional and CAM treatments for the same condition, and evaluations of various combinations of services and products. Information on health services research should be made available through the clearinghouse of NCCAM.

To conduct health services research, investigators need data from claim and encounter forms, specifically data coded using nationally accepted, standardized systems. National coding systems such as Common Procedure Terminology recognize some CAM interventions, but they are currently limited in scope and specificity. More recently, a coding system for CAM procedures, services, and products-ABCcodes-has been developed and is being used in a number of settings. The National Committee for Vital and Health Statistics and DHHS should authorize a national coding system that supports standardized data on CAM for use in clinical and health services research. In addition, the coding system should support practitioners and insurers who cover CAM services in complying with the electronic claims requirements of the Health Insurance Portability and Accountability Act.

Any medical or health care intervention that has undergone scientific investigation and has been shown to improve health or functioning, or to be effective in treating the chronically or terminally ill, should be considered for inclusion in health plan coverage. To accomplish this, health insurance and managed care organizations should modify their benefit design and coverage processes in order to offer purchasers health benefit plans that include safe and effective CAM interventions. Similarly, purchasers should enhance the processes they use to develop health benefits and give consideration to safe and effective CAM interventions. DHHS can support these efforts by convening work groups and conferences to assess the state-of-the-science of CAM services and products and to develop consensus and other types of guidance for Medicare, other public and private purchasers, health plans, and even consumer representatives.

Coverage of and reimbursement for most health care services are linked to a provider's ability to furnish services legally within the scope of his or her practice. This legal authority to practice is given by the state in which services are provided. Thus, even if insurers, managed care organizations, and other health plan sponsors are interested in covering safe, cost-effective CAM interventions, they cannot do so unless properly licensed, or otherwise legally authorized, practitioners are available in a state. State governments are encouraged to consider how regulation of CAM practitioners could affect coverage and third-party reimbursement of safe and effective CAM interventions.

#### Criteria for Using CAM

Once a CAM service is covered, health insurers, managed care organizations, and government agencies must be able to determine whether use of the service or product in a particular situation is generally accepted or investigational, and whether the service or product is medically necessary in that situation. Few criteria are available to guide practitioners in deciding the medical or clinical necessity of CAM interventions. DHHS, preferably through a centralized CAM office, should work with health care and professional associations, CAM experts, health insurance and managed care organizations, benefits experts, and others to guide changes in health plan coverage for safe and effective CAM services and products and to develop criteria for use of CAM interventions.

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Purchasers, health insurers, and managed care organizations will need CAM expertise when developing changes in coverage and reimbursement policies that involve CAM. CAM practitioners and experts should be included on advisory bodies and work groups considering CAM benefits and other appropriate health benefit issues.

#### CAM in Wellness and Health Promotion

In recent years, people have come to recognize that a healthful lifestyle can promote wellness and prevent illness and disease, and many people have used CAM approaches to attain this goal. Wellness is defined in many ways, but all agree that it is more than the absence of disease. Wellness can include a broad array of activities and interventions that focus on the physical, mental, spiritual, and emotional aspects of one's life. The concomitant rise in interest in CAM and in wellness and prevention presents many new and exciting opportunities for the health care system.

#### CAM's Role in Attaining the Nation's Health Goals

Since 1979, the U.S. Public Health Service has led a national initiative to define goals and objectives for the nation's health. As is clear from the resulting Healthy People series, a wide range of disciplines and social institutions is needed to improve health and wellness, prevent illness and disease, and manage disabilities and chronic conditions. The effectiveness of the health care delivery system in the future will depend upon its ability to make use of all approaches and modalities that provide a sound basis for promoting health.

There is evidence that certain CAM practices, such as acupuncture, biofeedback, yoga, massage therapy, and tai chi, as well as certain nutritional and stress reduction practices may be useful in contributing to the achievement of the nation's health goals and objectives. Federal agencies and public and private organizations should evaluate CAM practices and products that have been shown to be safe and effective to determine their potential for promoting wellness and helping to achieve the nation's health promotion and disease prevention goals. Demonstration programs should be funded for those determined to be beneficial.

The Federal government, in partnership with public and private organizations, should support the development of a national campaign that teaches and encourages healthful behaviors for all Americans, including children. The campaign would focus on improving nutrition, promoting exercise, and teaching stress management. Safe and effective CAM practices and products should be included, where appropriate. The role of safe and effective CAM practices and products in the workplace should also be evaluated, and incentives should be developed to encourage the use of those found to be beneficial.

The application of CAM wellness and prevention practices to the management of chronic disease and disabilities is a largely unexplored area. CAM principles and practices may be useful not only in preventing some of these diseases and conditions, but also in enhancing recovery and preventing further illness. Increased research in this area will help to determine how CAM principles and practices can best be used to meet the goals of the health care system. DHHS and other Federal agencies should fund demonstration projects to evaluate the clinical and economic impact of comprehensive health promotion programs that include CAM. These studies should include underserved and special populations.

#### Wellness and Health Promotion in Programs for Special and Vulnerable Populations

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Early interventions that promote the development of good health habits and attitudes could help prevent many of the negative behaviors and lifestyle choices that begin in childhood or adolescence. Poor dietary habits, lack of exercise, smoking, suicide, substance abuse, homicide, and depression are epidemic among young people. The Commission believes that it is time for wellness and health promotion to be made a national priority. CAM practices and products that have been shown to be appropriate for children and young people should be included in this effort, which must involve all sectors of the community, particularly schools.

The Federal government funds many programs that serve vulnerable populations, such as children, the poor, and the elderly. The programs have a direct impact on the health and quality of life of the people they serve, and they may benefit from a wellness and prevention component that includes safe and effective CAM practices and products. The agencies that administer these programs should evaluate safe and effective CAM practices and products to determine their applicability to the programs and fund demonstration projects for those found to be beneficial.

Federally funded health care delivery programs, such as the Department of Veterans Affairs, The Department of Defense, the Indian Health Service, community and migrant health centers, maternal and child health programs, and school health programs, should also evaluate the applicability of CAM wellness and prevention activities to their services. Demonstration programs should be funded for CAM practices and products found to be beneficial to these populations. Other Federal, State, public, and private health care delivery systems and programs would also be well-advised to evaluate CAM practices and products to determine their applicability to programs and services that help promote wellness and health.

The Secretary of Health and Human Services should bring together public and private health care organizations to evaluate the contribution of safe and effective CAM practices and products to wellness and health and to determine how they may be used in health systems and programs, especially in the nation's hospitals and long-term care facilities and in programs serving the aged, persons with chronic illness, and those at the end of life.

CAM and conventional health professional training programs should offer students training and education in self-care and lifestyle decision-making, both to improve practitioners' health and to enable them to impart this knowledge to their patients or clients.

#### Coordinating Federal CAM Efforts

Integration of safe and effective CAM practices and products into the nation's health care system will require an ongoing, coordinated Federal presence. Establishment of a centralized office is the most effective means of accomplishing this goal. Responsibilities of the office should include:

- Coordinating Federal CAM activities,
- Serving as a Federal CAM policy liaison with conventional health care and CAM professionals, organizations, educational institutions, and commercial ventures,
- Planning, facilitating, and convening conferences, workshops, and advisory groups,
- Acting as a centralized point of contact for the public, CAM practitioners, conventional health care providers, and the media,
- Facilitating implementation of the recommendations and actions of the White House Commission on Complementary and Alternative Medicine Policy, and
- Exploring additional and emerging topics not included in the Commission's Executive Order.

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The Commission recommends that the President, Secretary of Health and Human Services, or Congress create an office to coordinate Federal CAM activities and to facilitate the integration of safe and effective practices and products into the nation's health care system. The office should be established at the highest possible appropriate level in DHHS and be given sufficient staff and budget to meet its responsibilities. The office should charter an advisory council whose members would include representatives of the private and public sectors as well as CAM and conventional practitioners with the necessary expertise, diversity of backgrounds, and training to guide and advise the office about its activities.



# Tanana Valley Clinic

Family Medical Care

Since 1959

April 2, 2004

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Richard C. Hess, M.D.  
Teresa Kammur, M.D.  
Amy Housley, ANP  
Patricia Malley, ANP

#### SURGERY

Jon Lieberman, M.D.

#### INTERNAL MEDICINE

Natalia Samralescu, M.D.

#### PEDIATRICS

Alex Antonescu, M.D.  
Cornelia Antonescu, M.D.  
Mayer E. Bergeron, M.D.  
J. Timothy Fode, M.D.  
Michelle Rice, M.D.  
Maranna B. Worsland, M.D.  
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Marc Quisley, D.P.M.

#### ADMINISTRATION

Dawn Slocum, Administrator  
Marlene B. Wassenaar, M.D., Medical Director  
Renee Van Nott, Controller

Honorable Ralph Seekins  
Room 125  
State Capitol  
Juneau, AK 99801-1182

Dear Senator Seekins:

This past week I was informed about House Bill 434 and Senate Bill 306. I am not one who frequently calls out to the listening ears of our legislatures, but after reviewing this bill I felt a responsibility as a physician that I must speak up in strong opposition.

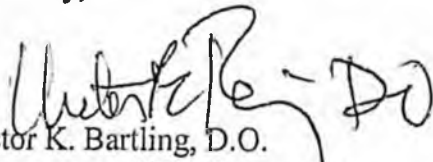
As a Family Practitioner who cares for a broad based population from pediatrics to geriatrics, I have always taken pride in listening to my patients and attempt to keep an open mind when it comes to their medical needs. Many of my patients, with my blessings, seek additional care to augment their health in the allied fields of acupuncture, chiropractic, massage therapy, homeopathy and naturopathy.

House Bill 434 and Senate Bill 306, however, places in jeopardy my working relationship with naturopaths as I believe this bill will potentially place my patients at risk if naturopaths are granted the prescribing privileges as presently permitted by M.D.'s and D.O.'s. After careful review of the training and philosophy of naturopathic medicine it is quite apparent that the naturopathic discipline is not adequately trained to prescribe class III, IV and V medications as proposed by the concerned bills.

I do support the present practice of a naturopathic medicine which incorporates the use of the modalities of: clinical nutrition, botanical medicine, homeopathic medicine, physical medicine, oriental medicine. Such care has been helpful to many of my patients, however, to assume that the "physician desk reference" (PDR) is another modality that may be added to naturopathic armamentarium without ill effects of the welfare of patient care is a false assumption and should not be taken lightly.

In keeping with the Alaska State Medical Board and my fellow colleagues throughout the state of Alaska, I must join them and speak out against these bills. The deciding factor for these bills is whether they will maintain the standards of medical care. We must insure that the quality of medical care is not jeopardized for Alaskans. With this in mind I ask our legislators to defeat these bills.

Sincerely,

A handwritten signature in black ink, appearing to read "Victor K. Bartling, D.O.", written in a cursive style.

Victor K. Bartling, D.O.  
Department of Family Practice  
Medical Director at Denali Care Center/Fairbanks Memorial Hospital

cc: Legislators

*W/ Joe  
Bill*

2/09/04

Hi Gary,

Thanks for the opportunity to comment on the Naturopath's bill. I have spoken to Dr. Scott Luper D.N. and had a very good and informative conversation.

I am not in favor of this bill in the present form for the following reasons:

1. It is contrary to a D.N.'s training to prescribe "drugs" in that they are trained in the use of herbal, vitamin and natural remedies. Use of prescription medication would be a (dangerous) adjunct to natural remedies.
2. I was not aware and was impressed by the amount of education a D.N. has. BUT I am concerned that although they have pharmacology training in school, they do not have adequate clinical experience (or practical application of drug prescribing in clinical setting). Whereas, allopathic M.D.'s have a huge amount of prescribing and follow up of medications in their training.
3. The bill is too broad. Currently one could prescribe antibiotics to dangerous heart medications, to chemotherapy. Allopathic M.D. would most likely not prescribe medication outside of their specialty, as it would be considered outside of the "standard of care". If a bill were passed a formulary would be much more acceptable and safe.
4. The D.N.'s do not have their own board. I am uncomfortable with the Division of Occupational Licensing providing oversight, discipline, ect. in this matter.
5. Another slippery path is the prescribing of controlled substances. we already have in our State, over prescribing of narcotic medications. Oxycontin is a real problem. This is being done by highly trained physicians and practitioners. adding another practitioner to this would be more possible violations.
6. To give prescribing privileges to D.N.'s (about 20-25 in Alaska) would not significantly improve health care delivery, access or cost.
7. The prescribing of medication in 2004 is so complex as to have any number of drug interactions, contraindications and serious adverse reactions, current highly trained practitioners are having significant problems in drug therapy injuries and deaths. To add another lesser trained practitioner to this list would pose a potential threat to public safety.
8. I do feel there are superior D.N.'s who would not have a problem or pose a threat, but oversight towards the potential disciplinary problems would not be adequate to protect the public.

Thanks for the opportunity, and let me know if I can help in another way.

Sincerely,

A handwritten signature in cursive script that reads "Tom".

Tom Wilson PA-C

P.S. let me know if we are winning the battle of the ear.

February 24, 2004.

Senator Gary Wilken, Co-Chair Senate Finance  
Alaska State Senate  
Capitol Building  
Juneau, Alaska 99811

Dear Senator Wilken:

Thank you for copying us with the questions posed to you by Mr. Wilson, PAC. In addition to the answers to your questions noted below, we have provided you with an education and training comparison of all health care professions in Alaska.

I will respond to his questions one by one, but first let me highlight the most salient point: Naturopathic Education surpasses most other health professionals in Alaska who already have prescriptive rights.

**Fact #1:** Mr. Wilson is a PA-C  
PA-C Training: 4-yr. Bachelor's degree and 18 – 24 months master's degree. Must work under supervision of a physician.

**Fact: #2** ND (naturopathic medicine)  
ND Training: 4-yr Bachelor's degree with pre-medical/science emphasis and 4-5 years post-graduate training in naturopathic medical school; externship required for graduation; increasing availability of residency options

**Fact: #3** MD (allopathic medicine)  
MD Training 4-yr Bachelor's degree in pre-medical/science and 2-5 years of post-graduate training in allopathic medical school; internship, residency.

Response to Mr. Wilson's Questions:

*#1 It is contrary to a D.N.'s training to prescribe "drugs" in that they are trained in the use of herbal, vitamin and natural remedies. Use of prescription medication would be a dangerous adjunct to natural medicines.*

- 1). Reponse:** In the 13 states where naturopathic physicians have prescription rights
- ⇒ Naturopathic physicians must graduate from a CNME- Federally approved naturopathic medical college
  - ⇒ Pass the pharmacology exam as administered by NPLEX (Federal Naturopathic Physicians Licensing Examination)
  - ⇒ Be licensed by the state where they practice
  - ⇒ Obtain a Federal Drug Enforcement Agency (DEA) registration number.
  - ⇒ Remain current with continuing education required by the state

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

*#2. I was not aware and was impressed by the amount of education a D.N. has BUT I am concerned that although they have pharmacology training in school, they do not have adequate clinical experience (or practical application of drug prescribing in clinical setting). Whereas, allopathic M.D.'s have a huge amount of prescribing and follow-up of mediations in their training.*

**2). Response:** I offer the following comparison (see attached detail)

	Allopathic <sup>1 MD</sup>	Osteopathic <sup>2 DO</sup>	Naturopathic <sup>3 ND</sup>
Pharmacology	114	108	100

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

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

**Sources:**

- American Association of American Medical Colleges, Curriculum directory (1996-1997)
- National College of Naturopathic Medicine catalogs (1995-1997)
- Bastyr University of Naturopathic Medicine and Health Sciences catalogs (1996-98)
- Southwest College of Naturopathic Medicine and Health Sciences catalogs (1996 - 1998)

Additionally, the profession of Naturopathy has grown exponentially over the past 20 years. As this occurs, increasing opportunities for clinical and residential experiences expands.

*#3. The bill is too broad. Currently one could prescribe antibiotics to dangerous heart medications, to chemotherapy. Allopathic M.D. would most likely not prescribe medication outside of their specialty, as it would be considered outside of the "standard of care". If a bill were passed a formulary would be much more acceptable and safe.*

**3). Response:** Mr. Wilson suggests that an ND might be tempted to prescribe outside of their training/education and that an MD "would most likely not" prescribe inappropriately. This is not realistic. A good "Doc" is a good "Doc". ND's will be liable for malpractice on par with MD's and under the auspicious of the Div. of Occupational Licensing.

*#4. The D.N.'s do not have their own board. I am uncomfortable with the Division of Occupational Licensing providing oversight, discipline, etc. in this matter.*

**4).Response:** The Administration and the Div. of Occupational Licensing have opposed the creation of any new boards & commissions. In a meeting with the Div. of Occ Licensing, Director Rick Urion urged the ND's to avoid the "extra layer of bureaucracy" and simply rewrite the authority given to the profession. The Division will continue enforcement of public protection as they do with all other professions. The Division has provided a Zero Fiscal Note and would, I am sure, respond as stated above.

Page Three  
Senator Wilken/ ND Response  
February 24, 2004

*#5. Another slippery path is the prescribing of controlled substances. We already have in our State, over prescribing of narcotic medications. Oxycontin is a real problem. This is being done by highly trained physicians and practitioners. Adding another practitioner to this would be more possible violations.*

5) Response: Sites the problems of an out of control and over use of prescriptions of narcotic medications such as Oxycontin by "highly trained physicians and practitioners". I have been told that PA's are among the professions with the highest number of ongoing investigations and complaints. This could be easily verified by asking the Div. of Occ. Licensing to produce numbers of complaints and investigations ongoing for each of the professions having prescriptive rights. The Div. Of Occ. Licensing has reported that in 17 years there have been no disciplinary actions taken against Naturopathic Physicians. In Oregon, where there are over 600 practicing N.D.'s and where they have had prescription rights the longest, there have been only 2 instances of misuse of narcotics and no reported drug related patient injury disciplinary actions.

*#6. To give prescribing privileges to D.N.'s (about 20-25 in Alaska) would not significantly improve health care delivery, access or cost.*

6)Response: Under current law, when my patients have an infection needing an antibiotic, a superficial cut that needs suturing (minor surgery), or hormone treatment therapy, they must make another appointment with a PA or MD, providing that they have an open practice and can see my patient sooner than 2-3weeks out, at additional expense to the patient and/or their insurance. How can this delayed remedy to the consumer and increased cost be a good public health policy? Hence, the consumer pays TWICE; physically and monetarily! In addition, ND's in Alaska average approx 1500 patient contacts per year. This is 30,000 patient visits per year, not an insignificant number.

*#7. The prescribing of medication in 2004 is so complex as to have any number of drug interactions, contraindications and serious adverse reactions; current highly trained practitioners are having significant problems in drug therapy injuries and deaths. To add another lesser-trained practitioner to this list would pose a potential threat to public safety.*

7)Response: To say that to give ND's prescription rights would not improve health care delivery is an emotional rather than a factual response. See answer #6. Consumer choice that IMPROVES public safety and REDUCES cost, at no cost to the community or state is a win-win solution for the consumers and state. Further, as shown in response #1, ND's have more training than PA's and is NOT "another lesser trained practitioner".

Page Four  
Senator Wilken/ ND Response  
February 24, 2004

*#8. I do feel there are superior D.N's who would not have a problem or pose a threat, but oversight towards the potential disciplinary problems would not be adequate to protect the public.*

**8)Response:** As indicated in Response #5, it has been suggested by the Div. of Occupational Licensing that other health professionals have far more infractions, investigations and violations requiring the attention of the Division than N.D's when comparing the record with the Federal DEA. The Division of Occupational Licensing has issued a zero fiscal note because they do not foresee a significant caseload increase because of this legislation.

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

Sincerely,

Scott Luper, ND  
Alaska Natural Health Clinic  
104 Kutter Road  
Fairbanks, AK. 99701



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

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

## Appendix B

### Comparison of Naturopathic And Major Medical Schools

	National	Bastyr	Southwest	John Hopkins	Yale	Stanford
<b>Basic and Clinical Sciences</b> 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
<b>Clerkships (1) and Allopathic Therapeutics</b> 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
<b>Advanced Naturopathic Therapeutics</b>	--	44	20	--	--	--
<b>Ayurvedic Medicine</b>	--	22	20	--	--	--
<b>Botanical Medicine</b>	96	110	120	--	--	--
<b>Counseling (4)</b>	144	143	100	--	--	--
<b>Homeopathy</b>	144	88	140	--	--	--
<b>Hydrotherapy</b>	48	39	40	--	--	--
<b>Naturopathic Case Analysis / Management (5)</b>	--	66	120	--	--	--
<b>Naturopathic Manipulative Therapy</b>	156	176	180	--	--	--
<b>Naturopathic Medicine</b>						
<b>Naturopathic Philosophy</b>	72	55	60	--	--	--
<b>Oriental Medicine</b>	72	33	200	--	--	--
<b>Therapeutic Nutrition (3)</b>	144	132	130	--	--	--
<b>Subtotals:</b>	876	908	1130	0	0	0
<b>Total Reported Hours:</b>	<b>4668</b>	<b>4472</b>	<b>4469</b>	5162	(+ thesis) 4311	5280

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

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

March 28, 2004

Senator Gary Wilken  
Co-chair Senate Finance

**RE: SB 306 relating to naturopathic medicine**

Dear Senator Wilken,

I am writing to oppose SB 306 as it is written.

Concerns:

1. Naturopaths are not trained in the use of conventional pharmaceutical agents. This was demonstrated in the hearing on HB 434 on March 24 when it became evident to House Labor and Commerce that the naturopaths were confused about some of the medications being discussed. The House has added a HESS committee referral to its version of this bill.
2. The definition of "minor surgery" is exceedingly vague. Is this referring to a shave biopsy of a skin lesion? Some people refer to abortion as "minor surgery"; would an abortion procedure be included? The legislature needs to more clearly define this term.
3. If naturopaths wish to practice as conventional healthcare providers, they need to fall under the same regulatory oversight as MDs, DOs, dentists, PAs, paramedics, RNs, Advanced Nurse Practitioners, and CNAs. It is reasonable that they be placed under the oversight of the Board of Medicine, since they want to use the title "physician" and practice conventional medicine.

It is my hope that Senate Finance will examine this bill closely and address these concerns.

Thank you for your service to Alaskans in the Legislature.

Respectfully,  
*Cathy Giessel*

Cathy Giessel, MS, FNP-CS  
12701 Ridgewood Rd  
Anchorage, AK 99516  
907 345 5470  
cgiessel@mac.com

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

February 18, 2004

*Support*

To Whom It May Concern:

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

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

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

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

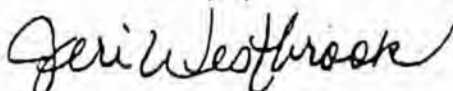
When blood tests results were back, I was diagnosed with Hashimoto's Thyroiditis, allergies and tendencies towards hypoglycemia. Within six weeks, Dr. Young's regimen had me feeling like a healthy human being. For the first time in years, I lost weight, was thinking clearer and the depression I had been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

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

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

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

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



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



# Alaska State Legislature

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

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

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

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

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

Thank you for your consideration.

Signed:

Karen Irak Ercelevski  
Testifier

Representing (optional)

PO Box 66 Ninilchik, AK 99639

Address

907-567-3925

Phone number



# Alaska State Legislature

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

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

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

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

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

Signed: *Paula Finn*  
Testifier

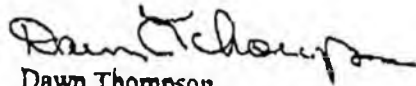
*self*  
Representing (optional)

*PO Box 650, Kenailof AK 99610*  
Address

*907 260-4618*  
Phone number

Fax #456-3346

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

  
Dawn Thompson

SB 306 - Prescriptive Rights for Naturopathic Doctors

February 26, 2004

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

Sincerely,



Jacqueline J. Debbaut



2/26/04

To Whom It May Concern:

I support Bill # 307 regarding  
Expanding Naturopathic Practice.  
I have found the Holistic approach  
Very beneficial for keeping me in  
the best of health.

Paul J Rogers  
4595 China Small  
Tracts  
Fairbanks, AK 99709



## Alaska Center for Natural Medicine

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

February 26, 2004

To whom it may concern:

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

A handwritten signature in black ink, appearing to read "Heather Luper", written over a horizontal line.

Heather Luper L.Ac  
President, ACNM

2/26/04

I am in favor of  
Bill SB306.

Sheree Warner  
Massage Therapist  
PO Box 82707  
Faulkner AK  
99708

452 5856

TO: Senate, Labor and Commerce



# ALASKA STATE LEGISLATURE

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

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

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

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

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

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

SIGNED:

Testifier

*Chris Buchanan*

Representing

P.O. Box 201 Ester, AK 99725  
Address / Phone Number



# McAfee Chiropractic Health Center

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

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

B.A. - Physical Education  
University of Alaska  
Fairbanks

M.A.S. - Exercise Physiology  
United States  
Sports Academy

B.S. - General Studies  
Palmer College  
in Chiropractic

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

Senate Labor & Commerce

SB 306

I am in favor of this  
bill.

Dr Bill McAfee DC

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

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

**Date:** Thu, 26 Feb 2004 17:01:28 -0900

**From:** Jane Alberts <Jane\_Alberts@Legis.state.ak.us>

**Organization:** Alaska State Legislature

**To:** Brian Hove <Brian\_Hove@legis.state.ak.us>

---

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

**Date:** Thu, 26 Feb 2004 09:34:39 -0900

**From:** Senator Con Bunde <senator\_con\_bunde@legis.state.ak.us>

**To:** Jane Alberts <Jane\_Alberts@Legis.state.ak.us>

---

**Subject:** House bill 434 and senate bill 306

**Date:** Wed, 25 Feb 2004 18:05:06 -0900

**From:** "Judith Mack & Jon Ah You" <jmack@alaska.net>

**To:** <Senator\_Con\_Bunde@legis.state.ak.us>

Dear Mr. Bunde,

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

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

Please consider these very important health care bills.

Thank you,

Judith Mack

---

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

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

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

**From:** Jane Alberts <Jane\_Alberts@Legis.state.ak.us>

**Organization:** Alaska State Legislature

**To:** Brian Hove <Brian\_Hove@legis.state.ak.us>

---

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

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

**From:** Senator Con Bunde <senator\_con\_bunde@legis.state.ak.us>

**To:** Jane Alberts <Jane\_Alberts@Legis.state.ak.us>

---

**Subject:** SB 306

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

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

**To:** <Senator\_Con\_Bunde@legis.state.ak.us>

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

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

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

Thank you for your support,

Mary Stallone

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

Physical address: 4600 Sandy Beach Drive

---

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

**Subject: SB 306**

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

**From:** "Stacey Marz" <stacey\_marz@hotmail.com>

**To:** Senator\_Ralph\_Seekins@legis.state.ak.us, Senator\_Gary\_Stevens@legis.state.ak.us,  
Senator\_Betty\_Davis@legis.state.ak.us, Senator\_Hollis\_French@legis.state.ak.us

February 25, 2004

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

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

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

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

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

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

SB 306.

I hope you will support this legislation,

Stacey Marz



Jean Tsigonis MD  
1001 Noble St.  
Fairbanks, AK 99701  
March 30, 2004

Finance Committee  
Alaska State Legislature

Dear Senator Wilkin and Senator Green and Committee:

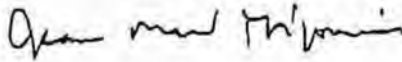
I would like you to think long and hard about the Naturopath request to prescribe medications and to call themselves Family doctors. I would ask you not to support the bill.

I think this is a dangerous situation to allow. Their education is not the same as the medical doctor path. Presently, the medical doctors are under tough scrutiny to practice excellent care. The checks and balances are in place. I would hope that you would apply the same expectations of excellence for the Naturopaths. If you feel they are capable of practicing medicine, then they should have close supervision.

Please feel free to contact me at home or work.

457-8500 (H) 459-3511 (W)

Sincerely yours,



Jean Tsigonis, MD

February 18, 2004

To Whom It May Concern:

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

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

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

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

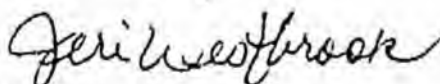
When blood tests results were back, I was diagnosed with Hashimoto's Thyroiditis, allergies and tendencies towards hypoglycemia. Within six weeks, Dr. Young's regimen had me feeling like a healthy human being. For the first time in years, I lost weight, was thinking clearer and the depression I had been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

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

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

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

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



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

**Subject: Education**

**Date:** Mon, 1 Mar 2004 13:49:11 -0900

**From:** "Dr Daniel J. Young" <eagledoc@mtaonline.net>

**To:** "Jane Alberts " <jane\_alberts@legis.state.ak.us>

**CC:** "Linda Anderson" <lindaa@gci.net>, "Scott Luper" <drluper@ptialaska.net>

Jane,

I enjoyed talking with you on the phone today. I hope that I answered your question about our education. We also had Dr. Clyde Jensen who has a PhD in pharmacology, physiology testify at both our hearings. He is in the unique position to comment on similarities between medical education because he has been a president of naturopathic medical school, osteopathic medical school, and allopathic (MD) medical school. He stated in his testimony that the education basic and clinical between all 3 professions is similar. I am sure that I could arrange a phone meeting with Dr. Jensen and Sen. Bunde if you think it would be a good idea,

I will have information on the "standard of care" by the end of the week. In short, ours is better because we spend more time with our patients. We get better results. I will back this up.

Here are some very helpful websites as I mentioned on the phone.

<http://www.aanmc.org/index.php>

<http://cnme.org/>

If there is anything else that I can help you or Sen. Bunde with please let me know. My phone is 694-5522 (wk) and 696-7053 (hm).

Thanks,  
Dan Young

Appendix E:  
Comparison of Naturopathic And Major Medical Schools



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

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

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

Handwritten notes: "std of care" with an arrow pointing to "Bunde" (Law Bunde) and "against".

Chairman Bunde and Honorable members of the Committee, SL+C, 2/26/04

PO Box 2981

My name is Wayne Aderhold and I live in Homer AK District ?\_35-R

I am urging you to support SB 306 regarding Naturopathic medical practice.

I very actively choose to have naturopathic PRIMARY healthcare and support legislation to allow my naturopathic physician be able to:

- Write for prescription medications as outlined in the bill, and
- Perform minor surgery

Naturopathic physicians have a right to practice commensurate with their training and to provide even more comprehensive primary care to their patients in Alaska, AND I HAVE A RIGHT TO RECEIVE THAT CARE IN MY HOME STATE.

I currently use the services of the following naturopathic physicians on a regular basis, for approximately 95% of the "physician" services that I use in my primary care:

- Patrick Huffman – Homer & Soldotna
- Jason Harmon – Anchorage
- Torrey Smith – Anchorage
- Daniel Rubin – Arizona

I also use on an occasional basis and for consultation:

- Michael Traub – Hawaii
- Emily Kane – Juneau

Handwritten notes: "cannot have NO surgery", "done by left of problem (rubin) surgery", "served in d." with arrows pointing to the list of doctors.

In 2002, upon finding I had developed a melanoma (cancer), I proceeded to immediately see surgical treatment, along with a very aggressive, non-toxic, adjuvant therapy using a team led by naturopathic physicians (Harmon/Rubin/Huffman). This amounted to a truly "complimentary" approach. I spent approximately \$20,000 out of pocket for treatment in Arizona due to the presence of a "cutting-edge" clinic led by a naturopathic physician (Rubin), that existed because of the progressive nature of medical law in Arizona. I continue to spend almost 100% of my ongoing healthcare dollars on naturopathic, preventive treatment through Alaska naturopaths, supported by "outside" naturopaths. if laws had been different then, I might have been able to opt for that treatment in my home state. Luckily for me, Alaska is at least progressive enough to recognize naturopathic medicine to some degree. This is not the case in every state, and I am thankful for that much.

Naturopathic healthcare is supported by informed consumers throughout this State because it is effective both medically and financially. Consumers of naturopathic services are required to take an active part in decision-making and responsibility for their own health. Naturopathic physicians are true followers of the tenet to "first, do no harm". The rights that are supported by this bill are a small step on the path that Alaska needs to follow to reach the goal of being a healthy and financially secure place to live.

Thank you for allowing me to testify in support of SB 306.

Handwritten notes: "Risk: much malpractice insurance rates - health insurance of 'problems'"

Handwritten notes: "let free market system, run by consumers (not excessive regulation) prevail -"

Handwritten note: "Healthcare = expensive business"

Handwritten note: "current restrictions are unlikely to be removed"

#### Background and info:

- I am a 54-yr old, "educated" health care consumer; who considers himself responsible for own health and health care choices ("do-it-yourself" when possible and sensible); I have strong feelings about the importance of good health care for our population .. to the point that I feel this is may be one of the few areas deserving of AK Permanent Fund backing (along with education, which is directly related)
- have formed choices through experience & results and research, having started out as an "AMA -influenced patient" due to parental choices ... my choices and opinions have definitely evolved through experience; not here to bash AMA and "physicians", but truth must be told with conclusions to stand on their own: a network of naturopathic physicians are my primary care physicians already, so they should have maximum rights to practice in order to serve my interests. Let an informed public and the professional peer boards decide these issues of "privileges".

#### Naturopaths I currently actively "use", or consult with:

- Michael Traub -Hawaii
- Patrick Huffman - Soldotna & Homer
- Torrey Smith - Anchorage
- Jason Harmon - Anchorage
- Daniel Rubin - Arizona
- Emily Kane - Juneau

#### My history with naturopathy:

- first experience with homeopathy (one facet of "naturopathic" practice) was in approx 1985, at start of child-rearing; after using homeopathy with 2 children
- first experience with a naturopath was in approx 1993 when dealing with an "allergy" problem for spouse, when found I had a severe low back injury (ruptured disk) and was initially told by (AMA) neurosurgeon that only path was surgery ... bottom line: worked with a naturopath and methodically resolved the problems to the point that I was able to continue working during rehab, and within about a year and a half was actually stronger and more "bullet proof" than I had been for probably 20 yrs prior (involved other complimentary modalities besides naturopathy but no "traditional (AMA)" treatments; I have been pain-free and a productive worker ever since, and have passed on my experienced to many interested, but disappointed, consumers of "traditional" medicine
- after that, have incorporated naturopathic and other complimentary treatment in regular care, to the point that I use this mode almost exclusively
- when confronted with **melanoma (cancer)** in 2002, went straight to naturopaths specializing in cancer treatment, after initial surgical intervention, for adjuvant therapy. Spent ~\$20,000 on aggressive, non-toxic treatment through a naturopathic-led clinic in Tempe, AZ ... this money is still currently **out-of-pocket and may never be reimbursed**, although "traditional" treatments (such chemo and radiation)would have been covered due to general acceptance of the industry. Incidentally, ND's in AZ can write prescriptions and my treatment involved one prescription medication (approx \$150 of my treatment). I continue to use naturopathic treatment regularly to support the initial treatment (Huffman, Harmon and Rubin) and monitor status through regular blood tests (which are analyzed "outside" since SPH policy does not allow ND's to order lab work ... ??? does this make any sense ??? is this constitutional .. this is another area needing fixing locally
- for a recent blood pressure issue, the use of a very small dose of a prescription drug was recommended by the naturopath and the nurse practitioner who work together in a truly complimentary practice ... the NP could write the prescription, but the ND couldn't ..does this make sense?? I don't think so.

- Naturopathic medicine requires the involvement of the patient in their own health .. a naturopathic "doctor" truly is a teacher (the meaning of doctor), and the patient should be a student (to learn, not just consume) ... ref Huffman's "sign up" sheet footer
- if you want to cut healthcare costs, then stressing naturopathic is the logical choice: it is extremely cost-effective due to reliance on consumers to make educated choices; it may appear expensive due to apparently high "hourly" rates but highly focused attention of the provider and long-term effectiveness are the ruler to be used
- AK legislature has a duty to at the very least allow, if not promote and encourage naturopathic medicine because it reflects the Alaskan spirit of individualism
- Arizona is the leader in naturopathic legislation due to constitutional recognition of "non-AMA" approaches to medicine, including Native American wisdom and tradition .. this has led to the growth of a significant "industry" in complimentary and alternative medicine, throughout the state but particularly in the Phoenix-Tucson area .... ?why couldn't Alaska move up near the forefront too – good for ??
- "first, do no harm" .... which school follows this basic tenet? ... overuse of powerful drugs & their side-effects, or more gentle "encouragement" of the body to take care of itself
- ("less is more") is a guiding tenet of this type of medicine ...
- quote from Anna MacIntosh:
- best protection against "quackery" (borrowing an AMA term) is informed consumers and strong peer review; research shows that the overwhelming problem with medical malpractice is the failure of physicians to weed out and "police" their own ... tort reform is NOT the answer
- promote commerce in Alaska (by opening up doors) .. don't send more business "outside" where laws are more enlightened .. put Alaska even higher on the front of truly modern medicine (get on board or out in front, the movement is well underway)



State Of Alaska  
Legislative Affairs Agency  
Kenai LIO  
145 Main St Lp, Ste 217  
Kenai, AK 99611  
907-283-2030

Date: 2-26-04

Please accept the enclosed original(s) of written testimony for  
the 5140 teleconference hearing that was  
scheduled on 2-26-04.

A copy of this testimony was transmitted to your committee via  
fax on 2-26-04.

Thank You,

M. B. Byrne





# Alaska State Legislature

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

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

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

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

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

Signed: *John Finnora*  
Testifier

*self*  
Representing (optional)

*PO Box 650, Kaslof AK 99610*  
Address

*907 260-4618*  
Phone number



# Alaska State Legislature

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

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

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

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

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

Thank you for your consideration.

Signed: Karen, Esaki Encelowski  
Testifier


Representing (optional)

PO Box 66 Ninilchik, AK 99639

Address

907-567-3925

Phone number



## *The Council on Naturopathic Medical Education*

### *Degrees in Naturopathic Medicine Frequently Asked Questions*

---

#### **1. Can you compare the colleges? Which one is best?**

We treat as confidential the information we receive from naturopathic medicine programs. All accredited programs have our recommendation, but we do not rank them. Each naturopathic college has unique qualities. We encourage prospective students to visit the campuses and to participate in the schools' student-for-a-day programs.

#### **2. Does CNME recognize home-study schools or external-degree programs?**

Many correspondence schools offer N.D. or N.M.D. degrees or diplomas. Some are exempt from state regulations because they claim a religious purpose or they do not recruit students from their home states. Correspondence programs do not prepare students for practice as licensed naturopathic physicians, and the programs are not eligible for affiliation with our agency. In states without licensing laws, it is not illegal for those who obtain N.D. or N.M.D. degrees from correspondence schools to use the initials after their names; they may not, however, legally represent themselves as physicians or engage in the practice of medicine unless they are otherwise licensed as medical practitioners. Although correspondence courses can be effective in many disciplines, naturopathic licensing agencies do not believe they are adequate for preparing students as physicians. The American Association of Naturopathic Physicians and the Canadian Naturopathic Association do not consider those who obtain N.D. or N.M.D. degrees from correspondence schools to be part of the naturopathic medical profession.

#### **3. Is there a difference between the N.D. and the N.M.D. degree?**

Universities and colleges may choose to call the naturopathic degree they confer either the "Doctor of Naturopathy" or the "Doctor of Naturopathic Medicine" degree. These are two different names for the same degree. By either name, the degree is usually abbreviated "N.D.," but an institution that refers to its naturopathic credential as the "Doctor of Naturopathic Medicine" degree may abbreviate it either "N.D." or "N.M.D." Presently, all colleges and universities with accredited or candidate naturopathic medicine programs confer the Doctor of Naturopathic Medicine degree or, in Canada, the Doctor of Naturopathic Medicine diploma. In all states and provinces that regulate naturopathic medicine, except Arizona, naturopathic physicians use the N.D. initials after their names. In Arizona, they may use either the N.D. or N.M.D. initials; the different sets of initials do not indicate a difference in scope of practice, but only a preference by the individual physicians. The N.D. initials are the ones more widely associated with the naturopathic medical profession and are the only ones used in the corporate seals of both the American Association of Naturopathic Physicians and the Canadian Naturopathic Association.

#### **4. What does "candidate for accreditation" mean?**

Candidacy is a status of affiliation with us that indicates a naturopathic medicine program satisfies our agency's 17 eligibility requirements — e.g., that it is properly organized, is adequately supported financially, has good facilities and a qualified faculty, offers an appropriate curriculum, and accurately represents itself to prospective students. Candidacy, however, is not accreditation and does not ensure eventual accreditation. We grant candidacy when a program meets our eligibility requirements, complies with our standards to the degree expected for its stage of development, and is progressing toward accreditation. If it does not achieve accreditation within five years, the program loses affiliation with us for at least one year and until deficiencies are corrected. A new program may apply for candidacy at any time, but CNME will not grant candidacy until after at least

its first academic year with students enrolled full time. A naturopathic medicine program may not be accredited until it has graduated its first class. Students and graduates of candidate programs are eligible to apply for the Naturopathic Physicians Licensing Examinations, administered by the North American Board of Naturopathic Examiners ([www.nabne.org](http://www.nabne.org)).

#### **5. What criteria does CNME use in evaluating naturopathic medicine programs?**

The evaluation process involves a comprehensive self-study by the program, periodic visits to the campus by CNME teams, and ongoing monitoring. Evaluation teams have three or more trained members, with at least one a practicing naturopathic physician, another a member of the Council, and another not affiliated with the naturopathic profession, its colleges, or CNME. Our *Handbook of Accreditation for Naturopathic Medicine Programs* (2002 edition, 80 pages) contains our objectives, eligibility requirements, standards, policies, procedures, Articles of Incorporation, and Bylaws. The handbook is available for on-site review and photocopying (no permission needed) at the library or an administrative office of each program affiliated with us, or it may be ordered for \$20 (U.S.), prepaid: CNME, 3535 Peachtree Road, Suite 520-209, Atlanta, GA 30326-3287. A PDF version (650 KB) is available free by e-mail upon request.

#### **6. Where may N.D.s practice?**

Twelve states and four provinces allow the practice of naturopathic medicine: Alaska, Arizona, British Columbia, Connecticut, Hawaii, Kansas, Maine, Manitoba, Montana, New Hampshire, Ontario, Oregon, Saskatchewan, Utah, Vermont, and Washington. Puerto Rico and the U.S. Virgin Islands also have licensing laws for naturopathic doctors. In Florida, a few naturopathic physicians who were licensed under an old law still practice under the state's medical board, but no new N.D.s have been licensed there since the 1950s. In California, a new naturopathic licensing law takes effect on January 1, 2004. The scope of practice varies from state to state and province to province. In states and provinces without naturopathic licensing laws, many who hold the N.D. degree also hold other degrees, such as the Doctor of Medicine, Doctor of Chiropractic, or Masters in Oriental Medicine degree, and they practice under licenses for those professions. Others offer services that do not violate their states' medical practice acts. Most naturopathic physicians are in the states and provinces that regulate the profession.

#### **7. How is CNME organized?**

CNME was incorporated in August 1978 under the District of Columbia Nonprofit Corporation Act and is recognized by the U.S. Internal Revenue Service as a 501(c)(3) nonprofit organization. Board members are elected by the board itself, who are also the organization's only voting members. Presently, two of CNME's eleven board members are public members; a public member is not affiliated in any way with the naturopathic profession. The board has three positions for institutional member representatives, who are elected rotationally for three-year terms from among administrators and faculty members at the five accredited and candidate naturopathic medicine programs. Our Articles of Incorporation also require from four to six profession members, who must be licensed naturopathic physicians. Six profession members currently serve on the board.

#### **8. How does someone start a new naturopathic college?**

Siting a new naturopathic program within an existing college or university is preferable to beginning a freestanding naturopathic medical college, unless the organizing group has the necessary assets and extensive experience in higher education administration. CNME can refer organizations with the potential for developing a new program to consultants. Any new program, to qualify for accreditation, would likely need to be in a state or province that licenses naturopathic physicians, because students do their clinical training primarily under practicing naturopathic physicians. Additionally, state authorities probably would not approve a college's request to grant the N.D. degree in a state that does not allow the practice of naturopathic medicine.

**09. May I be licensed in the United States or Canada if I attend an overseas naturopathic college?**

Because no international standards for naturopathic education exist other than those for the U.S. and Canada, students who graduate from naturopathic colleges in other countries are not eligible to apply for the Naturopathic Physicians Licensing Examinations. The exams are administered twice a year at the state and provincial level by the North American Board of Naturopathic Examiners, Portland, Oregon ([www.nabne.org](http://www.nabne.org)). Students who attend an overseas school may have some course credits accepted for transfer to a U.S. or Canadian school if the foreign school is a graduate-level institution and governmentally recognized. If you plan to spend the first year or two of naturopathic studies at a foreign school, you should first check with one of the U.S. or Canadian naturopathic colleges to learn if any credits may be transferred later.

**10. May I be licensed in the United States if I attend naturopathic college in Canada, and vice versa?**

If you graduate from a CNME-recognized naturopathic program in the U.S., you may apply for a license in the four Canadian provinces that regulate naturopathic medicine. If you graduate from a CNME-recognized college in Canada, some states will accept your licensing application, but several will not. This is because private colleges in Canada do not confer degrees but "diplomas," e.g., the Doctor of Naturopathic Medicine diploma. Some state laws have language that specifically requires an N.D. "degree." U.S. students who plan to attend naturopathic college in Canada should first check with the naturopathic licensing agencies in the states where they will practice to make sure they can apply for a license with a Canadian diploma. See question 6 above for the names of the states and two U.S. territories that license naturopathic doctors. For information on contacting the naturopathic licensing agency in one of these states or territories, please e-mail us at [dir@cnme.org](mailto:dir@cnme.org) or call us at 404.467.0045 (Central Time Zone).

**11. What is the difference between CNME and the other organizations that accredit naturopathic programs?**

CNME is the organization that accredits programs which prepare students to become licensed naturopathic physicians. It is the accrediting agency accepted by the U.S. and Canadian professional associations for licensed naturopathic doctors, and it is the agency recognized by the North American Board of Naturopathic Examiners. CNME is also the only naturopathic accreditor with membership in the Association of Specialized and Professional Accreditors. This organization accepts as members those accreditors recognized by the Secretary of Education or that meet ASPA's own criteria. Among the almost 50 agencies that belong to ASPA are the recognized accreditors for allopathic (M.D.), osteopathic (D.O.), chiropractic (D.C.), acupuncture, and dental programs. Other naturopathic accrediting agencies accredit correspondence and other schools that do not prepare students to practice as licensed naturopathic physicians. None is recognized by the Secretary of Education, and none of the schools or programs they accredit has institutional accreditation from a recognized regional accrediting agency. Comparing the published standards, policies, procedures, and bylaws of accrediting agencies is one way to determine their differences. For CNME, these documents are in its Handbook. Please see question 5 above for information on obtaining the Handbook.

**12. What does "recognition by the U.S. Secretary of Education" mean?**

Accrediting agencies with the Secretary of Education's recognition have been found in compliance with the federal regulations that apply to accrediting agencies. The recognition means the schools or specialized educational programs that the accreditor 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 administered by the National

**SENATE COMMITTEE REPORT  
First Committee of Referral**

DATE: 2/6/04

FURTHER: Finance

Date of 5-Day Notice: 2/12/04  
(in accordance with Uniform Rule 23)

DATE TURNED  
IN TO OFFICE: 2/26/04

Labor and Commerce Committee considered SENATE BILL NO. 306

**SB 306 NATUROPATHIC MEDICINE**

"An Act relating to the practice of naturopathic medicine; and providing for an effective date."

and recommends:

- be replaced with \_\_\_\_\_ CS \_\_\_\_\_ (\_\_\_\_\_)
- adopt previous \_\_\_\_\_ CS \_\_\_\_\_ (\_\_\_\_\_)
- attached amendment(s)
- adopt Letter of Intent by \_\_\_\_\_ Committee
- further referral to \_\_\_\_\_ Committee

|                          |                          |
|--------------------------|--------------------------|
| <b>Senate Bill:</b>      |                          |
| <input type="checkbox"/> | Same Title               |
| <input type="checkbox"/> | New Title                |
| <b>House Bill:</b>       |                          |
| <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# |
|------------|---------|--------|--------|------|-----|
| DCED       | 2/12/04 |        |        | ✓    | 1   |
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|            |         |        |        |      |     |
|            |         |        |        |      |     |
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**PREVIOUS FISCAL NOTE(S):**

| Department | Date | Fiscal | Indet. | Zero | FN# |
|------------|------|--------|--------|------|-----|
|            |      |        |        |      |     |
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APPROPRIATION - no fiscal note

| SIGNATURES AND RECOMMENDATIONS: | Do PASS | Do NOT PASS | No REC | AMEND |
|---------------------------------|---------|-------------|--------|-------|
| <i>French</i><br>               |         |             | X      |       |
| <i>Seekins</i><br>              | ✓       |             |        |       |
| <i>G. Stevens</i><br>           |         |             | X      |       |
|                                 |         |             |        |       |
|                                 |         |             |        |       |
| CHAIR: <i>Bunde</i><br>         |         |             | ✓      |       |









SENATE FINANCE COMMITTEE

SIGN-IN

SB 306-NATUROPATHIC MEDICINE

NAME: JASON HARMON, N.D. Subject/Bill No: 306  
Co./Dept./Title: Vice. Pres - AK Naturopathic Assn. Phone: 907-349-7779  
Address: 3650 Spinnaker Arch Zip: 99516  
Do you wish to testify?  Yes  No  Respond To Questions

NAME: SCOTT LUPER N.D. Subject/Bill No: 306  
Co./Dept./Title: Naturopathic Doctor Phone: 452 3600  
Address: 104 Kutter Road Zip: 99701  
Do you wish to testify?  Yes  No  Respond To Questions

NAME: DANIEL J. YOUNG N.D., L.Ac. Subject/Bill No: 306  
Co./Dept./Title: LEG. TRNG FORCE AKANPINC. Phone: 694-5522  
Address: 11230 KASKADIA CIRCLE EPOW RULON Zip: AK 99577  
Do you wish to testify?  Yes  No  Respond To Questions

NAME: Clyde B. Jensen Ph.d. Subject/Bill No: 306  
Co./Dept./Title: Individual Phone: (503) 760-6906  
Address: 10125 SE 147th Ave Zip: 97236  
Portland, OR  
Do you wish to testify?  Yes  No  Respond To Questions

SENATE FINANCE COMMITTEE

SIGN - IN

SB 306-NATUROPATHIC MEDICINE

NAME: Rick Ulrich Subject/Bill No: SB 306  
Co./Dept./Title: Director Occupational Licensing Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Zip: \_\_\_\_\_  
Do you wish to testify?  Yes  No  Respond To Questions

NAME: \_\_\_\_\_ Subject/Bill No: \_\_\_\_\_  
Co./Dept./Title: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Zip: \_\_\_\_\_  
Do you wish to testify?  Yes  No  Respond To Questions

NAME: \_\_\_\_\_ Subject/Bill No: \_\_\_\_\_  
Co./Dept./Title: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Zip: \_\_\_\_\_  
Do you wish to testify?  Yes  No  Respond To Questions

NAME: \_\_\_\_\_ Subject/Bill No: \_\_\_\_\_  
Co./Dept./Title: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Zip: \_\_\_\_\_  
Do you wish to testify?  Yes  No  Respond To Questions







**SB**

**307**

SFIN

FILE



SB 307

was referred to the  
Senate Finance  
Committee

Hearing(s) were held

The bill did not move  
from Committee

# ALASKA STATE SENATE



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

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

## SENATE JUDICIARY COMMITTEE

Senator Ralph Seekins, Chairman  
District D

### Senate Bill 307 Sponsor Statement

**“An Act relating to the amount of bond required to stay execution of a judgment involving a signatory to the tobacco product Master Settlement Agreement.”**

The Tobacco Master Settlement Agreement (“MSA”) delivers millions of dollars in revenues annually to Alaska and 45 other participatory states. However, the continued receipt of these funds is threatened by the huge judgments that have been awarded against the tobacco companies that are funding the settlement. Defendants facing large judgments almost always have a right to appeal them. And in many cases their appeals are successful, either in terms of obtaining a reduced judgment or in overturning the judgment entirely.

But in order to stay the execution of a money judgment on appeal, a defendant must post a supersedeas (appeal) bond which, in the diminishing number of states that do not have limits on appeal bonds, usually equals the amount of the judgment. In Alaska, the bond required is ordinarily the amount of the judgment remaining unsatisfied, plus appeal costs and interest.

Senate Bill 307 would set a \$100 million limit on the supersedeas bond that MSA signatories, successors, and affiliates must post to stay the execution of a judgment in Alaska. This bond limit would not change any other aspect of the law. It does not change the rules by which the trial is conducted. It does not affect who ultimately wins or loses the lawsuit. And it does not affect the rights of plaintiffs to recover fully the damages to which they are entitled if the judgment is upheld on appeal.

Plaintiffs are also protected by the provision in the proposed legislation that allows the court to require a bond amount up to the value of the judgment *if the appellant is dissipating its assets to avoid paying a judgment*. SB 307 thus would not injure plaintiffs in any way, and it would protect the state by ensuring that it will continue to receive its MSA payments while the tobacco companies fully appeal an adverse judgment.

In this instance Alaska will join 26 other states which have passed legislation or amended court rules to limit the size of the required appeal bond in cases involving large judgments. By joining these states we promote our collective interest with respect to preserving the revenue stream mandated by the Master Settlement Agreement.

## **Alaska Should Join Other States To Limit The Size Of Appeal Bonds and Protect Its Tobacco Settlement Revenues**

The Tobacco Master Settlement Agreement ("MSA") is vitally important to Alaska and to the 45 other states who are parties to the settlement. It delivers millions of dollars in revenues to Alaska annually, and it will continue to do so for years to come. It also delivers real benefits to the state through its non-monetary provisions which restrict advertising by participating (but not by non-participating) manufacturers and are designed to help reduce youth smoking.

Yet the continued receipt of these funds is threatened by litigation against the tobacco companies that are funding the settlement. The ability of the tobacco companies to meet their obligations under the MSA ultimately depends upon their financial viability. It may seem far-fetched to worry about the financial viability of tobacco companies, but the litigation onslaught they are currently facing presents a real risk to their ability to make MSA payments.

This memorandum explains what Alaska can do to minimize that risk and protect the state's ongoing receipt of MSA money.

### **A. The Enormous Litigation Risks Confronting The MSA Signatories Threaten Alaska's Master Settlement Agreement Revenues**

Within the last several years, the tobacco companies have faced gargantuan judgments. In 2000, the Engle class action in Florida resulted in a verdict of \$145 billion, which was reversed on appeal in May 2003. In California, two individual suits resulted in verdicts of \$28 billion and \$3 billion respectively, although both of these verdicts were reduced by the trial judge. In March 2003, a judge in the case of Price v. Philip Morris in Illinois ordered one tobacco company to pay compensatory damages of \$7.1 billion and punitive damages of \$3 billion in a class action. This decision is currently being appealed.

As the Engle case demonstrates, many extraordinarily large verdicts are reduced or overturned on appeal. In order for a verdict to be overturned, however, a defendant must be able to appeal and do so while remaining in business. The problem is that in most states, a defendant must post an appeal bond at least equal to the size of the judgment in order to stay the execution of the judgment during the appeal. In Alaska, the bond required to stay the execution of a money judgment is ordinarily the amount of the judgment remaining unsatisfied, plus appeal costs and interest.<sup>1</sup> But Alaska courts are permitted to set the bond in a different amount or to order alternate security for good cause shown -- meaning that judges may theoretically set the bond at any amount they deem appropriate, even if that amount exceeds the total judgment.<sup>2</sup>

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<sup>1</sup> Alaska R. App. P. 204(d).

<sup>2</sup> Id.