

ALASKA LEGISLATURE COMMITTEE FILES, 2003-2004 8672

10757 HOUSE HEALTH EDUCATION & SOCIAL SERVICES

4/12/04  
78 C. Street  
Fairbanks, Alaska 99701

APR 12 2004

RE: HB 434 and Senate Bill 306

Dear Members of the HES Committee,

The bills before you this legislative session to allow naturopathic practitioners to call themselves family physicians, perform "minor" surgery, and prescribe medications are dangerous. They are likely to lead to direct harm of Alaskan patients. Before you make a decision on these matters, please be sure you understand the level and nature of the training naturopaths receive. It is very, very different from the scientific training in medicine received by those you have understood to be doctors all your lives.

Most states do not even license naturopaths as "medical" practitioners; only 13 states license naturopaths and only six of those allow them any prescriptive authority. If prescriptive authority is allowed at all, it is generally limited to a specific list of medications and usually requires the supervision of an M.D. or D.O. There are obvious reasons for this.

Naturopaths are trained to use herbs and supplements, and may have some very limited knowledge of the use of a small number of prescriptive drugs. You're probably taking some prescription medications and have some knowledge of their use as well, but would you want to give the medications to your spouse or child? I hope not, because they can be dangerous. My PDR has over 3500 pages of prescription medications, many of which can kill if used incorrectly. Unlimited prescriptive powers by N.D.'s is a terrible idea for this very reason.

Contrary to what you have been told, naturopaths are not trained to prescribe medications to anywhere near the degree MD and DO physicians are trained. In addition, don't you find it odd that N.D.'s feel ready to prescribe right out of school when American Medical and Osteopathic schools which produce M.D.'s and D.O.'s do not believe their highly trained new physicians are ready to prescribe medicines without supervision when they graduate? Additional training of usually 3 to 4 years is required. One of the things we learn during that additional training is a deep respect for the power and danger of prescription drugs and surgical interventions. Over the residency training, experience and supervision brings caution and careful judgement. This helps us practice safely. N.D.'s do not have such experience.

Please review the attached table to better understand the differences in training and approach. I would be happy to supply you with additional supportive documentation of these differences.

Most medical doctors I have spoken to recognize that the use of herbs and supplements is the Naturopath's forte and can be helpful to certain patients. I have no wish to take away from their use of such products, but to allow an N.D. to prescribe medications or perform "minor surgery" (such as vasectomies, hemorrhoid surgery, complicated laceration repair, and removal of melanoma skin cancers) will put the public you serve at risk.

I believe your caution is needed here. I am a trained medical doctor, and it has taken me a week of research into the training, beliefs, and practices of N.D's to understand how remarkably far from traditional Western Medicine the naturopathic practice is. Please listen to the State Medical Board, research for yourselves the fascinating history of Naturopathic training and the field's belief system. It is eye opening.

Thank you for your consideration.

Sincerely,



Marianna B. (Missy) Woodward, MD  
Pediatrician

HOME: (907) 474-8346

REVIEW OF NATUROPATHIC AND MEDICAL OR OSTEOPATHIC DOCTOR'S TRAINING

	Ak. Licensed Naturopaths	Alaska Licensed M.D.'s /D.O.'s
Training	4 years in Naturopathic school	4 years in Medical or Osteopathic School, leading to an MD or DO degree
Body of Knowledge	Based on 19 <sup>th</sup> century beliefs about "the healing power of nature." Treatments attempt to restore the body to harmony, or rid the body of "toxins" using whatever technique is thought to work, including enemas, herbs, teas, vitamins, nutritional supplements and other therapies	Based on scientifically accepted principles and knowledge
Professors in School	Mostly other naturopaths	M.D.'s, D.O's, PhD's in scientific disciplines; and PhD's in pharmacology
Pharmacology Training	Herbs, botanicals, vitamins, nutritional supplements emphasized	Study of pharmacology of prescriptive and non-prescriptive medicine
Training in the Clinical use of prescriptive medications	Review of the course catalogs from the 4 ND schools in the U.S. reveals training is largely in herbs, botanicals, and nutritional supplements, not prescriptive medications	After two years of basic science, including pharmacology, MD's/DO's spend two years under direct and extensive supervision of other MD/DO's learning to use medication and treatment options appropriately, both in the hospital and in outpatient clinics
Additional Supervised Training	None required	One to seven years, usually three to four, of supervised direct patient care in an accredited "Residency Training Program."
Continuing Medical Education	None required	At least 18 hours of continuing medical education every two years
Board Certification	NPLEX Basic Science Clinical Series Homeopathy	"Boards" are national medical tests, specific to the specialty (Such as Internal Medicine, Surgery, Family Practice, etc.) They are extensive tests of a body of scientific medical or osteopathic knowledge, developed by national medical experts, and include questions on the proper use of prescriptive medications. They cannot be taken until medical school and residency training are complete Most specialties require periodic re-certification.



# ALASKA PHARMACISTS ASSOCIATION

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March 30, 2004

Senate Finance Committee  
Re: SB 306

Dear Committee Members,

My name is Barry Christensen and I am a practicing community pharmacist in Ketchikan. I also serve as the Legislative Chair for the Alaska Pharmacists Association (AKPhA). AKPhA is the professional association representing over 200 licensed pharmacists and technicians throughout various practice settings in Alaska. I am testifying today to express some concerns our membership has on the prescription authority language for Naturopathic physicians as found in SB306 .

Our concerns are basically founded on three issues: 1) Education, 2) Scope of Practice, and 3) Controlled Substances. My testimony will briefly focus on these areas.

- 1) Legislative testimony this session by the naturopaths has stated that they have the equivalent medical education of their medical counterparts (MDs) because they also have a four-year degree. While this may be true in an academic sense, our membership has had little if any interaction with naturopaths during our professional training. Pharmacists do train extensively with Medical Physicians, Physicians Assistants, and Authorized Nurse Practitioners and have developed good working professional relationships. These relationships are key when trying to solve patient medication problems such as dosing, drug interactions, and drug abuse.
- 2) The current legislation does not attempt to limit prescription authority to the Naturopathic Physicians (NP) area of expertise. We find it curious that the definition of Naturopathy found in the legislation does not include use of "medicine" yet allows full prescriptive authority of medications. It is our understanding that most states that allow NP prescribing have limited the prescriptive authority. For example, in the State of Washington NP's prescriptive authority is limited to "certain medications of animal and botanical origin." Pharmacists would be much more comfortable with NP's working with in a collaborative practice relationship with other licensed prescribers in the State.

E-mail: [akphrmy@alaska.net](mailto:akphrmy@alaska.net)

3) The overwhelming concern of the majority of our membership is the prescription authority for controlled substances. As the "gatekeepers" of the flow of narcotic prescriptions, pharmacists feel that allowing another practitioner to prescribe controlled substances will merely add to the daily burden we have in trying to discern between legitimate medical needs and the abuse of prescription drugs. Without a prescriber-based narcotic tracking program in place in Alaska, this will remain a number one concern of pharmacists. And while we have no reason to believe that NP's would knowingly abuse narcotic prescription authority, we have every reason to believe that narcotic abusing patients would welcome another potential prescriber to deceive.

Thank you for the opportunity to testify on this matter. Please feel free to contact our association office or myself if we can be of further assistance.

Sincerely,

A handwritten signature in cursive script that reads "Barry Christensen, RPh". The signature is written in black ink and is positioned above the typed name.

Barry Christensen, Pharmacist  
Chair Legislative Committee

**Subject: Re: Naturopathic licensing legislation, comments**

**Date: Wed, 25 Feb 2004 04:10:45 -0900**

**From: Joan Priestley <priestley@static-du-121.gci.net>**

**To: rep\_nancy\_dahlstrom@legis.state.ak.us**

Joan Priestley wrote:

>  
> Dear Representative Dahlstrom,  
>  
> I have enclosed, as an attachment, a letter with enclosures about my  
> thoughts (both support and concerns) regarding the proposed Naturopathic  
> licensing legislation. I will also send you a fax of this letter on  
> Wednesday, in case this letter should arrive in some bizarre format.  
> Thank you for your attention to this important matter.

>  
> Sincerely,  
> Joan Priestley, M.D.

>  
> -----  
> Joan Priestley, M.D.  
> 3705 Arctic, # 1321  
> Anchorage, Alaska 99503  
> (907) 351-5605 after noon  
> (907) 562-2161, ext 1321  
> Answering service

>  
> February 24, 2004  
>  
> To: Representative Dahlstrom

>  
>  
> Dear Ms. Dahlstrom,

>  
> I am a medical doctor, currently practicing in Anchorage. Yesterday, I talked with  
Mr. Anderson's aide, Josh Applebee, about HB 434, (the Naturopathic licensing act),  
to express my support and concerns. He suggested that I also contact your office, to  
contribute my input about this important legislation.

>  
> As an integrative care provider, I know most of the Naturopaths practicing in  
Anchorage, and often work closely with them. I am familiar with their qualifications  
and educational requirements, and have great respect for the rigorous training which  
naturopathic physicians undergo, in their 4 year education program.

>  
> Therefore, I must respectfully disagree with the blanket opposition to this  
legislation, which has been urged by the Alaska State Medical Association.  
Naturopaths are very adequately trained to perform most of the expanded areas of care  
allowed in this bill. For example, it is entirely appropriate to enable Naturopaths  
to order and interpret all standard laboratory tests, currently used to diagnose  
diseases and monitor treatments.

>  
> I also strongly support the right of Naturopaths, indeed, of all health care  
providers, to supply nutritional products and natural substances to our clients.  
Many physicians, including myself, use products from companies which sell to licensed  
providers, exclusively; such items are often not even available on the open, retail  
market.

>  
> The quality control of such companies is excellent. Therefore, we can make  
superior products available to our patients, at less cost than they would pay in  
retail stores. It would be an error to restrict or eliminate the ability of health  
care providers to support our patients in this manner.

>

> I also have no hesitation in supporting the extension of minor surgery privileges to Naturopaths; however, I noted with interest and surprise that California prohibits Naturopaths from doing any surgery, only allows repair of lacerations, and prohibits their use of sutures (stitches)

>

> However, after carefully reviewing the Senate and House bills, the position paper posted by the Alaska Association of Naturopathic Physicians, and the laws governing Naturopathy in several other states, I would like to share the few concerns which I have about this legislation.

>

> This law would create complete and total prescribing rights for Naturopaths- even for all controlled substances which require a DEA license, and for any and all medications, formulas and products which are given intravenously (I.V.). I am not convinced that unlimited privileges in this area would be appropriate, for the following reasons.

>

> Naturopaths are currently licensed in 12 states. Not one of those states allows complete prescription rights; only Arizona comes close to permitting unrestricted drug prescribing rights. All the other licensing states limit prescribing rights to those types of natural substances which Naturopaths have studied extensively, and understand, thoroughly. See "Appendix d of the AKNP White Paper.

>

> Connecticut presently denies Naturopaths all prescription privileges. Even Washington, (the home of Bastyr University, the oldest and best Naturopathic college), along with Montana, Hawaii, Oregon, Utah, Vermont, Maine and others, greatly restrict the "drug formulary" of prescription drugs which are available to Naturopaths.

>

> I have enclosed, for your review, the relevant sections of the Revised Code of Washington, and the Wash. Administrative Code, and the California Codes, showing the prescribing privileges and restrictions for Naturopaths. The other states are very similar.

>

> In Washington, the allowable prescription drugs include only, in WAC 246-836-210, (4) "Legend vitamins, minerals, trace minerals, and whole gland thyroid. and (9) Legend substances as exemplified in traditional botanical and herbal pharmacopeia as identified by a list of substances to be developed by the secretary. Note, also, that Washington restricts injectable products to vitamin B12, and prohibits Naturopaths from treating cancer, entirely.

>

> California allows Naturopaths to prescribe pharmaceutical drugs (including some controlled substances) only under stringent conditions of direct, collaborative supervision by an M.D. See California Code 3640.5, included below.

>

> The Naturopathic Association position paper, itself, calls for a mandatory requirement of 60 hours of continued education in pharmacy, for those Naturopathic physicians who wish to apply later for a DEA license; however, there is no such prerequisite in the proposed Alaska legislation.

>

> In addition, the requirement of 15 hours of pharmacy instruction every two years, for Naturopaths to renew their license (Section 11 of HR 434), seems to imply an uneasiness, or lack of trust, in the adequacy of pharmaceutical training which the Naturopaths receive during their basic education. (California requires 20 hours of pharmacy review for license renewal, biannually).

>

> Intravenous therapies, in particular, can be very complicated and sophisticated- especially for administering toxic cancer drugs, and for managing patients who cannot eat at all, and who must receive all their nutrition through an I.V.tube. This treatment is not an easy task, and requires a good deal of training and experience.

>

> Proper I.V. management requires the repeated use of various, and precise, equations and calculations. I had to undergo specialized, postgraduate training in my hospital residency, and beyond, long after medical school, to use this type of therapy

competently.

>

> Therefore, I urge you to review the statutes from other states, that I have included with this letter, and reconsider the scope of medical care which would be appropriate for Naturopaths to perform in this state. I look forward to hearing from you soon, concerning this important legislation.

>

> Sincerely,

>

> Joan Priestley, M.D.

>

> Enclosures: Appendix D, Alaska Naturopathic Association

> (faxed version only)

> Washington State Admin. Code and RCW

> California Codes

>

> Washington State Administrative Code

>

> WAC 246-836-210 Authority to use, prescribe, dispense and order.

> Licensed naturopaths may use, prescribe, dispense, and order certain medicines of mineral, animal, and botanical origin including the following:

>

> (1) Nonlegend medicines derived from animal organs, tissues, and oils, minerals, and plants administered orally and topically.

>

> (2) Legend topical ointments, creams, and lotions containing antiseptics.

>

> (3) Legend topical, local anesthetics applied to superficial structures for use during minor office procedures as appropriate. Topical local anesthetic means the local application of anesthetic which may be injected into the intradermal subcutaneous layers of the skin only to the extent necessary to care for superficial lacerations, abrasions and the removal of foreign bodies located in superficial structures not to include the eye.

>

> (4) Legend vitamins, minerals, trace minerals, and whole gland thyroid.

>

> (5) Nondrug contraceptive devices except intrauterine devices.

>

> (6) All homeopathic preparations.

>

> (7) Intramuscular injections limited to vitamin B-12 preparations and combinations when clinical or laboratory evaluation has indicated vitamin B-12 deficiency.

>

> (8) Immunizing agents approved by the Bureau of Biologics, United States Food and Drug Administration and listed in the current Recommendations of the United States Public Health Services Immunizations Practices Advisory Committee (ACIP) or the Report of the Committee of Infectious Diseases published by the American Academy of Pediatrics.

>

> (9) Legend substances as exemplified in traditional botanical and herbal pharmacopeia as identified by a list of substances to be developed by the secretary.

>

> Washington State Revised Code

>

> RCW 18.36A.040

> Scope of practice.

>

> Naturopathic medicine or naturopathy is the practice by naturopaths of the art and science of the diagnosis, prevention, and treatment of disorders of the body by stimulation or support, or both, of the natural processes of the human body. A naturopath is responsible and accountable to the consumer for the quality of

naturopathic care rendered.

>

> The practice of naturopathy includes manual manipulation (mechanotherapy), the prescription, administration, dispensing, and use, except for the treatment of malignancies or neoplastic disease, of nutrition and food science, physical modalities, homeopathy, certain medicines of mineral, animal, and botanical origin, hygiene and immunization, common diagnostic procedures, and suggestion; however, nothing in this chapter shall prohibit consultation and treatment of a patient in concert with a practitioner licensed under chapter 18.57 or 18.71 RCW. No person licensed under this chapter may employ the term "chiropractic" to describe any services provided by a naturopath under this chapter.

>

> RCW 18.36A.020

> Definitions.

>

> (10) "Medicines of mineral, animal, and botanical origin" means medicines derived from animal organs, tissues, and oils, minerals, and plants administered orally and topically, excluding legend drugs with the following exceptions: Vitamins, minerals, whole gland thyroid, and substances as exemplified in traditional botanical and herbal pharmacopoeia, and nondrug contraceptive devices excluding interuterine devices. The use of intermuscular injections are limited to vitamin B-12 preparations and combinations when clinical and/or laboratory evaluation has indicated vitamin B-12 deficiency. The use of controlled substances is prohibited.

>

> State of California

> BILL NUMBER: SB 907 CHAPTERED [passed into law] 09/22/03

>

> Article 4. Application of Chapter

>

> 3640. (a) A naturopathic doctor may order and perform physical and laboratory examinations for diagnostic purposes, including, but not limited to, phlebotomy, clinical laboratory tests, speculum examinations, orificial examinations, and physiological function tests.

>

> (b) A naturopathic doctor may order diagnostic imaging studies, including X-ray, ultrasound, mammogram, bone densitometry, and others, consistent with naturopathic training as determined by the bureau, but shall refer the studies to an appropriately licensed health care professional to conduct the study and interpret the results.

>

> (c) A naturopathic doctor may dispense, administer, order, and prescribe or perform the following:

> (1) Food, extracts of food, nutraceuticals, vitamins, amino acids, minerals, enzymes, botanicals and their extracts, botanical medicines, homeopathic medicines, all dietary supplements and nonprescription drugs as defined by the federal Food, Drug, and Cosmetic Act.

> (2) Hot or cold hydrotherapy; naturopathic physical medicine inclusive of the manual use of massage, stretching, resistance, or joint play examination but exclusive of small amplitude movement at or beyond the end range of normal joint motion; electromagnetic energy; colon hydrotherapy; and therapeutic exercise.

> (3) Devices, including, but not limited to, therapeutic devices, barrier contraception, and durable medical equipment.

> (4) Health education and health counseling

> (5) Repair and care incidental to superficial lacerations and abrasions, except suturing.

> (6) Removal of foreign bodies located in the superficial tissues.

>

>

> 3640.5. Nothing in this chapter or any other provision of law shall be construed to prohibit a naturopathic doctor from furnishing or ordering drugs when all of the following apply:

>

> (a) The drugs are furnished or ordered by a naturopathic doctor in accordance with standardized procedures or protocols developed by the naturopathic doctor and his or

her supervising physician and surgeon.

>

> (b) The naturopathic doctor is functioning pursuant to  
> standardized procedure, as defined by Section 2725, or protocol. The standardized  
procedure or protocol shall be developed and approved by the supervising physician  
and surgeon, the naturopathic doctor, and, where applicable, the facility  
administrator or his or her designee.

>

> (c) The standardized procedure or protocol covering the furnishing of drugs shall  
specify which naturopathic doctors may furnish or order drugs, which drugs may be  
furnished or ordered under what circumstances, the extent of physician and surgeon  
supervision, the method of periodic review of the naturopathic doctor's competence,  
including peer review, and review of the provisions of the standardized procedure.

>

> (d) The furnishing or ordering of drugs by a naturopathic doctor occurs under  
physician and surgeon supervision. Physician and surgeon supervision shall not be  
construed to require the physical presence of the physician, but does include all of  
the following:

> (1) Collaboration on the development of the standardized  
> procedure.

> (2) Approval of the standardized procedure.

> (3) Availability by telephonic contact at the time of patient examination by the  
naturopathic doctor.

>

> (e) For purposes of this section, a physician and surgeon shall not supervise more  
than four naturopathic doctors at one time.

>

> (f) Drugs furnished or ordered by a naturopathic doctor may  
> include Schedule III through Schedule V controlled substances under the California  
Uniform Controlled Substances Act (Division 10 (commencing with Section 11000) of the  
Health and Safety Code) and shall be further limited to those drugs agreed upon by  
the naturopathic doctor and physician and surgeon and specified in the standardized  
procedure.

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>

> 3640.7. Notwithstanding the requirements of Section 3640.5 or any other  
provision of this chapter, a naturopathic doctor may independently prescribe  
epinephrine to treat anaphylaxis and natural and synthetic hormones.

>

>

> State of California, continued

>

> 3642. A naturopathic doctor may not perform any of the following functions:

>

> (a) Prescribe, dispense, or administer a controlled substance or device identified  
in Sections 801 to 971, inclusive, of Title 21 of the United States Code, except as  
authorized by this chapter.

>

> (b) Administer therapeutic ionizing radiation or radioactive  
> substances.

>

> (c) Practice or claim to practice any other system or method of treatment beyond  
that authorized by this chapter, for which licensure is required, unless otherwise  
licensed to do so.

>

> (d) Administer general or spinal anesthesia.

>

> (e) Perform an abortion.

>

> (f) Perform any surgical procedure.

>

> (g) Perform acupuncture or traditional Chinese and oriental  
> medicine, including Chinese herbal medicine, unless licensed as an acupuncturist as

*defined in subdivision (c) of Section 4927.*

>

Frank H. Murkowski, Governor

# Alaska

## Department of Community and Economic Development

### Division of Occupational Licensing

550 W. 7th Avenue, Suite 1500, Anchorage, AK 99501-3567

Telephone: (907) 269-8160 • Fax: (907) 269-8156 • Text Telephone: (907) 465-5437

Email: License@dced.state.ak.us • Website: www.dced.state.ak.us/occ/

ALASKA STATE MEDICAL BOARD Telephone: 907/269-8163 ♦ Fax: 907/269-8196

March 8, 2004

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

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

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

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

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

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

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

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

*"Promoting a healthy economy and strong communities"*

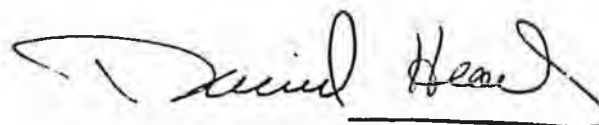
As the regulatory body entrusted with the responsibility for the licensure and discipline of physicians in our state, it is our opinion that the education and training attained by those who practice naturopathy does not prepare them adequately in modern pharmacology nor are they sufficiently trained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

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

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

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

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



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

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

# Alaska State Medical Association

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

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TO: Representative Peggy Wilson # Pages 2  
FROM: Alex Malter  
DATE: 2/18/04  
SUBJECT: HB 434

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# Alaska State Medical Association

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

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February 18, 2004

Honorable Peggy Wilson  
Chair, House Labor and Commerce Committee  
Alaska House of Representatives  
State Capitol, Room 104  
Juneau, AK 99801-1182

Fax: 907-465-3175

Re: HB 434 – Practice of Naturopathy

Dear Representative Wilson:

The Alaska State Medical Association (ASMA) represents physicians statewide and is primarily concerned that Alaskans receive high quality healthcare. ASMA welcomes this opportunity to testify on HB 434.

The Association urges you and your committee to not support HB 434. The expansion of the scope of practice for naturopaths through the bill would not enhance patient care nor improve access to care.

Medical treatments fall into three broad categories: 1) Those that have been proven to work; 2) Those that have been proven not to work; and 3) Those that have not yet been adequately studied to know whether or not they work. Unfortunately, naturopathic treatments often fall into the third category, being based on anecdote as opposed to scientific proof.


Training for naturopaths is significantly less rigorous than that for physicians, in both length and depth of study. Its emphasis on natural healing does not allow adequate opportunity for naturopathy students to fully study the clinical pathophysiology and mainstream pharmacology necessary to safely treat most medical conditions. Yet HB 434 would allow naturopaths to practice many aspects of medicine heretofore (and appropriately) limited to physicians and those others with specific training recognized to be based on proven medical science. This could be unsafe for Alaskan patients.

Additionally, expanding the scope of practice for the 35 naturopaths in Alaska will not significantly improve access to care in the state. ASMA believes that Alaska would be better served by the Legislature spending its time and resources in helping Alaska to attract appropriately trained physicians in sufficient numbers to provide care to our citizens.

Finally, anyone not licensed as a physician but seeking to practice in a like manner like should be legally held to the same standard of care as a licensed physician. ASMA suggests that if HB 434 is enacted, it should first be amended to keep existing law pertaining to naturopaths in place (AS 08.45.010 – 200), and a subsection added that holds naturopaths to the same standard of care as a licensed physician in their treatment of any patient.

ASMA urges you to vote no on HB 434.

Sincerely,



Alex Malter, MD  
President

7591 Crater Lake Hwy.  
White City, OR 97503



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

February 17, 2004

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

Attn: Senator Seekins

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

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

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

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

Sincerely,

Rick Chester, ND, RPh, LAc

Pamila R. Keech, M.D.  
Eastside Nephrology and Hypertension  
11711 N.E. 12<sup>th</sup> Street, Suite 2-B  
Bellevue, Washington 98004  
(425) 990-8866

February 17, 2004

c/o The Alaska Association of Naturopathic Physicians, Inc.  
10928 Eagle River Road, Suite 254  
Eagle River, Alaska 99577

To Whom It May Concern:

I am writing this letter to support the legislative bill an "Act relating to naturopathic physicians." As a medical doctor practicing nephrology in the State of Washington I have had many opportunities to work with Dr. Daniel Young. I have found him to be professional, knowledgeable, and competent in the care of patients. I have learned from my association with Dr. Young and value his advice and knowledge of naturopathic medicine.

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

If you would like to discuss this further with me, please feel free to contact me at the phone number listed above.

Sincerely,

A handwritten signature in black ink, appearing to be 'Pamila R. Keech', written in a cursive style.

Pamila R. Keech, M.D.

April 13, 2004

House Education and Social Services Committee

Chairman Wilson, and Honorable members of the Committee

My name is Wayne Aderhold and I live in Homer, AK District 35-R.

I am urging you to support HB 434 regarding Naturopathic medical practice.

Naturopathic physicians have a right to practice commensurate with their training and to provide even more comprehensive primary care to their patients in Alaska than they currently do, and I have a right to receive that care in my home state. In just the last few months, I have been in situations where the provisions of this legislation could have helped me obtain the treatments I needed more efficiently.

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

Patrick Huffman- Homer & Soldotna  
Jason Harmon & Kaycie Rosen -Anchorage  
Torrey Smith - Anchorage  
Dan Rubin - Arizona

These services have ranged from the simple, preventative measures of avoiding colds & flu, to the more serious and complex issues of dealing with a potentially debilitating back injury and melanoma (cancer).

Naturopathic healthcare is supported and utilized 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. 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.

Let the naturopathic physicians be governed by a responsible peer group, and let the free market, and an informed public, decide whose medical services are best for them.

Thank you for allowing me to testify in support of HB 434.

Wayne Aderhold  
PO Box 2981 / 350 Grubstake Ave  
Homer, AK 99603



# Alaska State Legislature

Please enter into the record my testimony to the House Hess  
committee name

committee on HB 431 dated 4.13.04  
bill/subject

In making your decision on HB431, I ask that you remember you are working for the people of Alaska, not the special interest groups.

I am one of those people, and would like to see Alaska take a step in the direction of health and healing for all Alaskans. The Naturopath Physician promotes this, not masking symptoms. Naturopaths know cancer is ~~caused~~ not caused by a lack of chemo-therapy; menopause is not caused by a lack of Zanax or Prozac. They look for and attempt to correct the problem that creates the symptoms the mainstream medical community

Signed: Jeri Westbrook  
Testifier

Representing (Optional) \_\_\_\_\_  
Mailing Address 7302 W. Parks Hwy #323 Umanilla AK 99637  
Phone Number 907 357 3424

I was here to testify by phone @ 2:00 p.m. and am unable to stay. ~~Sorry~~ Please take this as my testimony, with the letter I had previously faxed, and accept my apology for ~~the~~ the mess of page 2, and of my inability to stay.



Page 1 of 2

by Thomas Goode  
PO Box 15234  
Fritz Creek, AK 99603



## Alaska State Legislature

Please enter into the record by testimony to the H H E S  
COMMITTEE NAME  
committee on HB 434, dated 4-13-04.  
BILL / SUBJECT TODAY'S DATE

100,000 DEATHS OCCUR IN U.S. HOSPITALS EVERY YEAR FROM ADVERSE DRUG REACTIONS. I DON'T WANT DRUG THERAPY TO BE THE ONLY COURSE OF TREATMENT AVAILABLE TO ME.

I PREFER NATUROPATHS: BECAUSE THEY PREFER TO PURSUE THE LEAST HARMFUL COURSE OF THERAPY FIRST, CONSISTING OF DIET, NUTRITIONAL THERAPY, & LIFESTYLE CHANGES, PROGRESSING TO DRUG TREATMENT IF THOSE FAIL. PRESENTLY I HAVE TO GO TO A M.D. TO GET A PRESCRIPTION FOR THE DRUG THERAPY. I DON'T WANT TO DO THIS BECAUSE I HAVE FOUND MANY M.D.'S TO BE HOSTILE TO NUTRITIONAL THERAPY, ONE OF THE TREATMENTS THE NATUROPATH USES MOST FREQUENTLY. I ATTRIBUTE THIS ATTITUDE TO THE LACK OF EDUCATION IN THE MEDICAL SCHOOLS OF THE IMPORTANCE OF THE ROLE PLAYED BY NUTRITION IN OUR HEALTH.

MOST MEDICAL SCHOOLS REQUIRE ONLY ONE CLASS FOR ONE SEMESTER IN NUTRITION FOR A DEGREE, WITH ABOUT 1/3 OF THEM HAVING NO REQUIREMENT FOR ANY HOURS IN NUTRITION FOR GRADUATION. AT A TIME WHEN MORE & MORE RESEARCH IS INDICATING THAT MANY DEGENERATIVE DISEASES LONG CONSIDERED TO BE A NORMAL PART OF THE AGING PROCESS ARE IN FACT NUTRITIONAL DEFICIENCIES CREATING THESE CONDITIONS PREMATURELY, I WANT MY HEALTH CARE PROVIDER TO BE SOMEONE WHO IS TRAINED TO CONSIDER THESE POSSIBILITIES FIRST

Page 2 of 2



# Alaska State Legislature

Please enter into the record by testimony to the H H E S  
COMMITTEE NAME  
 committee on H B 434, dated 4-13-04  
BILL / SUBJECT TODAY'S DATE

Cont. —

I FAVOR THIS BILL BECAUSE IT WILL ENABLE ME TO  
 TO HAVE THE FULL RANGE OF TREATMENTS THAT A  
 NATUROPATH IS TRAINED IN AVAILABLE TO HIM TO USE  
 IN MY TREATMENT, INCLUDING THE USE OF PRESCRIPTION  
 DRUGS IF NECESSARY.

THERE ARE PRESENTLY 39 LICENSED NATUROPATHS  
 IN ALASKA. RIGHT NOW A BILL IS BEING CONSIDERED  
 TO MAKE MDS COMING OUT OF RETIREMENT TO  
 PRACTICE NON-PROFIT MEDICINE IMMUNE TO  
 MALPRACTICE SUITS, IN ORDER TO FILL THE NEED  
 FOR MORE PRIMARY CARE PROVIDERS PRESENTLY,  
 AND EVEN MORE IMPORTANTLY, FOR THE ANTICIPATED  
 FUTURE SHORTAGE.

THIS BILL WILL GIVE ALASKANS 39 MORE  
 PRIMARY CARE PROVIDERS TO CHOOSE FROM.

1 - FAMILY PRACTICE NEWS; MAY 15, 1998; PG. 34

Signed: Thomas Guode  
TESTIFIER

myself  
REPRESENTING

PO Box 15234 FRITZ CREEK, AK 99603  
ADDRESS

907-2355657  
PHONE NO.

## A Close Look at Naturopathy

Stephen Barrett, M.D.

Naturopathy, sometimes referred to as "natural medicine," is a largely pseudoscientific approach said to "assist nature" [1], "support the body's own innate capacity to achieve optimal health" [2], and "facilitate the body's inherent healing mechanisms." [3] Naturopaths assert that diseases are the body's effort to purify itself, and that cures result from increasing the patient's "vital force." They claim to stimulate the body's natural healing processes by ridding it of waste products and "toxins." At first glance, this approach may appear sensible. However, a close look will show that naturopathy's philosophy is simplistic and that its practices are riddled with quackery.

The notion of a "vital force" or "life force" -- a nonmaterial force that transcends the laws of chemistry and physics -- originated in ancient times. Historians call it the doctrine of vitalism. No scientific evidence supports this doctrine, but a huge body of knowledge, including the entire discipline of organic chemistry, refutes it. Vitalistic practitioners maintain that diseases should be treated by "stimulating the body's ability to heal itself" rather than by "treating symptoms." Homeopaths, for example, claim that illness is due to a disturbance of the body's "vital force," which they can correct with special remedies, while many acupuncturists claim that disease is due to imbalance in the flow of "life energy" (*chi* or *Qi*), which they can balance by twirling needles in the skin. Many chiropractors claim to assist the body's "Innate Intelligence" by adjusting the patient's spine. Naturopaths speak of "Vis Medicatrix Naturae." Ayurvedic physicians refer to "prana." And so on. The "energies" postulated by vitalists cannot be measured by scientific methods.

According to a comprehensive report presented to the United States Congress in 1970 by the now-defunct National Association of Naturopathic Physicians (NANP):

★ Naturopathy . . . is the technique of treatment of human disease which emphasizes assisting nature. It can embrace minor surgery and the use of nature's agencies, forces, processes, and products, introducing them to the human body by any means that will produce health-yielding results.

Naturopathy is based upon the tendency of the body to maintain a balance and to heal itself. The purpose of naturopathic medicine is to further this process by using natural remedies . . . as distinct from "orthodox" medicine (allopathy and osteopathy), which seeks to combat disease by using remedies which are chosen to destroy the causative agent or which produce effects different from those produced by the disease treated. . . .

Naturopathy places priority upon these conditions as the bases for ill health: (1) lowered vitality; (2) abnormal composition of blood and lymph; (3) maladjustment of muscles, ligaments, bones, and neurotropic disturbances, (4) accumulation of waste matter and poison in the system; (5) germs, bacteria, and parasites which invade the body and flourish because of toxic states which may provide optimum conditions for their flourishing; and (6) consideration of hereditary influences, and (7) psychological disturbances.

★ In applying naturopathic principles to healing, the practitioner may administer one or more specified physiological, mechanical, nutritional, manual, phytotherapeutic, or animal devices or substances. The practitioner's end aim is to remove obstacles to the body's normal functioning, applying natural forces to restore its recuperative facilities. Only those preparations and doses which act in harmony with the body economy are utilized, to alter perverse functions, cleanse the body of its catabolic wastes, and promote its anabolic processes [1].

The American Association of Naturopathic Physicians (AANP) states that "naturopathic medicine has its own unique body of knowledge, evolved and refined for centuries" and is "effective in treating all health problems, whether acute or chronic." [4] According to a 1989 AANP brochure:

The main difference [between naturopathic and conventional medicine] is in philosophic approach. Naturopathic physicians treat patients by restoring overall health rather than suppressing a few key symptoms. Naturopathic physicians are more concerned with finding the underlying cause of a condition and applying treatments that work in alliance with the natural healing mechanisms of the body rather than against them. Naturopathic treatments result less frequently in adverse side effects, or in the chronic conditions that inevitably arise when the cause of disease is left untreated." [5]

Naturopaths offer treatment at their offices and at spas where patients may reside for several weeks. Their offerings include fasting, "natural food" diets, vitamins, herbs, tissue minerals, homeopathic remedies, cell salts, manipulation, massage, exercise, colonic enemas, acupuncture, Chinese medicine, natural childbirth, minor surgery, and applications of water, heat, cold, air, sunlight, and electricity. Radiation may be used for diagnosis, but not for treatment. Many of these methods are said to "detoxify" the body.

### What's Wrong with the Above Picture?

Scientific research has identified measurable, causative factors and specific methods of preventing and/or treating hundreds of health problems. Naturopaths have done little more than create glib generalities. The above theories are simplistic and/or clash with science-based knowledge of body physiology and pathology. For example:

- "Balance," "vitality," and "harmony with the body" are vitalistic concepts. Like "optimal health" or "supporting" of the body, these concepts are vague and cannot be objectively measured or scientifically tested.
- Whether infectious disease occurs depends on the degree of exposure to an infectious organism, the virulence of the organism, and the body's ability to resist. A person does not need to be "toxic" or "imbalanced" in order to catch a cold.
- Some diseases are an inevitable result of genetic make-up. Others have little to do with hereditary factors.
- The general concept of treating disease by "strengthening the immune system" clashes with the fact that in some conditions, such as allergies or autoimmune diseases, the immune system is overreactive.
- With respect to cancer, the notion that cancer reflects weakness of the immune system is false [6]. If it were true, people given immunosuppressant drugs to treat arthritis or prevent rejection of transplanted organs, or who are immunodeficient because of hereditary disease or AIDS, would be prone to develop the common cancers. Rather, they tend to develop unusual ones -- such as Kaposi's sarcoma in AIDS [7]. Naturopathy's claim that "natural methods" can treat cancer by strengthening the immune system is also unsubstantiated.
- Naturopaths pretend that precise medical treatment is less important than "maintaining body balance."

Naturopaths assert that their "natural" methods, when properly used, rarely have adverse effects because they do not interfere with the individual's inherent healing abilities. This claim is nonsense. Any medication (drug or herb) potent enough to produce a therapeutic effect is potent enough to cause adverse effects. Drugs should not be used (and would not merit FDA approval) unless the probable benefit is significantly greater than the probable risk. Moreover, medically used drugs rarely "interfere with the healing processes." The claim that scientific medical care "merely eliminates or suppresses symptoms" is both absurd and pernicious.

Most of the things naturopaths do have not been scientifically substantiated; and some -- such as homeopathy -- clearly are worthless. In many cases, naturopaths combine sensible dietary advice (based on medically proven strategies) with senseless recommendations for products.

### A Brief History

Modern-day naturopathy can be traced to the concepts of Sebastian Kneipp (1821-1897), Benedict Lust (1872-1945), Henry Lindlahr (1853-1925), Bernarr Macfadden (1868-1955), and John H. Tilden, M.D. (1851-1940). Father Kneipp, a German priest, opened a "water cure" center after becoming convinced that he and a fellow student had cured themselves of tuberculosis by bathing in the Danube River. Kneipp also developed herbal methods using whole plants. Lust, also German, was treated by Kneipp and in 1892 was commissioned to establish Kneipp's practices in the United States. In 1895, he opened the Kneipp Water-Cure Institute in New York City and began forming Kneipp Societies whose members had been using Kneipp's methods or other "drugless therapies." Subsequently, he acquired degrees in osteopathy, chiropractic, homeopathic medicine, and eclectic medicine [8].

In 1901, Lust organized a national convention and chaired a committee that endorsed the use of massage, herbs, homeopathy, spinal manipulation, and various types of occult healing. In 1902, he purchased the rights to the term "naturopathy" from John H. Scheel, another Kneipp disciple, who had coined it in 1895. That same year, he began referring to himself as a naturopath, opened the American Institute of Naturopathy, and replaced the Kneipp Societies with a national naturopathic organization. Lindlahr further systematized naturopathy and opened a sanitarium and a school in a Chicago suburb. Macfadden popularized exercise and fasting. Tilden contributed notions about "auto-intoxication" (said to be caused by fecal matter remaining too long in the intestines) and "toxemia" (alleged to be "the basic cause of all diseases"). [9]

Naturopathy's grandiose claims attracted the sharp pen of Morris Fishbein, M.D., who edited the Journal of the American Medical Association and spearheaded the AMA's anti-quackery campaign for several decades. He noted:

Whereas most cults embrace a single conception as to the cause and healing of disease, naturopathy embraces everything in nature. . . .

The real naturopaths were, of course, such healers as Father Kneipp . . . and others who advocated natural living and healed by use of sunlight, baths, fresh air, and cold water, but there is little money to be made by these methods. Hence the modern naturopath embraces every form of healing that offers opportunity for exploitation. [10]

The practices Fishbein debunked included:

- Aeropathy: baking the patient in a hot oven
- Alereos system: spinal manipulation plus heat and mechanical vibration
- Astral healing: diagnosis and advice based on reading the patient's horoscope
- Autohemic therapy: giving a solution made by modifying and "potentizing" a few drops of the patient's blood
- Autotherapy: treating infections with potions made from the patient's infected tissues or excretions
- Biodynamochromic diagnosis and therapy: administering colored lights while thumping on the patient's abdomen
- Bloodwashing with herbs
- Chromopathy: healing with colored lights
- Electrotherapy with various devices
- Geotherapy: treating disease with little pads of earth
- Irido-diagnosis: diagnosis based on eye markings -- now called iridology
- Pathiatry: self-administration of spinal adjustment, massage, and traction
- Porotherapy: treatment applied through the pores of the skin to the nerves said to control internal organs
- Practo-therapy, a fancy term for intestinal irrigation
- Sanatology, based on the notion that acidosis and toxicosis are the two basic causes of all disease
- Somapathy: spinal adjustment followed by applications of cold or extreme heat
- Tropo-therapy with special nutritional foods
- Vit-O-Pathy, a combination of 36 other systems
- Zodiac therapy, combining astrology and herbs

- Zonotherapy (now called reflexology): pressing on various parts of the body to heal disease in designated body "zones." [10]

Most of these methods disappeared along with their creators, but some (or their offshoots) are still used today.

The total number of naturopathic practitioners in the United States is unknown but includes chiropractors and acupuncturists who practice naturopathy. The AANP was founded in 1985 and is closely allied with the 4-year naturopathic colleges. Its membership is said to be limited to individuals who are eligible for licensing in states that issue licenses. Its online directory contains about 500 names. The American Naturopathic Medical Association (ANMA), founded in 1981, claims to represent about 2,000 members worldwide. Although some have recognized credentials in other health disciplines, others merely have an "ND" degree obtained through a nonaccredited correspondence school. The Homeopathic Academy of Naturopathic Physicians (HANP), which requires a recognized professional degree and additional homeopathic training, lists about 50 members in the United States and Canada.

The AANP publishes the Journal of Naturopathic Medicine, which has been issued six times between 1990 and 1996. The issues have run from about 80 to 100 pages. The third issue is devoted to "Non-Standard HIV/ARC/AIDS Management." The fifth, which attacks immunization, contains papers suggesting that vaccines may be a factor in causing cancer and that homeopathic prophylaxis using nosodes would be effective and safer than standard vaccines. (Nosodes are homeopathic products made from pathological organs or tissues: causative agent such as bacteria, fungi, ova, parasites, virus particles and yeast; disease products; or excretions.) The sixth issue promotes the use of "natural" products for cancer and contains an absurd article claiming that measuring the electrical resistance of the skin may be a useful way to diagnose the early stages of cancer and AIDS.

## Education

A 1927 AMA study listed 12 naturopathic schools with fewer than 200 students among them [11]. During the 1920s and 1930s, about half the states passed laws under which naturopaths and/or "drugless healers" could practice. However, as modern medicine developed, many of these laws were repealed and all but a few mail-order schools ceased operations. The doctor of naturopathy (N.D.) degree was still available at several chiropractic colleges, but by 1957, the last of these colleges stopped issuing it. The National College of Naturopathic Medicine (NCNM) was founded in 1956 in Portland, Oregon, but, until the mid-1970s, had very few students. From 1960 through 1968, the average enrollment was eight and the total number of graduates was 16. [1]

Today, within the United States, a "doctor of naturopathy" (N.D.) or "doctor of naturopathic medicine" (N.M.D.) credential is available from four full-time schools of naturopathy and at least eight nonaccredited correspondence schools, of which seven maintain Web sites [A, B, C, D, E, F, G]. (One correspondence school, the Progressive Universal Life Church, offers a "Ph.D. in Naturopathy" for \$250 plus "life experience with no coursework.) Another nonaccredited school offers a "Naturopathic Practitioner" diploma to eligible individuals who complete a 15-month program of home-study plus a dozen weekend seminars. Training at the full-time schools follows a pattern similar to that of chiropractic schools: two years of basic science courses and two years of clinical work. Three years of preprofessional college work are required for admission.

The leading naturopathy school, Bastyr University, in Seattle, Washington, was founded in 1978. Besides its N.D. program, Bastyr offers a B.S. degree program in Natural Health Sciences with majors in nutrition and Oriental medicine; a B.S. program in psychology; B.S. and M.A. programs in applied behavioral sciences; M.S. programs in nutrition and acupuncture/oriental medicine; and a certificate in midwifery. Bastyr has also provided health-food retailers and their employees with home-study programs that promote "natural" approaches for the gamut of disease. Students in the naturopathic degree program are required to take three courses in homeopathy and can elect to take three more. The Southwest College of Naturopathic Medicine and Health Sciences in Scottsdale, Arizona, was

founded in 1992. The University of Bridgeport College of Natural Medicine in Bridgeport, Connecticut, began classes in 1997. Naturopathy schools receive much of their financial support from companies that market dietary supplements, homeopathic products, and/or herbal remedies.

### Accreditation

In 1987, the U.S. Secretary of Education approved the Council on Naturopathic Medical Education (CNME) as an accrediting agency for the full-time schools. As with acupuncture and chiropractic schools, this recognition was not based upon the scientific validity of what is taught but on such factors as record-keeping, physical assets, financial status, makeup of the governing body, catalog characteristics, nondiscrimination policy, and self-evaluation system. NCNM, Bastyr, and Southwest became accredited.

In 1999, the U.S. Department of Education staff and the National Advisory Committee on Institutional Quality and Integrity (NACIQI) asked U.S. Secretary of Education Richard W. Riley to deny CNME's application for renewal of recognition. The recommendation was based on evidence that CNME did not respond appropriately to violations of its standards at Southwest College. The staff report [12] and testimony at a NACIQI meeting [13] indicated that in 1997 and 1998, the school underwent an administrative upheaval that had nearly led to its closure. Several officials resigned or were abruptly fired, classes were suspended for two weeks, and the school's bank accounts were temporarily frozen after the school's chief financial officer was fired. CNME testified at the hearing that it had closely followed the situation and urged school officials to correct the problems. However, the Department of Education staff and a majority of NACIQI members concluded that CNME had failed to issue a timely order to show cause why Southwest should not have its candidacy for accreditation ended [13].

In January 2001, Riley agreed that CNME's approval should not be renewed, which means that naturopaths in the United States no longer have a national accrediting agency recognized by the United States Education [14]. Curiously, none of the naturopathic college Web sites mentioned that CNME lost its recognition. Three of the schools remained accredited and the fourth was a candidate for accreditation by recognized regional accrediting agencies that are not health-related. Although Riley's decision may have made it more difficult to promote licensing, it received almost no publicity. Riley's decision could not be appealed, but CNME was free to reapply, which it did. In June 2003, The National Advisory Committee recommended that the U.S. Secretary of Education approve CNME's application. In September 2003, the U.S. Secretary of Education granted two-year recognition.

### Legal Status

Naturopaths are licensed as independent practitioners in 13 states (Alaska, Arizona, California, Connecticut, Hawaii, Kansas, Maine, Montana, New Hampshire, Oregon, Utah, Vermont, and Washington) and the District of Columbia, and can legally practice in a few others [14]. The AANP and the 4-year schools have formed the Alliance for the State Licensing of Naturopathic Physicians to press for licensure in the remaining states. They assert that licensing is needed to protect the public from unqualified practitioners. However, the existing naturopathic licensing boards have done little or nothing to protect the public from naturopathy's widespread quackery.

Since the proposed laws would set educational requirements that many of ANMA's members could not meet, ANMA has vigorously opposed the licensing efforts. The National Council Against Health Fraud has pointed out:

The difference between more and less educated naturopaths is . . . like comparing more and less educated witch doctors. It could actually be argued that less schooled naturopaths are safer because they may have a smaller bag of tricks and, because they don't consider themselves "primary health physicians" are more apt to refer patients to M.D.'s for additional care [15].

Naturopathic services are not covered by Medicare or most insurance policies. Expansion of naturopathic licensing

will make naturopaths appear more legitimate and could help them gain passage of laws forcing insurance companies to cover their services.

### Scope of Practice

Most naturopaths allege that virtually all diseases are within their scope. The most comprehensive naturopathic publications illustrating this belief are two editions of *A Textbook of Natural Medicine* (for students and professionals) [16,17] and two editions of the *Encyclopedia of Natural Medicine* (for laypersons). [18,19] The text, which has more than forty contributors and more than a thousand pages, was issued in 1986 and updated with loose-leaf inserts until 1996 [16]. A bound second edition was published in August 1999 [17]. The encyclopedia had 630 pages in its first (1990) edition and has 958 in the second (1998) edition. Joseph E. Pizzorno, N.D., president of Bastyr University, and Michael T. Murray, N.D., a faculty member, edited the textbook and co-authored the encyclopedia. Both books recommend questionable dietary measures, vitamins, minerals, and/or herbs for more than 70 health problems ranging from acne to AIDS. For many of these conditions, daily administration of ten or more products is recommended -- some in dosages high enough to cause toxicity. Some treatments are recommended even though the authors indicate that the evidence supporting them is preliminary, speculative, or even conflicting. Both books discuss dubious diagnostic tests as though they have validity. Arnold Relman, M.D., Editor-in-Chief Emeritus of *The New England Journal of Medicine*, has written a devastating review of the 1999 textbook in which he concludes:

Many of the treatments recommended in the Textbook . . . are not *likely to* be effective, and treatments proven to be effective are often totally ignored. This could endanger the health and safety of patients *with* serious diseases who relied solely on care from a naturopathic practitioner [20].

Pizzorno and Murray have claimed that "in most instances, the naturopathic alternative offers significant benefits over standard medical practices." [21] For the few illnesses where their encyclopedia acknowledges that medical treatment is essential (because otherwise the patient may die), they propose naturopathic treatment in addition. In many passages, they describe prevailing medical practices inaccurately.

The encyclopedia claims, for example, that medical treatment of hypothyroidism involves the use of desiccated thyroid or synthetic thyroid hormone, but that naturopaths prefer desiccated thyroid. Pizzorno and Murray also claim that "health-food-store thyroid preparations . . . may provide enough support" to help a mild thyroid problem, even though the FDA requires such products to be hormone-free. Scientific physicians consider desiccated thyroid (made from dried animal glands) inferior because its potency can vary from batch to batch. Synthetic thyroid hormone does the job efficiently. Using a product that might contain no hormone is even more ridiculous. The book also claims (incorrectly) that taking one's armpit temperature upon awakening is a reliable test for thyroid function.

The chapter on angina gives a glowing recommendation for chelation therapy, which the scientific community regards as worthless. The chapter on "detoxification" claims that 25% of Americans suffer from heavy metal poisoning and advocates periodic fasting plus various supplements and herbs. The chapter on "cellulite" claims that a gotu kola extract has "demonstrated impressive results." The "Candidiasis" chapter espouses Dr. William Crook's fad diagnosis of "candidiasis hypersensitivity" and includes Crook's three-page questionnaire for determining the probability that "yeast-connected problems are present." The questionnaire does not have the slightest validity.

In *The Complete Book of Juicing*, Murray recommends juices for treating scores of ailments. He also advises everyone to use supplements because "even the most dedicated health advocate . . . cannot possibly meet the tremendous nutritional requirements for optimum health through diet alone." [21] These ideas lack scientific validity.

In another book, Murray claims that juicing is valuable because fresh juice provides the body with "live" enzymes [22]. This idea is absurd. The enzymes in plants help regulate the metabolic function of plants. When ingested, they

do not act as enzymes within the human body, because they are digested rather than absorbed intact into the body [23].

### A Revealing Anecdote

Pizzorno's book *Total Wellness: Improve Your Health By Understanding Your Body's Healing Systems* contains a chapter titled "Strengthen Your Immune System," in which the following anecdote is used to illustrate how naturopaths regard "immune suppression" as an underlying cause of disease:

Several years ago I began to develop large warts on several of my fingers. Warts are an interesting phenomenon; they tend to grow or recede according to how well the immune system is functioning. Although I treated them several times with thuja oil (a standard naturopathic treatment for warts), they had not responded very well. I was perplexed because I was living a pretty healthful lifestyle and using a therapy I'd used successfully for a lot of patients.

Then I visited the dentist. As I've only had one cavity, I hadn't been to the dentist for several years. Surprisingly, X-rays revealed an abscess in that one tooth -- the filling had not been sealed properly. A week of antibiotics cleared the infection, and within three months all my warts were gone. Even though I had had no other symptoms, the abscess was continually draining my immune system. [24]

Any sensible preventive dental-care program should include visits every 6-12 months for professional cleaning (to remove gumline calculus to prevent gum disease), a check for early signs of tooth decay (cavities), and occasional x-ray examination to look for hidden problems. How come Pizzorno -- despite all his talk about prevention -- does not believe he should have dental check-ups like the rest of us? What does it mean that he permitted large warts to develop on his fingers without seeking medical treatment? (You can decide this for yourself.)

Did fixing the abscess actually lead to the disappearance of the warts? I doubt that this has been scientifically studied. However, it is well known that most common warts disappear spontaneously within two years or can be effectively removed with simple, non-scarring medical treatment [25].

### Another Revealing Glimpse

The AANP claims that "naturopathic physicians are not opposed to invasive and suppressive measures when these methods are necessary [and] make referrals for such treatment when appropriate." [5] I doubt that the majority of naturopaths fit this description. Many naturopaths espouse nutrition and lifestyle measures that coincide with current medical recommendations. However, this advice is often accompanied by nonstandard advice that is irrational. Although naturopaths claim to emphasize prevention, most oppose or are overly critical of immunization. The AANP is opposed to compulsory immunization [26].

Recently, as part of a child-custody evaluation, I examined records from nine naturopaths who had treated a child whose mother was antagonistic to medical care and was briefly enrolled as a naturopathy student. The child was not properly immunized and did not see a medical doctor until she developed insulin-dependent diabetes mellitus (IDDM) shortly before her eighth birthday. Although episodes of "chest congestion," "chronic cough," "vaginitis," "urinary burning" and "asthma" were noted in the records, there were no indications that these problems had been adequately diagnosed or appropriately treated. (One episode of "chest congestion," for example, was treated with homeopathic remedies.) Three of the practitioners used a Vegatest device to diagnose "allergies" to sugar and many other foods and had recommended severe dietary restrictions, even though the child had not reacted adversely to any of the foods. (The Vegatest is quack device that merely measures the amount of moisture on the skin and how hard the practitioner presses a probe against the patient's fingers or toes.) Another practitioner recommended chelation therapy after diagnosing "heavy metal poisoning" with a hair analysis. The recommended treatments for both actual

and nonexistent conditions included regimens of up to 35 pills a day, including some supplements in potentially toxic doses. The only medical referral took place after the child developed severe signs of diabetes. Although the nine naturopaths do not constitute a random sample, their unscientific practices were consistent with typical naturopathic writings.

### Scandal in Arizona

In May 2001, the Arizona Naturopathic Physicians Board of Medical Examiners fired its executive director, John L. Brewer, D.C., following allegations that he shredded documents, copied exams, and misrepresented his credentials. According to a report in the Arizona Republic, a board member had discovered that Brewer did not receive a naturopathic degree from a college in Los Angeles as he had claimed on his license application [27].

In June 2000, the Arizona Auditor General had severely criticized the board's performance. The most serious deficiencies involved the naturopathic licensing examination, which had not been validated to ensure that it tests what naturopaths would need to practice safely. Even worse, the board consistently "adjusted" scores upward so that everyone taking the exam since 1998 passed it. With the February 1999 exam, for example:

- Although none of the 18 applicants scored the necessary 75%, all scores were adjusted upward.
- The board gave full credit for about one-sixth that were "too difficult."
- Since 9 out of 18 applicants were still too low, additional "adjustments" were made.
- One applicant got full credit for 90 incorrect answers on part 2 of the 3-part test.

The Auditor General's report also noted that complaints to the board had not received adequate attention and that record-keeping and overall management had been inadequate [28].

### The Bottom Line

In 1968, the U.S. Department of Health, Education, and Welfare (HEW) recommended against Medicare coverage of naturopathy. HEW's report concluded:

Naturopathic theory and practice are not based upon the body of basic knowledge related to health, disease, and health care which has been widely accepted by the scientific community. Moreover, irrespective of its theory, the scope and quality of naturopathic education do not prepare the practitioner to make an adequate diagnosis and provide appropriate treatment. [29]

Although some aspects of naturopathic education have improved in recent years, I believe this conclusion is still valid. I believe that the average naturopath is a muddlehead who combines commonsense health and nutrition measures and rational use of a few herbs with a huge variety of unscientific practices and anti-medical double-talk.

### References

1. National Association of Naturopathic Physicians. Outline for study of services for practitioners performing health services in independent practice. Portland OR: NANP, Sept 10, 1970. In Social Security Amendments of 1970. Hearings before the Committee on Finance, United States Senate, Ninety First Congress, Second Session, on H.R. 17550. September 14, 15, 16, 17, and 23, 1970. Washington, DC: U.S. Government Printing Office, 1970, pp 734-754.
2. Introduction to Level 2: The Natural Foods Education Program, Lesson 1. Seattle, WA: Bastyr College, 1990.
3. Turner RN. Naturopathic Medicine: Treating the Whole Person. Wellingborough, Northamptonshire, England: Thorsons Publishers Limited, 1984, 1990.
4. Naturopathic medicine: What it is . . . What it can do for you. Undated flyer, American Association of

## ND Course of Study 2002 Four Year Track

course#	FIRST YEAR FALL	Clinic	Lab	Lecture	Hours	Credits
BAS410	Musculoskeletal Anatomy I			24	24	2.00
BAS412	Organ Systems A and P I			72	72	6.00
BAS411	Anatomy Lab I		24		24	0.67
BAS417	Cellular Systems I			36	36	3.00
BAS417T	Cellular Systems Tutorial I		9		9	0.25
BAS414	Medical Histology			36	36	3.00
BAS414I	Medical Histology lab		24		24	0.67
BAS418	Basic Science Clinical Correlate I		24		24	0.67
NPH410	Naturopathic Med Phil and Ther I			24	24	2.00
PHM416	Palpation I Lab		24		24	0.67
			105	192	297	18.93
course#	FIRST YEAR WINTER	Clinic	Lab	Lecture	Hours	Credits
BAS434	Research and Statistics			12	12	1.00
BAS420	Musculoskeletal Anatomy II			24	24	2.00
BAS421	Anatomy Lab II		24		24	0.67
BAS422	Organ Systems A and P II			72	72	6.00
BAS427	Cellular Systems II			36	36	3.00
BAS427T	Cellular Systems Tutorial II		9		9	0.25
BAS428	Basic Science Clinical Correlate II		24		24	0.67
NPH420	Naturopathic Med Phil and Ther II			24	24	2.00
PHM412	Hydrotherapy w/Lab		24	12	36	1.67
PHM426	Palpation II Lab		24		24	0.67
PSY420	Skills of Communications			12	12	1.00
PSY420L	Skills of Communications Lab		18		18	0.50
			123	192	315	19.43
course#	FIRST YEAR SPRING	Clinic	Lab	Lecture	Hours	Credits
BAS432	Organ Systems A and P III			84	84	7.00
BAS431	Anatomy Lab III		12		12	0.33
BAS437	Cellular Systems III			36	36	3.00
BAS437T	Cellular Systems Tutorial III		9		9	0.25
BAS438	Basic Science Clinical Correlate III		24		24	0.67
CLSS12	Pathology I			36	36	3.00
CLSS30	Introduction to Clinic	12.00			12.00	0.25
NPH430	Naturopathic Med Phil and Ther III			24	24.00	2.00
BAS436	Microbiology and Public Health			72	72	6.00
PSY530	Stress Management			12	12	1.00
		12.00	45	264	321	23.50
	<b>FIRST YEAR CREDIT TOTALS</b>	<b>12.00</b>	<b>273.00</b>	<b>648.00</b>	<b>933.00</b>	<b>61.86</b>

course#	SECOND YEAR FALL	Clinic	Lab	Lecture	Hours	Credits
CCM510	Chinese Medicine I			36	36	3.00
CLS510	Clinical/Physical Diagnosis I			60	60	5.00
CLS510L	Physical Diagnosis Lab I		24		24	0.67
CLS522	Pathology II			48	48	4.00
CLS513	Lab Diagnosis I			24	24	2.00
CLS513L	Lab Diagnosis I Lab		12		12	0.33
CLS516	Pharmacology I			36	36	3.00
HOM520F	Intro Homeopathy			24	24	2.00
CLS514	Clinical Case Presentations I		24		24	0.67
PHM511	Office Orthopedics I		24		24	0.67
CLF510	Clinical Rotation Hydro/Massage	36.00			36	0.75
		36.00	84.00	228.00	348.00	22.09

course#	SECOND YEAR WINTER	Clinic	Lab	Lecture	Hours	Credits
BOT520	Botanical Materia Medica I			36	36	3.00
CCM520	Chinese Medicine II			36	36	3.00
CLS520	Clinical/Physical Diagnosis II			60	60	5.00
CLS520L	Physical Diagnosis Lab II		24		24	0.67
CLS532	Pathology III			36	36	3.00
CLS523	Lab Diagnosis II			24	24	2.00
CLS523L	Lab Diagnosis II Lab		12		12	0.33
CLS526	Pharmacology II			36	36	3.00
HOM520W	Homeopathy I			24	24	2.00
CLS524	Clinical Case Presentation II		24		24	0.67
CLF520	Clinical Rotation Hydro/Massage	36.00			36.00	0.75
PHM522	Office Orthopedics II		24		24.00	0.67
		36.00	84.00	252.00	372.00	24.09

course#	SECOND YEAR SPRING	Clinic	Lab	Lecture	Hours	Credits
BOT530	Botanical Materia Medica II			24	24.00	2.00
CLS530	Clinical Physical Diagnosis III			60	60.00	5.00
CLS530L	Physical Diagnosis Lab III		24		24.00	0.67
CLS533	Lab Diagnosis III			24	24.00	2.00
CLS533L	Lab Diagnosis III Lab		12		12.00	0.33
HOM530	Homeopathy II			24	24.00	2.00
NUT530	Nutrition I			36	36.00	3.00
CLS534	Clinical Case Presentation III		24		24.00	0.67
PHM520	Naturopathic Manipulative Ther I			12	12.00	1.00
PHM520L	Naturopathic Man. Ther Lab I		24		24.00	0.67
CLS542	Pathology IV			48	48.00	4.00
CLF942A/B	Clinic Education	12.00			12.00	0.250
		12.00	84.00	228	324	21.59
	<b>SECOND YEAR TOTALS</b>	<b>84.00</b>	<b>252.00</b>	<b>708.00</b>	<b>1044.00</b>	<b>67.77</b>

course#	THIRD YEAR FALL	Clinic	Lab	Lecture	Hours	Credits
BOT610	Botanical Materia Medica III			36	36.00	3.00
CIS614	Diagnostic Imaging I			24	24.00	2.00
HOM610	Homeopathy III			36	36.00	3.00
PHM530	Naturopathic Man. Ther. II			12	12.00	1.00
PHM530L	Naturopathic Man. Ther II Lab		24		24.00	0.67
NOS613	Gynecology			36	36.00	3.00
NUT611	Nutrition II			36	36.00	3.00
ORS610	Obstetrics I			36	36.00	3.00
CLE710	Clinic Secondary Shift # 1	48.00			48.00	1.00
CLE711	Clinic Secondary Shift # 2	48.00			48.00	1.00
CLE972A	Clinic Grand Rounds/Clinic Ed	18.00			18.00	0.38
CLE716F	Clinic Lab Practicum	8.00			8.00	0.17
PHM510	Physiotherapy I w/ Lab		18	6	24.00	1.00
		122.00	42	222	386.00	22.22

course#	THIRD YEAR WINTER	Clinic	Lab	Lecture	Hours	Credits
CIS624	Diagnostic Imaging II			36	36.00	3.00
PSY610	Doctor Patient Relations			12	12.00	1.00
PSY610L	Doctor Patient Relations Lab		12		12.00	0.33
HOM620	Homeopathy IV			36	36.00	3.00
PHM511	Physiotherapy II w/ Lab		18	6	24.00	1.00
NUT622	Nutrition III			36	36.00	3.00
PHM621	Minor Surgery I with Lab		12	24	36.00	2.33
PHM610	Nat. Manipulative Ther III			12	12.00	1.00
PHM610L	Nat. Manipulative Ther III Lab		24		24.00	0.67
NOS732	Gastroenterology			24	24.00	2.00
CLE712	Clinic Secondary Shift #3	48.00			48.00	1.00
CLE713	Clinic Secondary Shift #4	48.00			48.00	1.00
CLE972B	Clinic Grand Rounds/Clinic Ed	18.00			18.00	0.38
CLE717	Clinic Medicinary Practicum***	24.00			24.00	0.50
CLE716W	Clinic Lab Practicum	8.00			8.00	0.17
NPH733	Business Practice Seminar I			24	24.00	2.00
		146.00	66.00	210.00	422.00	22.38

\*\*\* This course may be taken any term during the 3rd year

course#	THIRD YEAR SPRING	Clinic	Lab	Lecture	Hours	Credits
CIS634	Diagnostic Imaging III			24	24.00	2.00
NOS630	Cardiology			36	36.00	3.00
NOS632	Pediatrics			36	36.00	3.00
NUT633	Nutrition IV			36	36.00	3.00
PHM631	Minor Surgery II with Lab		12	24	36.00	2.33
CIS632	First Aid and Emergency Medicine			24	24.00	2.00
NOS615	Gynecology Lab***		24		24.00	0.67
PHM640	Nat. Manipulative Ther IV			12	12.00	1.00
PHM640L	Nat. Manipulative Ther IV Lab		24		24.00	0.67
CLE714	Clinic Secondary Shift #5	48.00			48.00	1.00
CLE715	Clinic Secondary Shift #6	48.00			48.00	1.00
CLE972F	Clinic Grand Rounds/Clinic Ed	18.00			18.00	0.38
CLE716S	Clinic Lab Practicum	8.00			8.00	0.17
		122.00	60	192	374.00	20.220
	THIRD YEAR TOTALS	390.00	168.00	624.00	1182.00	64.82

course#	FOURTH YEAR SUMMER	Clinic	Lab	Lecture	Hours	Credits
CLE718	Clinic X-Ray Practicum	24.00			24.00	0.50
CLE810	Clinic Senior Lab Post	12.00			12.00	0.25
CLE824	Clinic Primary Shift #1	48.00			48.00	2.00
CLE825	Clinic Primary Shift #2	48.00			48.00	2.00
CLE822	Clinic Primary Shift #3	48.00			48.00	2.00
CLE840	Clinic Field Observation 1*	48.00			48.00	1.00
CLE841	Clinic Field Observation 2*	48.00			48.00	1.00
	<b>SUMMER TOTALS</b>	<b>276.00</b>	<b>0.00</b>	<b>0.00</b>	<b>276.00</b>	<b>8.75</b>

course#	FOURTH YEAR FALL	Clinic	Lab	Lecture	Hours	Credits
NOS710	Eye, Ears, Nose, Throat**			24	24.00	2.00
CLS631	Environmental Medicine			24	24.00	2.00
NOS711	Dermatology			24	24.00	2.00
PSY722	Psychological Assessment			30	30.00	2.50
NOS714	Geriatrics			12	12.00	1.00
PHM630	Exercise Therapeutics		24		24.00	0.67
PHM650L	Nat. Man. Ther. V Lab		24		24.00	0.67
CLE812	Clinic Primary Shift #4	48.00			48.00	2.00
CLE813	Clinic Primary Shift #5	48.00			48.00	2.00
CLE814	Clinic Primary Shift #6	48.00			48.00	2.00
CLE972D	Clinic Grand Rounds/Clinic Ed	18.00			18.00	0.38
CLE842	Clinic Field Observation 3*	48.00			48.00	1.00
		<b>210.00</b>	<b>48.00</b>	<b>114.00</b>	<b>372.00</b>	<b>16.220</b>

course#	FOURTH YEAR WINTER	Clinic	Lab	Lecture	Hours	Credits
NOS720	Neurology**			24	24.00	2.00
NOS721	Urology			24	24.00	2.00
NOS723	Proctology			12	12.00	1.00
NOS712	Endocrinology			24	24.00	2.00
PSY720	Counseling Tech.			30	30.00	2.50
CLE815	Clinic Primary Shift #7	48.00			48.00	2.00
CLE816	Clinic Primary Shift #8	48.00			48.00	2.00
CLE817	Clinic Primary Shift #9	48.00			48.00	2.00
CLE972E	Clinic Grand Rounds/Clinic Ed	18.00			18.00	0.38
CLE843	Clinic Field Observation 4*	48.00			48.00	1.00
CLE844	Clinic Field Observation 5*	48.00			48.00	1.00
		<b>258.00</b>	<b>0.00</b>	<b>114.00</b>	<b>372.00</b>	<b>17.880</b>

\* These hours are cumulative and may actually be earned in a term other than that listed.

\*\* These classes also offered summer term.

course#	FOURTH YEAR SPRING	Clinic	Lab	Lecture	Hours	Credits
CLS621	Medical Genetics			24	24.00	2.00
NPH731	Jurisprudence and Medical Ethics			24	24.00	2.00
NPH733	Business Practice Seminar II			24	24.00	2.00
NOS725	Oncology			24	24.00	2.00
CLE818	Clinic Primary Shift #10	48.00			48.00	2.00
CLE819	Clinic Primary Shift #11	48.00			48.00	2.00
CLE820	Clinic Primary Shift #12	48.00			48.00	2.00
CLE821	Clinic Primary Shift #13*	48.00			48.00	2.00
CLE972F	Clinic Grand Rounds/Clinic Ed	18.00			18.00	0.38
CLE845	Clinic Field Observation 6*	24.00			24.00	0.50
CLE930	Clinic Community Service*	24.00			24.00	0.50
		<b>258.00</b>	<b>0.00</b>	<b>96.00</b>	<b>354.00</b>	<b>17.380</b>
	<b>FOURTH YEAR TOTALS</b>	<b>1002.000</b>	<b>48.000</b>	<b>324.000</b>	<b>1374.000</b>	<b>62.230</b>

## Electives

course#	Electives	Term Offered	Lab	Lecture	Hours	Credits
PHM740E	Advanced Minor Surgery	4th Yr F		36	36	3.00
NOS540E	Chronic Viral Disease	2nd Yr S		24	24	2.00
PHM510E	Colonics	3rd Yr F		12	12	1.00
HOM630E	Homeopathy V	3rd Yr S		36	36	3.00
HOM710E	Homeopathy VI	4th Yr F		36	36	3.00
HOM720E	Homeopathy VII	4th Yr W		36	36	3.00
HOM730E	Homeopathy VIII	4th Yr S		36	36	3.00
BOT440 E	Northwest Herbs I	1st Yr F		24	24	2.00
BOT441E	Northwest Herbs II	1st Yr W		24	24	2.00
BOT442E	Northwest Herbs III	1st Yr S		24	24	2.00
BOT620F	Advanced Topics Botanical Medicine I	3rd Yr W		36	36	3.00
BOT630E	Advanced Topics Botanical Medicine II	3rd Yr S		36	36	3.00
OBS620E	Obstetrics II	3rd Yr W		36	36	3.00
OBS630E	Obstetrics III	3rd Yr S		36	36	3.00
OBS710E	Obstetrics IV	4th Yr F		36	36	3.00
OBS720E	Obstetrics V	4th Yr W		36	36	3.00
OBS730E	Obstetrics VI	4th Yr S		24	24	2.00
OBS740E	Obstetrics VII	4th Yr S		12	12	1.00
CLS640E	Natural Pharmacology	3rd Yr S		24	24	2.00
PHM401E	Bodywork I /Massage Foundations	Fall/Winter	24		24	0.67
PHM402E	Bodywork II / Advance Massage	Winter/Spring	24		24	0.67
PHM403E	Bodywork III /Energy Work	Spring	24			0.67
PHM515E	Somatic Re-Education I**	All Terms	24		24	0.67
PHM516E	Somatic Re-Education II **	All Terms	24		24	0.67
PHM517E	Somatic Re-Education III **	Variable	24		24	0.67
PHM518E	Somatic Re-Education IV **	Variable	24		24	0.67
PHM519E	Somatic Re-Education V **	Variable	24		24	0.67
CLS644E	Clinical Case Presentation IV	4th Yr W	24		24	0.67
CCM535	Chinese Medicine III Part A	2nd Yr S		24	24	2.00
CCM536	Chinese Medicine III Part B	2nd Yr S		24	24	2.00
PHM710E	IV Therapy	All Terms	18	12	30	1.50
CLS643E	The Liver	Winter/Spring		24	24	2.00
NOS699E	Advanced Pediatrics	Spring		24	24	2.00
PHM699E	Nature Cure	Variable		24	24	2.00
			210	696	906	63.86

### HOUR SUMMARY

	Clinic	Lab	Lecture	Hours	Credits
Class Hours			2304	2304	192.00
Lab Hours		741		741	20.58
Clinic Hours	1488			1488	31.00
Total Required Hours	1488	741	2304	4533	243.58
Total Elective Hours		210	696	906	63.83

## **NATUROPATHIC MEDICINE: COLLABORATIVE EVENTS**

Naturopathic physicians (NDs) are recognized as the medical experts in natural therapies. They are sought out to provide expertise in the field of complementary medicine, including policy development, medical training, medical research and clinical applications of natural therapies. Naturopathic physicians have participated in collaborative activities with the federal government, federal scientific and research panels, major universities, state and local public health departments and private research institutes. The following is a partial list of notable collaborative activities between the naturopathic profession and conventional medical establishments.

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## HEALTH CARE POLICY APPOINTMENTS

### WHITE HOUSE COMMISSION ON ALTERNATIVE MEDICINE:

- Joseph Pizzorno, ND, is appointed to the **White House Commission**, December, 2000 and served until its completion in 2002.

### MEDICARE COVERAGE ADVISORY COMMITTEE:

- Joseph Pizzorno, ND, co-founder and President Emeritus of Bastyr University and Pamela Snider, ND, Associate Dean, Public and Professional Affairs at Bastyr, have been appointed (February 2003) to the **Medicare Coverage Advisory Committee**, a group convened under the Department of Health and Human Services. The committee of 100 individuals representing a wide range of scientific and medical professions are charged with advising the Centers on effective and appropriate medical services that are covered or eligible for coverage under Medicare.

### THE NATIONAL INSTITUTES OF HEALTH:

- Tori Hudson, ND was a member of the **NIH Advisory Committee for the establishment of the Office of Alternative Medicine**
- American Association of Naturopathic Physicians (AANP) was a **co-sponsor of a conference** on Complementary and Alternative Medicine in Chronic Liver Disease held in August, 1999 at the **NIH** by National Institute of Diabetes, Digestive and Kidney Diseases, NCCAM-NIH and Office of Dietary Supplements-NIH
- Leanna Standish, ND, Anna Macintosh, ND and Konrad Kail, ND are members of the **Advisory Council to the National Center on Complementary and Alternative Medicine (NCCAM)** at the NIH.
- Don Brown, ND is an **Advisor to the Office of Dietary Supplements** at NIH

### REGIONAL APPOINTMENTS:

- **Board of Public Health, Amherst, MA – Amy Rothenberg, ND** On her second 3 year term. Currently (2003) the board chairperson.
- Jane Guiltinan, ND, Dean of Clinical Affairs, was appointed to the Harborview Medical Center Board of Trustees. She is **the first naturopathic physician to be appointed to a county hospital board.**
- **Board of Public Health, King County (Seattle), WA – Joseph Pizzorno, ND** A member of the board since 1996.

## RESEARCH AFFILIATIONS

### BASTYR UNIVERSITY:

#### Completed Research Studies

- Patterson R, M Neuhauser, S Schwartz, LJ Standish, C Reeves, D Bowen: Use of alternative medicine by cancer patients: SEER Special Studies. A collaboration with Fred Hutchinson Cancer Research Center. Completed 2000.
- Standish LJ, G Sivam, L Adams, CA Wenner, J Leonard: In vitro evaluation of botanicals in gynecology cancers: tumoricidal and immunological assays. In collaboration with University of Washington Division of Gynecologic Oncology.

#### Current Research Studies

- Adams L, G Sivam, LJ Standish: In vitro study of high dilutions of paclitaxel on breast cancer cells. Sponsored by Lotte & John Hecht Foundation.
- Standish LJ, C Calabrese, et al: Alternative Medical Care Outcomes in AIDS (AMCOA): an observational, longitudinal study of HIV positive patients using alternative therapies & A comparison of health outcomes in alternative medicine users vs. non-users among HIV+ men from the MACS database, A collaboration with Johns Hopkins University, Sponsored by the NIH/NIAID, NCCAM.
- Standish, LJ, T Richards, C Johnson, M Schlitz, L Kozak: Transfer of Neural Energy, A collaboration with the University of Washington and the Noetic Sciences Institute. Sponsored by the NIH/NCCAM.
- Targ, E, D Abrams, LJ Standish, CA Wenner: Distant Healing Therapy in HIV/AIDS. A collaboration with the Complementary Medical Research Institute and San Francisco Community Consortium, a division of the San Francisco General Hospital. Sponsored by the NIH/NCCAM.
- Taylor, J, LJ Standish, C Calabrese, et al: Echinacea for Upper Respiratory Infections in Pediatrics. A collaboration with the University of Washington. Sponsored by the NIH/NCCAM.
- Wenner, CA, RY Ho, D Clanton, G Sivam, C Calabrese: Anti-HIV activity of botanical preparations. A collaboration with the University of Washington School of Pharmacy. Sponsored by the NIH/NCCAM.

#### Bastyr University AIDS Research Center

The center was established in October 1994 under a cooperative grant (U24) from NIH's National Institute of Allergy and Infectious Disease (NIAID) and the Office of Alternative Medicine (OAM), now the National Center on Complementary and Alternative Medicine (NCCAM). The mission of the AIDS Research Center is to:

- Describe forms and patterns of use of complementary & alternative medicine (CAM) for the treatment of HIV/AIDS.

- Screen and evaluate therapies from the NCCAM's program areas of CAM.
- Provide consultation and support to the medical and research community in the scientific evaluation of CAM therapies.

The AIDS Research Center enrolled 1,679 participants in a two-year longitudinal study on alternative medicine and HIV/AIDS (as of 1999).

#### **NATIONAL COLLEGE OF NATUROPATHIC MEDICINE (NCNM):**

- **NCNM shares a five-year, \$7.96 million grant to create the Oregon Center for Complementary and Alternative Medicine (OCCAM) based at Kaiser (Permanente) Research Center. The National Institutes of Health, National Center for Complementary and Alternative Medicine (NIH/NCCAM) funded three projects, to be carried out by OCCAM and its associates, NCNM, Oregon College of Oriental Medicine, Western States Chiropractic College, Oregon Health Sciences University School of Dentistry, and Oregon School of Massage. OCCAM received one of only five research grants funded fall 2002 by National Institutes of Health/National Center for Complementary and Alternative Medicine (NIH/NCCAM).**
- **Oregon Health Sciences University (OHSU), Portland, OR – Lynne Shinto, ND** Research Assistant Professor, Dept. of Neurology. Postdoctoral Research Fellow ORCCAMIND. Dr. Shinto also received a 2 year career development award from ORCCAMIND to work on a pilot clinical trial evaluating a naturopathic treatment regimen regarding relapsing remitting form of MS.
- **Oregon Center for Complementary and Alternative Medicine in Neurological Disorders (ORCAAAMIND)**  
ORCAAAMIND, funded by NIH, presently oversees 8 research projects dealing with neurological illnesses.  
**Advisory Committee – Dickson Thom ND, Chris Meletis, ND (Dean of Naturopathic Medicine/Chief Medical Officer)**  
The advisory committee consists of 4 Ph.D's, 6 MD's and 1 ND. Dr. Thom has been on the advisory committee since 2001.  
**Executive Committee – Carlo Calabrese, ND, MPH**  
**Investigator – Carlo Calabrese, ND, MPH**

NCNM has joined with the following Oregon institutions to form ORCCAMIND:

- **Oregon Health Sciences University**
  - **Western States Chiropractic College**
  - **Oregon College of Oriental Medicine**
  - **Linus Pauling Institute.**
- **ORCCAMIND research study:**

- A pilot study on the effect of the herb *Bacopa monniera*, in healthy, aging volunteers.
- Grants from the **Northwest Health Foundation** to execute the following studies:  
Mineral Deficiency involved in Attention-deficit disorder (ADD) and Attention-Deficit/Hyperactivity Disorder (ADHD).  
Reiki and Natural Killer Cell Number and Activity.

### **SOUTHWEST COLLEGE OF NATUROPATHIC MEDICINE (SCNM):**

- NIH-NCCAM grant award to study three species of Echinacea for standardization and product supply provision for clinical trials. Project will include toxicity and bioavailability testing of Echinacea extracts.
- Collaborative research projects with the Department of Microbiology and the Molecular & Cellular Biology Program at **Arizona State University**.
- Clinical research collaboration with the Department of Exercise and Wellness at **Arizona State University East**.
- Collaborative research projects with the Program in Integrative Medicine, **College of Medicine at the University of Arizona**.
- Integrative research consortium with the **primary county health-care system in Phoenix, AZ**, Maricopa Integrated Health System and Family Health Centers, to conduct patient-care clinical trials.
- Integrative research consortium with **Phoenix VA Medical Center**, to conduct patient-care clinical trials.

### **SCNM's Department of Research Collaborating Academicians**

- Dennis Clark, Ph.D., Associate Professor, Plant Biology Department, **Arizona State University** (Adjunct Associate Professor)
- Michael Goul, Ph.D., Professor and Director, MBA Program and Computer Information Systems Doctoral Program, **Arizona State University** (Adjunct Professor)
- Leslie Gunatilaka, Ph.D., Professor, Natural Products Chemistry, **University of Arizona** (Adjunct Professor)
- Lewis Mehl-Madrona, M.D., Ph.D. (Adjunct Associate Professor)
- Pamela Swan, Ph.D., Program Director, Department of Exercise and Wellness, **Arizona State University**

### **NATUROPATHIC MEDICINE RESEARCH AGENDA:**

- A conference project funded by NIH NCCAM that includes the U.S. naturopathic medical colleges.

## **COMPLEMENTARY MEDICINE CURRICULUM DEVELOPMENT**

### **BASTYR UNIVERSITY:**

- **NIH funded curriculum grant – collaborative grant to plan and implement CAM curriculum into required University of Washington School of Medicine curriculum**
- **NIH funded curriculum grant – collaborative grant to plan and implement CAM curriculum into University of Washington School of Nursing curriculum**

### **NATIONAL COLLEGE OF NATUROPATHIC MEDICINE:**

- **NIH funded curriculum grant – collaborative grant to plan and implement CAM curriculum for OHSU. The project will **develop, implement and evaluate a new four-year curriculum for medical students at OHSU** in complementary and alternative medicine.**

### **PRIVATE RESEARCH:**

- **The Hepatitis C Caring Ambassadors Program (HepC CAP) - Lyn Patrick, ND**  
On the advisory board. HepC CAP is a privately funded organization founded under the Caring Ambassadors Program, Inc., a Delaware non-for-profit corporation.  
*Hepatitis C Caring Ambassadors Program P.O. Box 1748 Oregon City, OR 97045 877-737-HEPC  
www.hepcchallenge.org*
- **IB Scientific, LLC, Durham, NH – Ian Bier, ND**  
Private research company owned by Dr. Bier. Has worked in collaboration with universities, including **Arizona State University and California State University.**

## **COLLABORATIVE NATUROPATHIC TRAINING FACILITIES**

### **BASTYR UNIVERSITY:**

These are sites usually within an existing conventional healthcare agency. A team of faculty and students provide naturopathic care to clients at these sites for no charge.

Current sites include:

- **Bastyr On-Site Training Clinic - For five consecutive years, Bastyr University has received **Ryan White federal funds**, enabling the clinic to provide 1,100 free natural health care visits this year for low-income patients with HIV/AIDS.**
- **45<sup>th</sup> Street Homeless Youth Clinic, the nation's first free drop-in health clinic to offer both conventional and complementary medical treatments.**

- Redmond Community Health Center - Homeless Youth Program
- Covenant Shores Retirement Home - Geriatrics
- Women's Wellness Center – Shelter for homeless women
- Northwest Center for Optimal Health – Geriatrics
- King County Natural Medicine Clinic (established 1996). Bastyr University was awarded the contract to **run the nation's first publicly funded natural medicine clinic**

#### **NATIONAL COLLEGE OF NATUROPATHIC MEDICINE:**

##### Current sites include:

- Outside In – Health Care for the Homeless – including urgent care
- Rockwood Clinic – **County health facility** for underserved clients
- Portland Public Headstart – physical examinations for children

##### Integrated residency sites include:

- Outside In – Health Care for the Homeless - resident supported by **federal grant** – Portland, OR
- Cancer Treatment Centers of America – two-year residencies in integrated cancer care at Goshen, IN, Zion, IL, and Tulsa, OK
- A Woman's Time – residency in private ND practice specializing in women's health care with integration from conventional providers – Portland, OR
- Kokapelli Health and Wellness, PC – integrated family practice residency – Grand Junction, CO
- **Griffin Hospital** – integrative medical residencies affiliated with University of Bridgeport College of Naturopathic Medicine – Bridgeport, CT
- New Health Horizons – integrated medical residency – general and oncology – Portland, OR
- Standard Process Inc. – evidence based integrative residency program in family practice and other specialties **with Medical College of Wisconsin and University of Madison** – Waukesha and Madison, WI
- Finger Lakes Center for Natural Health – integrated residency in private practice in general naturopathic medicine and Chinese medicine - Ithaca, NY
- The Center for Natural and Integrative Medicine – residency in private practice of MD/ND – general medicine – Orlando, FL

#### **SOUTHWEST COLLEGE OF NATUROPATHIC MEDICINE:**

- Desert Pain Institute – pain management and rehabilitation
- Las Fuentes – **integrated community health care clinic**
- Mission of Mercy – **primary care for indigent clients**
- Hamilton Elementary school – **pediatrics for low-income children**
- Being Alive – **AIDS clinic**
- Arizona Pathways – **drug and alcohol clinic**

- Springdale Village – **inpatient geriatric care** facility
- Hu Hu Kam Memorial Hospital ER – **ER rotations** for residents, students planned, may start natural medicine clinic on site
- 7<sup>th</sup> Avenue Clinic – **Maricopa County clinic** – primary care and acupuncture
- Maricopa County Integrated Health system – rotations in clinics and hospital
- **Mayo Clinic** – rotations in clinic
- **Cigna Health Care** – provider at Paseo Health Care clinic
- Arizona Heart Institute
- Additional sites planned include Phoenix Children's Hospital

## FEDERAL PROFESSIONAL GRANTS

- **Karen Ball, N.D., OTR/L** became the first naturopathic doctor in the U.S. to receive a **federally funded research fellowship**, a two-year appointment to the Oregon Center for Complementary and Alternative Medicine.
- **Pediatric Research Loan Repayment Program, NIH - Wendy Weber, ND**  
Dr. Weber is the first naturopathic physician to ever receive federal loan repayment.
- **National Center of Complementary and Alternative Medicine (NCCAM), NIH - Wendy Weber, ND**  
First naturopathic physician to receive a career development award from NCCAM. The grant will fund Dr. Weber's salary for 5 years as well as provide support for research development. Dr. Weber is a clinical research fellow at the Bastyr Center for Natural Health, where she continues to see patients.
- **Outside In Clinic, Portland, OR – Wayne Centrone, ND**  
Chief medical resident, the **first recipient of naturopathic medical residency training from a federally supported grant**. The residency program is sponsored by Outside In clinic, a Federally Qualified Health Center catering to homeless and underserved youth in the Portland metropolitan area, and the National College for Naturopathic Medicine. Funding is from a Health and Human Services (HHS) Healthcare for the Homeless Grant.
- **Body Positive, Phoenix, AZ – Karen Van der Veer, ND 1999 - present**  
Non-profit AIDS service organization, resource and research center. Supported primarily by Title One (Ryan White) federal funding as well as by private funds.
- **Fred Hutchinson Cancer Research Center, Seattle, WA - Heather Greenlee, ND**

Funded for 3 years on a NIH NCCAM F32 postdoctoral fellowship. The grant, "Naturopathic Treatments: Effects on Estrogen Metabolism" is run through the Cancer Prevention Research Program in the Public Health Sciences Division.

## **NATUROPATHIC PHYSICIANS IN HOSPITAL SETTINGS**

### **PUBLIC HOSPITALS:**

**Maui Memorial Medical Center.** In September of 2001 Maui Memorial Medical Center becomes the first state-owned medical facility to admit naturopathic physicians.

### **PRIVATE HOSPITALS:**

**Arizona Heart Hospital, Phoenix, Arizona – Decker Weiss, ND**

Gained hospital privileges as a consulting physician to the Department of Medicine in 1998.

**Beebe Medical Center, Rehoboth Beach, Delaware - Kim Furtado, ND**

Credentialed in the Allied Health Department in June 2002. Delaware does not currently license naturopathic physicians. The criteria for credentialing at Beebe Medical is identical to the licensing requirements in states that license naturopathic physicians.

**Cancer Treatment Centers of America (CTCA)**

Established in 1988, is a network of cancer treatment hospitals and facilities located in Seattle, WA, Zion, IL, Tulsa, OK, Goshen, IN, Hampton Roads, VA Total of 4 ND residents and 9 ND attending physicians. [www.cancercenters.com](http://www.cancercenters.com) 1-800-615-3055

**Clifton Springs Hospital, Clifton Springs, NY – Les Moore, ND**

Director of the Integrated Health Department

**North Hawaii Community Hospital, Waimea, Hawaii –**

Michelle Suber, ND is Chair of the Integrated Healing Committee and Michael Traub, ND, Michelle Suber, ND, and Michaela Martin, ND are on the medical staff.

**Northwest Hospital, Seattle, WA**

Patients admitted to Northwest Hospital may have their ND visit them, review their medical record, and consult with the attending hospitalist during their hospitalization.



Alaska Association of Naturopathic Physicians, Inc.

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

## **JAMA, 1998**

*The Journal of American Medical Association*

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

## **Oregon Office of Educational Policy and Planning, 1998**

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

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# Roles of Nonphysician Clinicians as Autonomous Providers of Patient Care

Richard A. Cooper, MD; Tim Henderson, MSPH; Craig L. Dietrich, BS

Studies were undertaken to assess the practice prerogatives of nonphysician clinicians (NPCs) in 10 disciplines that, collectively, are the major nonphysician contributors to the delivery of medical and surgical services. These disciplines include nurse practitioners, physician assistants, nurse-midwives, chiropractors, acupuncturists, naturopaths, optometrists, podiatrists, nurse anesthetists, and clinical nurse specialists. Marked differences were found in the practice prerogatives that states granted NPCs in the various disciplines. For most disciplines, the magnitude of their prerogatives correlated with the numbers of NPCs practicing in each state. At their maximal levels, state practice prerogatives authorized a high degree of autonomy and a broad range of authority to provide discrete levels of uncomplicated primary and specialty care. The recent growth in these prerogatives is fostering new opportunities for NPCs; however, it also is creating a pluralism that has the potential to further fragment the US health care system. It is time for regulatory integration and professional collaboration so that a health care workforce that includes a diversity of disciplines can be assured of providing a coherent set of patient care services in the future.

JAMA. 1998;280:795-802

IN RECENT years, nonphysician clinicians (NPCs) have provided increasing amounts of health care that, in the past, has been provided principally by physicians.<sup>1-9</sup> Most of these NPCs are within 10 distinct medical/surgical disciplines that are the subject of this article. Three are the "traditional disciplines," which

See also pp 788 and 825.

include nurse practitioners (NPs), certified nurse-midwives (CNMs), and physician assistants (PAs). Three others are "alternative" or "complementary" disciplines, including chiropractors, naturopaths, and practitioners of acupuncture and herbal medicine. The final 4 are specialty disciplines, including optom-

etrists, podiatrists, certified registered nurse anesthetists (CRNAs), and clinical nurse specialists (CNSs).

Through statutes and regulations, states have granted practice prerogatives to NPCs in each of these disciplines. First among these prerogatives is licensure, which establishes their right to practice, although it does not assure their autonomy as practitioners. This latter prerogative is codified within state practice acts, which also delineate scope of practice and authorize prescriptive privileges. Other regulations, such as state insurance mandates and Medicare and Medicaid policies, affect reimbursement.

While statutes and regulations are not the only factors influencing the practices of NPCs, they are powerful determinants of their authority and independence.<sup>10-12</sup> Therefore, it is not surprising that, in recent years, legislative actions have been the focus of an increasing amount of energy and activity.<sup>6,13-14</sup> This study was undertaken to analyze the practice prerogatives that have been

granted to NPCs through laws and regulations and to assess how these prerogatives are likely to shape their roles in clinical practice in the future.

The following 5 trends emerged from this analysis:

1. There is substantial variation in the range of prerogatives granted by the states to practitioners in each of the 10 NPC disciplines. For the traditional and alternative disciplines, these prerogatives correlate with the numbers of practitioners in each of the states.

2. In those states that have granted the most extensive prerogatives, NPCs have broad authority and a high degree of autonomy.

3. In the aggregate, the practice prerogatives of NPCs overlap a subset of the services that physicians generally have provided, encompassing levels of care that can be characterized as "simple licensed general care" and "routine licensed specialty care."

4. The participation of NPCs in providing these physician services is increasing as tasks become better defined and as market dynamics change the way health care is delivered.

5. This parallel growth in the prerogatives and participation is occurring at a time when increasing numbers of practitioners are being trained in most of the NPC disciplines.<sup>1,16</sup>

Taken together, these dynamics describe a workforce of NPCs that is growing in size, prerogatives, and participation. This presents a number of challenges to educators, regulators, and practitioners in the future. First, the roles and responsibilities of both physicians and NPCs will have to be redefined within the context of a diverse array of independent clinical disciplines. Second, the future magnitude of each discipline will have to be assessed in relation to others with overlapping skills and preroga-

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Table 1.—Supplementary Data Sources

American Academy of Physician Assistants
American Nurses Association
American Nurses Credentialing Center
American Academy of Nurse Practitioners
American College of Nurse Practitioners
American College of Nurse-Midwives
American Association of Nurse Anesthetists
Federation of Chiropractic Licensing Boards
American Chiropractic Association
National Acupuncture and Oriental Medicine Alliance
National Acupuncture Foundation
National Commission for the Certification of Acupuncturists
American Association of Naturopathic Physicians
Naturopathic Physician Licensing Examination Board
American Podiatric Medical Association
American Optometric Association

tives. Third, future clinicians will have to be equipped not only with the knowledge and skills needed to provide their unique services but also with the ability to collaborate with a range of independent practitioners. And finally, future systems of health care will have to be organized and regulated in ways that assure that a pluralistic workforce of independent clinicians will be able to deliver a uniformly high quality of care.

## METHODS

### Data Sources

Data were obtained from published reports issued by professional organizations in each of the 10 disciplines<sup>16-36</sup>; from analyses by independent organizations and individuals<sup>37-39</sup>; from the Health Policy Tracking Service at the National Conference of State Legislatures<sup>40</sup>; and from the Internet Web sites of the individual states.<sup>41</sup> Additional data were obtained from professional organizations by telephone contact or from their Internet Web sites (Table 1). Legislation concerning NPCs is an arena with considerable activity. The data reported herein report the status of NPC regulation as of July 1, 1998.

### Definitions

The NPC disciplines analyzed in this article exclude those engaged in mental health care services. The term *advanced practice nurse (APN)* refers to NPs, CNMs, CRNAs, and CNSs. The term *physician services* refers to services that replicate or substitute for the services normally provided by physicians. Although some states permit NPCs (other than APNs) to use titles such as "doctor" or "physician," and such titles are used as a matter of custom in other states, the term *nonphysician* has been applied to all of the disciplines analyzed in this article as a means of distinguishing them from the larger group of medical doctors and doctors of osteopathic medicine.

## TRAINING, LICENSURE, AND PRACTICE

The responsibility for regulating the health care disciplines is vested in the 50 states and the District of Columbia. Although states often grant lesser forms of recognition, such as certification, registration, or approval to practice, licensure is preferred because it is more prestigious and because it facilitates the growth of practice prerogatives and access to reimbursement. For similar reasons, most disciplines have sought regulatory boards that are specific for their disciplines. There is a natural continuum that connects education, credentialing, licensure, and practice. Indeed scope-of-practice statutes often refer to the content of the educational experiences.

### Traditional NPCs

**Training and Credentialing.**—Most practicing NPs hold graduate degrees, and almost all current training is at the master's degree level.<sup>4,16,24</sup> NPs are principally trained in primary care, with special emphasis on areas such as adult health, pediatrics, family health, women's health, or gerontology, although 5% to 10% train in critical care, emergency care, and other specialty disciplines.<sup>34</sup> The training and credentialing of NPs build on their nursing education.<sup>4,6</sup> Education includes wellness care and the management of acute and chronic illness across a broad spectrum of disease, with an emphasis on case management, counseling, and patient education. In contrast, the training of CNMs is more narrowly focused, including antepartum, intrapartum, and postpartum care, gynecology, and family planning.<sup>22</sup> PAs also are trained as primary care providers, although approximately half subsequently serve in specialty roles.<sup>7,9,25,36</sup> Their training and credentialing are centered on the clinical encounter in both ambulatory and inpatient settings, and they cover a wide spectrum of disease.

**Licensure.**—NPs and CNMs receive dual recognition. They derive primary recognition as registered nurses in all states and secondary recognition in their advanced disciplines in every state except Illinois, in which legislation that will provide recognition is pending (Table 2).<sup>22,27</sup> Similarly, all jurisdictions except Mississippi recognize PAs.<sup>31,32</sup> While licensure is common, more limited forms of recognition are applied in many states. A few states have established boards specific to NPs and CNMs, but most regulate these disciplines through their boards of nursing or through combined boards of nursing and medicine (Table 2). In contrast, PAs are governed predominantly by boards of medicine.

**Autonomy.**—The degree to which traditional NPCs may practice independent of physician supervision or delegation varies considerably among the states (Table 2). NPs have independent practice authority in 21 states, although in 2 of these states the degree of independence is separately determined for each individual practitioner.<sup>13,14,27</sup> In other states, their practice authority is contingent on physician delegation or oversight. However, the direct involvement of the delegating physician may be at intervals extending from a few days to 2 weeks, and only 2 states require that a physician be physically present. CNMs have a similar degree of independence, although most states require that CNMs maintain a relationship with an obstetrician. However, 6 states mandate direct access to CNMs, independent of any requirement.<sup>22</sup> In contrast, PAs practice with physician direction and within the scope of practice of the supervising physician, as with NPs, this supervision may be intermittent and at a distance, and the autonomy of PAs may be substantial.<sup>13,21,32</sup>

**Scope of Practice.**—Most states permit NPs, PAs, and CNMs to perform physical examinations and make a diagnosis throughout the range of disease and dysfunction that falls within their training and expertise (Table 3).<sup>4,6,18,19,22,31</sup> They also are given broad latitude in ordering and interpreting laboratory tests and x-ray films, performing venipunctures and immunizations, suturing wounds, and doing some invasive procedures, such as lumbar punctures and joint aspirations, and some allow them to make death pronouncements. In addition, CNMs are permitted to care for normal pregnancies and perform normal deliveries in all states, to perform simple episiotomies and provide nonpregnant gynecological care in most states, and to care for complicated pregnancies in many states.

**Prescriptive Authority.**—Prescriptive authority varies widely among practitioners of the traditional disciplines (Table 3).<sup>22,31,37</sup> NPs and CNMs have no prescriptive authority in Illinois, a state that does not recognize them as distinct disciplines. They are limited to prescribing noncontrolled drugs under physician supervision in one third of the states and further limited to dispensing these drugs under physician orders in 2 states. However, in the other 60% of the states, NPs and CNMs have the authority to prescribe controlled substances, although the permitted schedules vary, and some states impose limitations on the duration of prescriptions. Twelve states have granted NPs and CNMs the authority to prescribe controlled drugs independent of physician involvement.

Table 2.—Licensure and Autonomy of Nonphysician Clinicians\*

	Licensure			Autonomy			
	Total States	Licensure, No.	Other Recognition, No.	States With Separate Boards, No.	States Requiring Physicians On-site, No.	States Requiring Physician Involvement, No.	States Permitting Independent Practice, No.
Nurse practitioners	51	35	15	3 (33)	2	28	21
Certified nurse-midwives	51	22	28	2 (37)	2	31	18
Physician assistants	50	31	19	6	6	44	0
Chiropractors	51	51	0	47	0	0	51
Acupuncturists	34	31	3	10	3	9	22
Naturopaths	11	11	0	5	0	0	11
Optometrists	51	51	0	49	0	0	51
Podiatrists	51	51	0	35	0	0	51
Certified registered nurse anesthetists	51	11	33	1 (38)	8	25	18
Clinical nurse specialists	51	10	26	1 (39)	7	24	20

\* Column 1 indicates the number of jurisdictions (50 states plus the District of Columbia) in which nonphysician clinicians are authorized to practice. Columns 2 and 3 indicate the number of jurisdictions that have established separate licensure (column 2) or other forms of recognition (certification, registration, recognition, or approval to practice) (column 3). The numbers of these states that have established separate professional boards for the respective disciplines are shown in column 4. The numbers in parentheses refer to separate boards of nursing. Columns 5 and 6 show the numbers of states that require physician involvement, either by means of on-site physician supervision (column 5) or various levels of physician delegation, consultation, or referral (column 6). The numbers of states that have granted independence from physician involvement are shown in column 7.

Table 3.—Scope of Practice of Traditional and Alternative NPCs\*

Prerogatives	Frequency of Prerogatives in States In Which NPCs Are Authorized to Practice, %					
	NP	CNM	PA	Ac	Chiro	Naturo
Perform venipuncture	100	100	100	...	75	100
Order venipuncture and other tests	100	100	100	...	75	100
Perform x-ray examinations	100	100	...	...	96	82
Order x-ray film, CT scan, MRI	100	100	100	...	94	100
Interpret laboratory and x-ray films	100	78	98	...	98	100
Practice medicine (treat disease or physiological dysfunction)	100	78	78	79	43	100
Treat musculoskeletal disorders	100	...	...	100	100	100
Treat pain	100	...	...	80	100	100
Use acupuncture	...	...	...	100	39	27
Perform manipulation (including chiropractic manipulation)	...	...	...	...	100	100
Perform uncomplicated deliveries	...	88	...	...	...	73
Provide care during complicated pregnancy	...	51	...	...	...	73
Practice gynecology	...	98	...	...	2	100
Suture, repair lacerations	100	96	100	...	2	64
Perform minor surgery below the dermis	100	...	86	...	2	64
Perform lumbar puncture	100	...	86	...	...	64
Perform joint aspiration	...	...	86	...	...	64
Independently prescribe controlled and noncontrolled drugs	24	24	0	...	...	...
Independently prescribe only noncontrolled drugs	0	0	0	...	...	64
Collaboratively prescribe controlled and noncontrolled drugs	38	40	68	...	...	...
Collaboratively prescribe only noncontrolled drugs	32	30	18	...	...	...
Only dispense drugs	4	4	0	...	...	...
No prescriptive authority	2	2	14	100	100	36
Prescribe dietary guidelines	100	100	100	57	94	100
Prescribe herbal remedies	...	...	...	61	37	100
Sell or dispense minerals and food supplements	...	...	...	61	84	100

\*Data are expressed as the percentage of states that have granted various practice prerogatives for the 6 traditional and alternative nonphysician clinician (NPC) disciplines. Only states in which NPCs are authorized to practice are included. The traditional NPC disciplines are nurse practitioners (NPs), certified nurse-midwives (CNMs), and physician assistants (PAs). The alternative NPC disciplines are practitioners of acupuncture and herbal medicine (Ac); chiropractors (Chiro); and naturopaths (Naturo). CT indicates computed tomography; MRI, magnetic resonance image. Ellipses indicate no specific authority granted in state practice acts.

The pattern of prescriptive privileges for PAs is similar to that of NPs and CNMs. PAs lack prescriptive authority in 8 states, and they are limited to prescribing noncontrolled drugs in another 9 jurisdictions. The remaining 34 states allow them to prescribe controlled drugs of varying schedules and to do so independent of direct physician involvement, although this must be in the context of

overall physician supervision and direction or within a defined protocol.

#### Alternative NPCs

**Training and Credentialing.**—The goal of chiropractic education, which spans 4 years, is to prepare chiropractors to be primary care providers who can serve as the portal of entry to the health care system, performing wellness care,

general primary care, and musculoskeletal care.<sup>20</sup> They are expected to diagnose conditions and care for patients in health and disease and to consult with or refer to other health care providers when necessary. Chiropractic training concentrates on the physiology, diagnosis, and treatment of disorders attributable to the neuromusculoskeletal systems, with an emphasis on chiropractic technique. Al-

though only 15% of their clinical training is specifically devoted to other organ systems, many disorders attributed by chiropractors to the neuromusculoskeletal system are considered by allopathic physicians to have a somatic basis.

Practitioners of acupuncture and herbal medicine also are trained to be the clinicians of first encounter. Their curriculum, which usually spans 3 years, prepares them to approach diagnosis from the Oriental perspective (look, smell, listen, and feel) and to treat pain, addiction, and a range of common problems with acupuncture and/or herbal remedies.<sup>19</sup> Two thirds of patients who seek their care have musculoskeletal complaints, and a large number have headaches. Most others have fatigue, anxiety, depression, and related symptoms.<sup>42</sup> It is likely that the future use of acupuncture will be influenced by the recent National Institutes of Health Consensus Conference, which concluded that acupuncture may be useful in treating postoperative and chemotherapy-induced nausea, menstrual cramps, headache, fibromyalgia, low-back pain, asthma, and other common disorders.<sup>43</sup>

Naturopaths, like allopathic physicians, receive 4 years of postbaccalaureate education culminating in a doctoral degree.<sup>1</sup> They are broadly trained in the preclinical sciences and the clinical disciplines, with an emphasis on health promotion, disease prevention, and treatment based on the stimulation or support of natural processes. Their clinical education, which is entirely outpatient based, is designed to prepare them to be primary care providers. However, their scope of practice excludes many drugs and procedures that are commonly used by primary care physicians. Only Utah requires naturopaths to obtain an additional year of residency training, although graduates in other states often seek such training. Some naturopaths obtain added certification in acupuncture, traditional Chinese medicine, or midwifery.

**Licensure.**—Chiropractors are licensed in all 51 jurisdictions, and they are regulated by separate boards in 48 jurisdictions (Table 2).<sup>19</sup> However, practitioners of acupuncture and herbal medicine are licensed or otherwise recognized in only 34 states, although 3 others permit the practice of acupuncture under physician supervision; naturopaths are licensed in only 11 states.<sup>10,17,21</sup> Both naturopaths and acupuncturists are less frequently governed by separate boards than are chiropractors (Table 2). In recent years, there has been a considerable legislative thrust to further expand the licensure of both acupuncture and naturopathy. Over the past 3 years, 6 states adopted licensure

laws for acupuncture and 1 state licensed naturopathy.<sup>17,16,40</sup> Moreover, during 1997 alone, the licensure of acupuncturists was considered in 4 additional states, several of which appear likely to grant approval, and the licensure of naturopaths was considered in 4 states.<sup>46</sup>

Chiropractors are permitted to use titles such as doctor of chiropractic (DC) or chiropractic physician (CP) in most states, although 5 states restrict their title to chiropractor.<sup>19</sup> Similarly, all states that license naturopaths consider them to be physicians and designate their titles as doctor of naturopathic medicine (ND) or naturopathic physician (NP).<sup>21</sup> However, only 3 of the 34 states licensing acupuncturists permit practitioners to use the title of doctor and most require the title of acupuncturist.<sup>17</sup> Indeed, a number of states specifically prohibit the use of doctor by acupuncturists unless they possess a doctoral degree.

**Scope of Practice and Autonomy.**—

All states allow practitioners in the 3 alternative disciplines to perform physical examinations and diagnose patients' conditions and, except for acupuncture, to perform venipunctures and order and interpret laboratory tests and x-ray films (Table 3).<sup>17,21</sup> The scope of practice of all 3 disciplines gives them broad latitude to treat disease or physiologic dysfunction by means of manipulation, physiotherapy, electrotherapy, hydrotherapy, acupuncture, and natural and herbal remedies. Moreover, some states permit naturopaths or chiropractors to serve as "gatekeepers." Most states that license naturopaths also permit them to care for and deliver uncomplicated pregnancies and to provide care during complicated pregnancies, and all states allow them to provide nonpregnant gynecological care. In addition, two thirds of states allow naturopaths to suture wounds, perform minor invasive procedures, and inject nutrients. In general, these practices of alternative NPCs are independent of physician supervision or delegation. However, acupuncture is an exception, with one third of the states that license acupuncture requiring the involvement of a physician, dentist, or chiropractor (Table 2).

**Prescriptive Privileges.**—Naturopathic physicians have the independent authority to prescribe noncontrolled drugs in 10 of the 11 states in which they are licensed, although in 4 they are limited to board formularies (Table 3).<sup>21</sup> However, all 11 states permit them to prescribe and dispense minerals, herbal remedies, and food supplements. These latter prerogatives also are available to chiropractors in almost all states and to acupuncturists in more than half of the states in which they are licensed (Table 3). However, the pre-

scriptive authority of chiropractors and acupuncturists is limited to natural products, and neither discipline has prescriptive authority for controlled drugs.

**Specialty NPCs**

**Optometrists.**—Optometrists' 4-year curriculum encompasses human biology, ocular biology, optics, disorders of the eye, and the ocular manifestations of systemic disease, and it trains them to be primary health care providers.<sup>27</sup> Optometrists are licensed or certified in all 51 jurisdictions, and, in all but 2, the boards governing them are specific for optometry (Table 2). In general, states do not designate the titles of "doctor" or "physician" for optometrists, although Arkansas does allow use of the title "optometric physician." However, "doctor" is commonly used in daily practice.

Optometrists have long had privileges that include examination of the eye, making a diagnosis, prescribing lenses and other vision devices, and removing superficial foreign bodies from the eye. They have prescriptive privileges in all states, but that authority is limited to topical medications in 21 (several of which permit them to prescribe oral analgesics). Only 4 states permit optometrists to administer drugs by injection. In recent years, 49 states have added privileges in therapeutic optometry, most after separate certification, and 35 of these allow optometrists to treat glaucoma.<sup>28,29</sup> Oklahoma is the only state that currently allows optometrists to perform laser surgery, although this prerogative is being considered in several other states.

**Podiatrists.**—Podiatric education, which also spans 4 years, includes anatomy (with an emphasis on the lower extremity), the preclinical sciences, and a range of information relevant to the treatment of diseases of the foot, including radiology, orthopedics, sports medicine, orthotics, trauma, anesthesia, operative technique, and podiatric surgery.<sup>24</sup> In addition, attention is given to a general understanding of systemic disease processes. Podiatrists are licensed or certified in all 51 jurisdictions and in 70% they are regulated by separate boards. Although only 6 states specifically allow the use of titles such as "podiatric physician," "podiatric surgeon," or "doctor of podiatric medicine," such titles are common in daily practice.<sup>24</sup>

Podiatrists practice independently and exercise independent prescriptive authority in all 51 jurisdictions.<sup>26</sup> Historically, the privileges of podiatrists have centered on the diagnosis and treatment of disorders of the foot and ankle, including medical treatment, the use of prosthetic devices, and surgical treatment under local anesthesia. Other

defined therapeutic privileges in many states include mechanical, manipulative, and electrical treatment. However, their range of practice extends to areas between the ankle and the knee in 29 states and to the upper muscles of the leg in 9 states. In addition, 10 states allow podiatrists to amputate toes, and 4 permit them to treat conditions in the hands that are also found in the feet.

**Certified Registered Nurse Anesthetists and Certified Nurse Specialists.**—CRNAs and CNSs are separately licensed or otherwise recognized in most states (Table 2).<sup>30,37</sup> However, 7 states consider them both to be registered nurses, and 8 others limit the separate recognition of CNSs to those engaged in psychiatric and mental health care practices. Both disciplines are governed principally by separate boards of nursing or by boards of nursing combined with boards of medicine.

CRNAs receive intensive training in anesthesia and pain management.<sup>30</sup> Their scope of practice includes the range of prerogatives necessary to treat pain and perform anesthesia in a manner similar to physicians. Currently, there are approximately equal numbers of CRNAs and anesthesiologists, but they differ in geographic distribution.<sup>16</sup> In many smaller communities, CRNAs are the sole practitioners capable of administering anesthesia. However, they have the authority to practice independent of physicians in only 18 states (Table 2). While in most other states CRNAs are required to practice under the supervision of an anesthesiologist or surgeon, podiatrists and dentists are permitted to serve in this supervisory role in some states. The prescriptive authority of CRNAs also is limited and is usually contingent on some form of physician collaboration or delegation. However, in 9 states, CRNAs have the independent authority to prescribe controlled substances.

CNSs receive master's level training as nurse clinicians in single specialties.<sup>34</sup> Their scope of practice is defined by their training, certification, and experience. They have the authority to practice independently in 20 states but require collaboration with physicians in 24 and must be supervised by physicians in 7 (Table 2).<sup>37</sup> Their prescriptive authority also is more limited than that of other APNs. However, they do have independent prescriptive authority for controlled substances in 9 states.

## REIMBURSEMENT

### Medicare and Medicaid

For 3 decades, the reimbursement of NPs, CNMs, CNSs, and PAs by Medicare and Medicaid has been governed by

Table 4.—Reimbursement of Nonphysician Clinicians\*

	No. of States		
	Medicaid Reimbursement	Private Insurance Mandates	Medicare Reimbursement
Nurse practitioners	48	25	Yes
Certified nurse-midwives	49	37	Yes
Physician assistants	49	3	Yes
Chiropractors	26	45	Yes
Acupuncturists	0	11	No
Naturopaths	0	2	No
Optometrists	51	37	Yes
Podiatrists	51	30	Yes
Certified registered nurse anesthetists	36	22	Yes
Clinical nurse specialists	36	0	Yes

\* Column 1 shows the number of states that reimburse nonphysician clinicians through Medicaid, and column 2 shows the number of states that have enacted mandates that require private insurers to offer the services of various nonphysician clinician disciplines. Column 3 indicates which disciplines are reimbursed through Medicare.

the "incident to" provision, which allows NPCs who are employed by physicians to be reimbursed by means of payments to the employer. In 1977, the Rural Health Clinics Act permitted Medicare and Medicaid to directly reimburse NPs, PAs, and CNMs working in free-standing, physician-directed rural clinics located in health professions shortage areas (HPSAs). This subsequently was expanded to cover care provided at other locations, and on-site physician supervision was waived unless it was a requirement of the state. The Balanced Budget Act of 1997 further expanded direct Medicare reimbursement for NPs, PAs, and CNSs to include all nonhospital sites, and it removed any requirement for physician involvement (Table 4).<sup>44</sup> This represents a large step forward in achieving autonomy for these disciplines.

All but a few states reimburse traditional NPCs through Medicaid, but reimbursement rates vary from 50% to 100% of physician fees (Table 4).<sup>14,25,33,37</sup> A federal mandate allows family and pediatric NPs and CNMs to bill Medicaid directly within the limits established by the state, if they are allowed to practice independently in that state. However, states have the option to cover fewer services and to require more physician supervision than included within their practice acts. NPs, PAs, and CNMs also are allowed to bill the Civilian Health and Medical Program of the Uniformed Services (CHAMPUS), the Federal Employees Health Benefits Program, and other federal programs.<sup>28,33,37</sup> Thus, reimbursement is available for traditional NPCs from most governmental programs most of the time.

Among the alternative disciplines, chiropractors are allowed to bill Medicare, and new billing codes applicable to chiropractic procedures have facilitated this process (Table 4).<sup>20</sup> Chiropractors also are reimbursed for care provided under workers' compensation, and 26 states cover chiropractors under Medicaid.

However, none of the governmental payers currently covers acupuncturists or naturopaths.

Optometrists and podiatrists are allowed to bill Medicare and Medicaid directly in a manner similar to physicians (Table 4).<sup>22</sup> CRNAs also are permitted to directly bill Medicare and other federal programs and, in 36 states, to directly bill Medicaid, although billing frequently is through the employer and often in the form of team billing with anesthesiologists.<sup>45</sup> The Health Care Financing Administration recently proposed that its long-standing requirement for physician supervision of CRNAs be removed.

The reimbursement of CNSs by Medicare and other federal programs follows the pattern established for NPs, including the recently enacted changes in Medicare, but reimbursement from CHAMPUS is available only for psychiatric CNSs.<sup>37,44</sup> In 36 states, Medicaid reimbursement of CNSs also follows the pattern of NP reimbursement, but in the other 15 states CNSs are considered registered nurses for reimbursement purposes.

### Mandated Reimbursement

Many states have enacted legislation mandating that private health care plans include reimbursement for particular groups of NPCs (Table 4). Although most apply to all health care plans, some are limited to managed care organizations. These mandates are powerful elements in the growth and independence of NPCs. In addition, 16 states have enacted "any willing provider" (AWP) laws that, in general, prohibit health care plans from denying access to any licensed provider whose training and scope of practice include the services covered by the plan and who is willing to meet the terms and conditions of the plan.<sup>40</sup> Most AWP laws are broad in their definition of providers, although some cite specific disciplines. Washington's law, which is the most liberal, extends coverage to any licensed

practitioner whose scope of practice encompasses the clinical conditions covered in the plan, irrespective of the mode of care offered, as long as it is safe. State courts have overturned the AWP law in Louisiana, based on conflicts with the Employee Retirement Insurance Security Act (ERISA), and have limited the law in Arkansas to plans not covered by ERISA, while Tennessee's law applies only to TennCare.

At the federal level, bills have been introduced into both the Senate and the House of Representatives that would mandate a vast expansion of the access of patients to NPCs. For example, the Access to Medical Treatment Act of 1997 would allow patients to receive any medical treatment they wanted and any method of treatment they requested. While none of these bills has been enacted, they are broadly endorsed by NPC professional organizations and are an expression of the will of a growing segment of the public.

#### VARIATION IN STATE PRACTICE PREROGATIVES

While NPCs are authorized to provide a range of physician services, often in an independent manner, and to be reimbursed for that care, there is marked variation in their scope of practice, independence, and reimbursement. Similarly, the numbers of practicing NPCs vary substantially from state to state.<sup>16</sup> In 1994, Sekscenski et al<sup>10</sup> reported that for NPs, CNMs, and PAs there was a correlation between practitioner numbers and practice prerogatives in the various states. To further examine this relationship and determine whether it applies to other disciplines, the practice prerogatives of traditional and alternative NPCs were compared state by state with the numbers of these practitioners.

#### Scoring the Variation in State Prerogative

A system for scoring practice prerogatives was established for each of the 6 disciplines by assigning credit for licensure, separate state boards, scope of practice, prescriptive authority, autonomy, and access to reimbursement. PAs displayed the greatest homogeneity and the highest average scores. NPs presented a bimodal pattern, with the mode of highest scores being similar to that of PAs. The scores of CNMs displayed wide variation, but few were clustered in the highest range. Chiropractors and naturopaths followed the pattern of CNMs, with a wide distribution of scores and with most states clustered in the middle range. The 34 states that license acupuncture were the most variable in their scoring patterns. These data

show not only the extreme variability of practice prerogatives that exists among the states but also the substantial prerogatives that NPCs have been granted in some of the states.

#### Relationship Between Practice Prerogatives and Practitioner Numbers

The numbers of practitioner in each state<sup>15</sup> correlated with the practitioner prerogatives granted by that state. For all disciplines except naturopathy, the correlation coefficients varied from 0.43 to 0.60 and were statistically significant. These are similar to the results previously reported for NPs, CNMs, and PAs.<sup>10</sup> A similar trend was observed for naturopathy ( $r = 0.27$ ), although it was not statistically significant.

Practice prerogatives were greatest in states that regulated NPCs through boards dedicated to their disciplines and least in states in which regulation was through the boards of medicine. Scores for NPs correlated with CNMs' scores ( $r = 0.42$ ) and more weakly with PA scores ( $r = 0.33$ ). Similarly, scores for naturopaths correlated with acupuncture scores ( $r = 0.51$ ). However chiropractic scores did not correlate with the scores of other NPCs, and there was no overall correlation between the scores of traditional and alternative NPCs.

Certain states tended to have either higher or lower scores for all disciplines, and they were clustered geographically. For example, scores for all NPCs tended to be higher in Alaska, Washington, Oregon, New Mexico, North Dakota, New Hampshire, and Maine. Conversely, scores tended to be lower in Alabama, Louisiana, Mississippi, Georgia, and South Carolina. Hawaii had a high score for acupuncture but low scores for all other disciplines. However, in most states there was no clear pattern of scores, suggesting that local factors within each discipline played a stronger role than the general acceptance or rejection of NPCs.

These data show that there are substantial opportunities to improve the practice environments for NPCs in many states, assuming that the standards to be attained are represented by those states with the highest scores. Moreover, the correlations reported above are consistent with the view that as these environments improve, the numbers of NPCs who will choose to train and practice there will increase.<sup>4,8,10</sup> However, they may also indicate that as NPCs increase in numbers, they are better able to effect improvement in their practice environments. It is likely that both dynamics are operative. Indeed, they may reinforce each other.

#### OVERLAPPING SERVICES OF PHYSICIANS AND NPCs

##### Levels of Care

There are several levels of clinical authority. The first level includes diagnosing the undifferentiated patient, communicating that diagnosis, and assuming the principal responsibility for care. These prerogatives, which are central to the practice authority of physicians, have been granted to NPCs under at least some circumstances in most states, and in many states they have been granted independent of direct physician involvement. This clinical authority is consistent with the training and credentialing that NPCs undergo. Each discipline undertakes to prepare its graduates to be clinicians of first contact, with skills to perform a history and physical examination, make a diagnosis, treat patients when possible, and refer to other clinicians when appropriate.

The second level of authority relates to the range of services provided. Each of the NPC disciplines provides a spectrum of services that, to varying degrees, overlaps those of physicians. Some NPCs practice independently, while others require physician supervision, delegation, or referral. Some care for patients with a wide range of disorders. Others are more narrowly focused. However, none participate throughout the entire range of care provided by the physicians whose services they overlap, and NPCs do not collectively span the entire breadth of physician services. Rather, their scope of practice and prescriptive privileges limit them to less complex levels of care that exclude much of the care customarily provided by physicians. The services they provide can be considered within the following 4 levels of care:

**Simple Licensed General Care.**— This level includes wellness care and the care of uncomplicated or self-limited acute disorders and of mild chronic conditions. It encompasses more than half the care provided by primary care physicians<sup>7,8,46-49</sup> and is the major area of independent care provided by the 6 traditional and alternative NPC disciplines.

**Complex Licensed General Care.**— This level includes the care of patients with severe illness of an acute, chronic, or recurrent nature, often involving multisystem disease. It is a major part of the practice of primary care physicians and of some specialty physicians, but it is beyond the range of practice prerogatives granted to most NPCs.

**Routine Licensed Specialty Care.**— This level includes the less complicated care provided by those clinicians who focus on specific groups of diseases, con-

ditions, or technologies. It is the major domain of both specialty physicians and specialty NPCs (optometrists, podiatrists, CRNAs, and CNSs). It also engages some of the effort of primary care physicians and of NPs and PAs who have a specialty orientation.

**Complex Licensed Specialty Care.**—This level includes the care that is usually restricted to physicians and generally requires the particular skills of specialty physicians.

#### Factors Influencing the Overlapping Care by Physicians and NPCs

Although there is considerable overlap between physicians and NPCs, the overlap is limited, and it is skewed to the less complex end of the clinical spectrum.<sup>6</sup> However, a number of factors are likely to influence the extent of this overlap in the future.

**NPC Supply.**—One factor influencing NPC involvement is the growing number of NPCs. From the analysis above, it appears that the number of NPCs within the various disciplines may be a determinant of the prerogatives available to them, and most NPC disciplines are growing at a significant rate.<sup>15</sup> Growth is particularly rapid among the traditional and alternative disciplines, which are the major contributors of primary care. The total number of NPCs providing primary care will almost double over the next 10 years. The supply of specialty NPCs also will grow but at a lesser rate. However, their growth coincides with a further expansion in the number of specialty physicians and a general concern about the number of physicians overall.<sup>2,50-62</sup> It is likely that continued increases in both the supply and prerogatives of NPCs will further deepen this concern.

**Organization of Care.**—Another factor influencing the overlap of physicians and NPCs is the organization of care. For example, while caring for the whole patient has been the goal of medical care, defined tasks have become a prominent mode of care. This is true not only for specialty care, with its defined technical tasks, but also for primary care, in which urgent care has been separated from elective care and in which the responsibilities for preventive services, counseling, treatment, and follow-up have been distributed among various clinicians. Many routine tasks traditionally performed by physicians are now being performed independently by NPCs, and the range and technical complexity of such tasks is expanding. Examples include the increasing involvement of NPs and PAs in emergency care and optometrists in therapeutic eye care.<sup>28,63</sup>

**Market Dynamics.**—The growing participation of NPCs is also being fostered

by new market dynamics. Provider organizations, such as clinics, physician group practices, and health maintenance organizations, are incorporating increasing numbers of NPCs into their practices or offering them opportunities to practice independently.<sup>4b,64,65</sup> In these settings, some NPCs acquire prerogatives that otherwise would not be available to them. In addition, increasing numbers of insurers are creating benefit plans that include NPCs, partially in response to state mandates but also in response to consumer demand. This access to reimbursement further enhances the independent participation of NPCs in clinical practice.

**Displacement vs Supplementation.**—The growing numbers, increasing prerogatives, and expanding participation of NPCs will surely affect the demand for physicians, particularly those involved in simple licensed general care and routine licensed specialty care. However, the interrelationships between the demand for physicians and the availability of NPCs are complex. For example, while the need for physicians will be directly affected when NPs or naturopaths provide primary care, when CNMs perform deliveries, or when CRNAs administer anesthesia, services such as acupuncture, spinal manipulation, and herbal therapy may supplement rather than supplant the care provided by physicians. Counseling, patient education, and case management may also be adjunctive. However, it is likely that even these groups of services will decrease the demand for physicians, although they may not directly overlap the services that physicians provide.

**Philosophy.**—Finally, in considering the overlapping care provided by physicians and NPCs, it should be recognized that important characteristics of that care differ because of philosophical differences among the disciplines. Thus, although PAs, optometrists, and podiatrists generally share with physicians the "medical model" of care, not all NPCs practice within that model. For example, NPs, CNMs, and CNSs care for patients within a "nursing model" that emphasizes prevention, case management, patient education, and counseling.<sup>4,6</sup> Practitioners of acupuncture and herbal medicine provide care within the tradition of Chinese medicine, which emphasizes an empirical, holistic approach to prevention and the restoration of balance.<sup>43</sup> Chiropractic care is built around the "chiropractic encounter," which emphasizes physical contact with patients,<sup>50</sup> and naturopathy emphasizes the stimulation and support of natural processes. These different philosophical orientations lead to differences in both the characteristics and content of care for identical disorders, and they add complex-

ity to any direct comparisons of the spectrum of services provided.

#### PLURALISM AMONG HEALTH CARE PROVIDERS

It seems clear from this and other analyses<sup>1-11</sup> that NPCs are a growing force in clinical medicine. In some states, they are well established already, while in others certain disciplines are in their infancy. Their continued growth in numbers, prerogatives, and independence seems assured by a confluence of interests that includes health care organizations, insurers, legislators, physicians, and NPCs themselves. However, there is little uniformity among the NPC disciplines. Rather, each has its own curriculum, philosophy, and approaches to care and each practices within its own regulatory and clinical framework. Individually, each offers a consistent set of services, and the states have codified many of these within specific practice acts. However, collectively, this pluralistic array of providers lacks a unifying clinical principle, and their growing divergence in both regulatory oversight and clinical practice has the potential to further fragment the nation's health care system.

How are patients to choose from among physicians and various NPCs? How will legislators determine whether appropriate prerogatives are being granted to each? How can payers be assured that the overlapping prerogatives of physicians and NPCs will not create redundancies in both services and costs? And how will educators prepare this diverse array of disciplines to practice in a consolidated health care system? Earlier in this century Abraham Flexner confronted an analogous problem of heterogeneity and oversupply among physicians.<sup>66</sup> What followed was an effort to link education, regulation, and clinical practice within a single discipline. The circumstances are not less today, but the requirements are no less. It is time for interdisciplinary regulation and clinical integration so that a health care workforce that includes a diversity of disciplines can be assured of providing a uniform level of care in the future.

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## **SB 306 & HB 434 – Naturopathic Medicine Support Documents**

### **Professionals/Instruction:**

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

### **Other Professional Letters of Support:**

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

### **Petitioners, in support of SB 306 & HB 434:**

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

**CLYDE B. JENSEN, Ph.D.**  
 December, 2003

**CAREER DISTINCTIONS**

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

**EMPLOYMENT HISTORY and SELECTED ACCOMPLISHMENTS**

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

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

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

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

**SELECTED PART-TIME POSITIONS AND CONSULTING ASSIGNMENTS**

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

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

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

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

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

**Consultant** Ross University College of Medicine 1992  
Dominica

**SELECTED LEADERSHIP ACCOMPLISHMENTS**

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

**SELECTED RESEARCH ACCOMPLISHMENTS**

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



February 16, 2004

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

Dear Dr. Young:

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

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

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

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

Respectfully yours,

A handwritten signature in cursive script that reads 'Clyde B. Jensen'.

Clyde B. Jensen, Ph.D.

Cc. Senator Ralph Seekins  
Representative Jim Holm

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

February 4, 2004

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

Dear Senator Seekins:

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

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

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

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

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

Respectfully yours,

Clyde B. Jensen, Ph.D.

7591 Crater Lake Hwy.  
White City, OR 97503



*Be Well & Well Informed*

tel: 541-826-7173  
fax: 541-826-8366

February 17, 2004

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

Attn: Senator Seekins

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

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

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

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

Sincerely,

Rick Chester, ND, RPh, LAc

[cascadepharmacy.com](http://cascadepharmacy.com)



Summit  
Family  
Practice

2511 DeBar Road #C 308  
Anchorage, Alaska 99508  
Telephone: 907-272-3366

January 22, 2004

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

ATTN: Senator Seekins  
Representative Holm

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

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

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

Sincerely,

S. Lynn Hornbein, M.D.

health guidance for people of all ages



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

Jan 26 2004 18:01

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D.Lynn Mickleson, MD

Sincerely,

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

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

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

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

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

January 23, 2004

D. LYNN MICKLESON, M.D.  
440A W. Evergreen  
Palmer, Alaska 99645  
Phone (907) 745-3880 Fax (907) 745-2631



## Alaska Family Wellness Center, Inc.

4200 Lake Otis Pkwy, Suite 304  
Anchorage, AK 99508  
Phone (907) 561-9444  
Fax (907) 561-9448

January 21, 2004

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

To Whom It May Concern:

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

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

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

Sincerely,



Michael Fischer MD

CC: The Alaska Association of Naturopathic Physician, Inc.

---

Health Care for the Whole Person



*Craig H. Mullett, D.D.S.*

GENERAL DENTISTRY  
ALASKAN FAMILY DENTAL CENTER, LLC  
281 NORTH MAIN STREET,  
SUITE 201  
WASILLA, ALASKA 99654

February 14, 2004

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

ATTN: Senator Seekins, Representative Holm.

Dear Sir,

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

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

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

(907) 376-0452

Sincerely,

  
Craig H. Mullett DDS

TELEPHONE (907) 376-0452  
FAX (907) 376-0462

December 13, 2003

Representative Nancy Dahlstrom  
10982 Eagle River, AK 99657

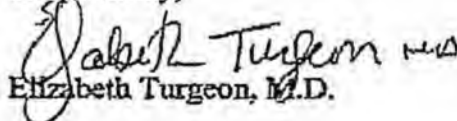
Dear Representative Dahlstrom,

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

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

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

Respectfully,

  
Elizabeth Turgeon, M.D.

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



# Summit Family Practice

2411 DeBarr Road #C 308  
Anchorage, Alaska 99508  
Telephone: 907-272-3366

February 10, 2004

Senator Ralph C. Seekins  
State Capitol Building  
Juneau, Alaska 99801-1184

Dear Senator Seekins:

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

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

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

Sincerely,

Jeffrey W. Russell, PA-C, MHS

Cc: Dr. Daniel Young, ND

health guidance for people of all ages



# Alaska Center for Natural Medicine

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

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

Mary-Beth Gardner, FNP, CNM

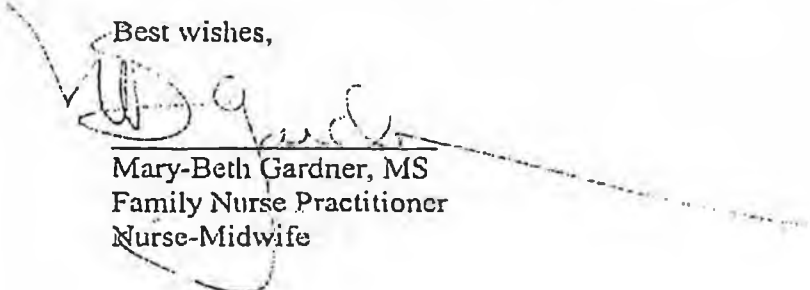
February 16, 2004

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

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

Please call me if I can provide further information.

Best wishes,



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



February 14, 2004

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

ATTN: Senator Seekins (Bill #306)

Dear Senator Seekins,

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

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

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

907-488-8555 (work)  
907-488-8556 (fax)  
[nprxlab@hotmail.com](mailto:nprxlab@hotmail.com) (email)

Sincerely,



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



# Geneva Woods Birth Center

November 11, 2003

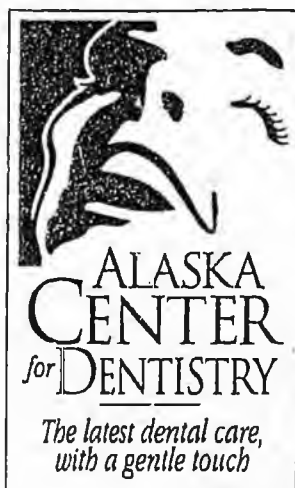
Representative Nancy Dahlstrom  
10928 Eagle River Road, Ste. 238  
Eagle River, Alaska 99577

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

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

Sincerely,

Barbara Norton CNM  
ANP



November 14, 2003

Representative Nancy Dahlstrom  
10928 Eagle River Road, Suite 238  
Eagle River, Alaska 99577

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

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

If you would like to discuss this further with me, please contact me at my office, or at [alan@alaskacenterfordentistry.com](mailto:alan@alaskacenterfordentistry.com)

Sincerely,

Alan S. Bills, DDS

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for you

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available

Galloway	Yolande	PO Box 2908	Soldotna	99669 (907)262-1493	Representative Kelly Wolf	Senator Thomas Wagoner
Gardner	Kay	PO Box 325	Soldotna	99669 (907)260-9254	Representative Kelly Wolf	Senator Thomas Wagoner
Gibson	Susan	PO Box 2325	Soldotna	99669 (907)252-9329	Representative Kelly Wolf	Senator Thomas Wagoner
Hansen	Pamela R.	309 Riverside Dr.	Soldotna	99669 (907)262-4964	Representative Kelly Wolf	Senator Thomas Wagoner
Lamb	Dawn	379 Lupine	Soldotna	99669 (907)262-9979	Representative Kelly Wolf	Senator Thomas Wagoner
Martin	Gail	PO Box 3249	Soldotna	99669 (907)262-8304	Representative Kelly Wolf	Senator Thomas Wagoner
Osmar	Kristin	35555 Spur Hwy	Soldotna	99669 (907)262-8733	Representative Kelly Wolf	Senator Thomas Wagoner
Payment	Amorette	35224 West Brook	Soldotna	99669 (907)260-6141	Representative Kelly Wolf	Senator Thomas Wagoner
Payment	Steve	35224 West Brook	Soldotna	99669 (907)260-6141	Representative Kelly Wolf	Senator Thomas Wagoner
Schmitter	Lisa	PO Box 3194	Soldotna	99669 (907)262-7852	Representative Kelly Wolf	Senator Thomas Wagoner
Senanens	Susan	36574 Mackey Lake	Soldotna	99669 (907)262-9022	Representative Kelly Wolf	Senator Thomas Wagoner
Cleveland	John C	34494 King Salmon	Sterling	99672 (907)229-3475	Representative Mike Chenault	Senator Thomas Wagoner
Abbott	Phoebe Jane	PO Box 75	Sterling	99672 (907)262-5391	Representative Mike Chenault	Senator Thomas Wagoner
Fisher	Donj	PO Box 1090	Sterling	99672 (907)262-9241	Representative Mike Chenault	Senator Thomas Wagoner
Ramsey	Linda	PO Box 319	Talkeetna	99676 (907)733-1419	Representative Beverly Masek	Senator Scott Ogan
Hanson	Margaret	Box 1804	Valdez	99686 (907)835-3762	Representative John Harris	Senator Gene Therriault
Schnell	Bill	Box 701	Valdez	99686 (907)0835-2359	Representative John Harris	Senator Gene Therriault
Schnell	Tracee	Box 701	Valdez	99686 (907)835-2359	Representative John Harris	Senator Gene Therriault
Craig	Rosemary	PO Box 874906	Wasilla	99687 (907)376-3979	Representative Vic Kohring	Senator Lyda Green
Gilpin	Monica	4520 Merrill Cir	Wasilla	99654 (907)373-2610	Representative Vic Kohring	Senator Lyda Green
Owen	Robert	HC33, Box 3031	Wasilla	99654 (907)376-9081	Representative Vic Kohring	Senator Lyda Green
Polis	Jennifer	PO Box 870438	Wasilla	99687 (907)357-1074	Representative Vic Kohring	Senator Lyda Green
Schroeder	Susan M	HC31 Box 5204	Wasilla	99654 376-8055	Representative Vic Kohring	Senator Lyda Green
Bills	Alan S.	PO Box 871109	Wasilla	99657 (907)357-1440	Representative Vic Kohring	Senator Lyda Green
Bills	Jennifer	PO Box 871109	Wasilla	99657 (907)357-1440	Representative Vic Kohring	Senator Lyda Green
Burgess	Susan	3332 Ilaom Ave.	Wasilla	99654 (907)376-4075	Representative Vic Kohring	Senator Lyda Green
Faucher	Cynthia	PO Box 877676	Wasilla	99687 (907)357-2658	Representative Vic Kohring	Senator Lyda Green
Leader	Cally	4660 W. Beverly Lk Rd	Wasilla	99654 (907)376-4335	Representative Vic Kohring	Senator Lyda Green
Paulson	Anthony	PO Box 875317	Wasilla	99687 (907)357-6095	Representative Vic Kohring	Senator Lyda Green
Schleien	Ley	5055 Fernwood Dr.	Wasilla	99654 (907)373-0623	Representative Vic Kohring	Senator Lyda Green
Westbrook	Jeri	7362 W. Parks, #323	Wasilla	99654 (907)357-3424	Representative Vic Kohring	Senator Lyda Green
Barker	Susanne	530 Hjellen Dr.	Wasilla	99654 (907)376-1071	Representative Vic Kohring	Senator Lyda Green
Chapman	Michelle	HC 33 Box 3032	Wasilla	99654 (907)373-1203	Representative Vic Kohring	Senator Lyda Green
Tague Lloyd	Carolyn	4381 E. Birchwood	Wasilla	99654 (907)376-7660	Representative Vic Kohring	Senator Lyda Green
White	Dianna R.	PO Box 726	Whittier	(907)247-2479	Representative Mike Hawker	Senator Con Bunde
White	Gary Donn	PO Box 726	Whittier	(907)247-2479	Representative Mike Hawker	Senator Con Bunde
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Grayhorse	Thomas R	HC89 Box 442	Willow	99688 495-8016	Representative Beverly Masek	Senator Scott Ogan
Mathis	Sheila				Representative James A. Holm	Senator Gary Wilken

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Hunt	Gup	2751 Silver St.	North Pole	99705 (907)488-7586	Representative John B. Coghill, Jr.	Senator Gene Therriault
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Therriault	Hestor	605 Blanket Blvd.	North Pole	99705 (907)488-9589	Representative John B. Coghill, Jr.	Senator Gene Therriault
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Zailee	Sue	3336 Lineman	North Pole	99705 (907)488-5269	Representative John B. Coghill, Jr.	Senator Gene Therriault
Cunningham	John W.	PO Box 57387	North Pole	99705 (907)488-3097	Representative John B. Coghill, Jr.	Senator Gene Therriault
Fye	Marilyn	4989 Adams Ave.	North Pole	99705 (907)488-4962	Representative John B. Coghill, Jr.	Senator Gene Therriault
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Rookard	Karen	1691 Hammock	North Pole	99705 (907)488-8933	Representative John B. Coghill, Jr.	Senator Gene Therriault
Wood	Kirsten	9095 E. Gold Pan Dr.	Palmer	99645 632-1387	Representative John Harris	Senator Gene Therriault
Montella	Rita Ann	1740 Heirloom Cir, #B	Palmer	99645 (907)746-3672	Representative Carl Gatto	Senator Lyda Green
Montella	Robert	1740 Heirloom Cir, #B	Palmer	99645 (907)746-3672	Representative Carl Gatto	Senator Lyda Green
Weiland	AnneMarie	221 N.Irene	Palmer	99645 (907)746-4838	Representative Carl Gatto	Senator Lyda Green
Blaylock	Kenneth	12287 W. Arctic Ave.	Palmer	99645 (907)746-6045	Representative Carl Gatto	Senator Lyda Green
Brown	Debra D.	8634 E. Empire Cir.	Palmer	99645 (907)745-5300	Representative Carl Gatto	Senator Lyda Green
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Fisher	Juevo L.	HC05 Box 9952	Palmer	99645 (907)745-7104	Representative Carl Gatto	Senator Lyda Green
Helig	Teresa	755 W. Fern Ave.	Palmer	99645 (907)745-8265	Representative Carl Gatto	Senator Lyda Green
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Zello	Chris	HC #5 Box 9782	Palmer	99645 (907)746-0243	Representative Carl Gatto	Senator Lyda Green
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Howarth	Lee George	PO Box 2844	Palmer	99645 (907)745-2401	Representative Bill Stoltze	Senator Scott Ogen
Howarth	Louis David	PO Box 2844	Palmer	99645 (907)745-2401	Representative Bill Stoltze	Senator Scott Ogen
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Echert	Gayle	HC04 Box 9314A	Palmer	99645 (907)745-4471		
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Tait	Carment	21109 Frosty	Peters Creek	99567 688-9627	Representative Pete Kott	Senator Fred Dyson
Davis	Mary	66840 Highline Trail	Salcha	99714 (907)488-0564	Representative John Harris	Senator Gene Therriault
Tate	Carolynn	7027 Sewell Dr.	Salcha	99714 (907)488-9538	Representative John Harris	Senator Gene Therriault
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Cooper	Linda	38778 Sterling Hwy	Soldotna	99669 (907)262-9759	Representative Kelly Wolf	Senator Thomas Wagoner
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HB434 by Rep. Holm  
 SB306 by Sen. Seekins  
 Naturopathic Medicine

Petition of Support

September 03  
 - February 04

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Stuart	Gloria	292 Mt. View Dr.	Homer	99603 (907)235-2898	Representative Paul Seaton	Senator Gary Stevens
Tener	Margaret	56865 Bradley	Homer	99603 (907)235-8985	Representative Paul Seaton	Senator Gary Stevens
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Lloyd	Marvel	PO Box 1998	Nome	99762 (907)443-5759	Representative Pete Kott	Senator Fred Dyson
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Cook	Robert	1853 Kendall Ave.	North Pole	99705 (907)488-0488	Representative John B. Coghill, Jr.	Senator Gene Therriault
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Rutledge	Tamara	430 Beluga Ave. A	Ft. Richardson	99505 229-9943	Representative Nancy Dahlstrom	Senator Fred Dyson
Carroll	Angela	PO Box 955	Girdwood	99587 301-6874	Representative Mike Hawker	Senator Con Bunde
Drake	Lanice	PO Box 938	Girdwood	99587 783-2662	Representative Mike Hawker	Senator Con Bunde
Reed	Jay	PO Box 1	Girdwood	99587 783-0087	Representative Mike Hawker	Senator Con Bunde
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Zatz	Lisa	PO Box 1700	Homer	99603 (907)235-4102	Representative Paul Seaton	Senator Gary Stevens
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Autin	Jessica	PO Box 1934	Homer	99603 (907)235-5664	Representative Paul Seaton	Senator Gary Stevens
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Bloom	Kenton	1581 Jade	Homer	99603 (907)235-6600	Representative Paul Seaton	Senator Gary Stevens
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James	Colleen	40732 Waterman Rd.	Homer	99603 (907)235-4313	Representative Paul Seaton	Senator Gary Stevens
Jason	Wendy	4192 Kramer Ln, #4	Homer	99603 (907)235-6844	Representative Paul Seaton	Senator Gary Stevens
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McCaffery	Kerri	2441 Lawlor	Fairbanks	99709 (907)474-8551		
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Mohatt	Gerald	1625 Hans Way	Fairbanks	99709 (907)479-0455		
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Murphy	Gretchen	3504 Krieb Dr.	Fairbanks	99709 (907)479-8224		
Murrison	Linda	3813 Swenson	Fairbanks	99707		
Muslard	Carolyn	2564 Wecota Dr.	Fairbanks	99709 (907)479-6101		
Norcross	Brenda	3512 Rosie Circle Rd.	Fairbanks	99709 (907)479-0518		
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Weiblen	Nicole	455 3rd Ave., #404	Fairbanks	99701 (907)452-2405		
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Wheat	Roberta	PO Box 80526	Fairbanks	99708 (907)479-4067		
Williams	Jennifer	2812 Barnette St.	Fairbanks	99701 (907)457-4919		
Williams	Kathleen	802 Alice Rd.	Fairbanks	99712 (907)490-6426		
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Bohart	Dave	1120 Gilmore Trl.	Fairbanks	99712 (907)457-4146
Bohart	Susan	1120 Gilmore Trl.	Fairbanks	99712 (907)457-4146
Browne	Margaret	2880 Alderberry Trail	Fairbanks	99709 (907)455-9100
Canulo	Kathryn	1924 Gilmore Trail	Fairbanks	99712 (907)457-6373
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Caywood	Cynde	535 2nd Ave., #107	Fairbanks	99701 (907)456-1974
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Delong	Debra	736 9th Ave	Fairbanks	99701 (907)451-6766
Dewey	Barbara	PO Box 80442	Fairbanks	99708 (907)479-4818
Doramus	Loemie	1696 Red Fox	Fairbanks	99709 (907)378-7188
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Heck	Linda	PO Box 72352	Fairbanks	99707 (907)452-3160
Hedgecock	Haley	PO Box 753124	Fairbanks	99775 (907)451-1960
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Howard	Shari	PO Box 10232	Fairbanks	99710 (907)488-3867
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Jones-Owen	Melissa	710 Hillcrest	Fairbanks	99712 (907)457-8971
Kaynor	Carol	1760 Snowhook Trl	Fairbanks	99709 (907)455-9663
Kells	Connie	3528 International	Fairbanks	99701 (907)458-1846
Kienle	Alexandra	1515 Husky Way	Fairbanks	99709 (907)479-2342
Kinda	Craig	671 Finsbury	Fairbanks	99709 (907)456-5463
Lacey	Dave	PO Box 81765	Fairbanks	99708 (907)474-8224
Larson	Melody	PMB 243	Fairbanks	99709 (907)978-0693
Loitz	Tammy	308 Dunbar	Fairbanks	99701 (907)457-6635
Maillele	Barbara	PO Box 82632	Fairbanks	99708 (907)458-0818
McConnell	Sarah	PO Box 85262	Fairbanks	99708
Mihm-Kunz	Lori	108 Eureka Ave.	Fairbanks	99701 (907)452-3962
Montella	Margaret	506 Sprucewood	Fairbanks	99910 (907)459-5384
Nickles	Mary Ann	215 Dunbar kAve.	Fairbanks	99701 (907)456-6074
Nunley	Leslea	2008 Perkins Dr.	Fairbanks	99709 (907)479-3374
Palmer	Laura	PO Box 81766	Fairbanks	99708 (907)460-5875
Raidmae	Brooke	1620 Washington Dr., #17	Fairbanks	99709 (907)451-7377
Ramsey	Therisa	455-3rd Ave #522	Fairbanks	99701 (907)479-4790
Riche	Kathe	932 Carol Lane	Fairbanks	99712 (907)457-2996
Rocheleau	Chris	165-3rd Ave.	Fairbanks	99701 (907)347-2491
Ruppert	Anne	2352 Broadmoor Ave.	Fairbanks	99709 (907)479-4008
Shockley	Marlene	1151 Ivy Dr.	Fairbanks	99709 (907)474-9072
Spencer	Sylvia	PO Box 58099	Fairbanks	99711 (907)488-6874
Stevenson	Irene	670 Hobbit Hill Dr.	Fairbanks	99712 (907)457-7225
Sweet	Steve	1108 Galena St	Fairbanks	99709 (907)474-9589
Toby	Theresa	PO Box 73535	Fairbanks	99707 (907)457-6666
Vance	Christine M.	5241 Cherokee Ave.	Fairbanks	99709 (907)479-4701
Watts	Connie	PO Box 70294	Fairbanks	99707 (907)455-9391
Wilbe	Robyn	PO Box 82745	Fairbanks	99708 (907)479-7311
Winans	Mark L.	6041 Sherman Rd.	Fairbanks	99709 (907)388-2602
Winkler	Linda	1925 Lynx Ln	Fairbanks	99709 (907)479-4337
Anderson	Terry	227 Woodridge, #25	Fairbanks	99709 (907)474-0468
Anger	Donna	1075 Red Ridge Rd.	Fairbanks	99709 (907)456-6091
Armstrong	Vickie	4544 Drake St.	Fairbanks	99709 (907)474-4786
Barrett	Paul	108 Duke Way	Fairbanks	99709 (907)479-5283

Laughlin	Beth	1852 Perkins	Fairbanks	99709 (907)457-5489	Representative David Guttenberg	Senator Ralph Seekins
Laughlin	James	1852 Perkins	Fairbanks	99701 (907)457-5489	Representative David Guttenberg	Senator Ralph Seekins
Olson	Ellen	2295 Stevens Ave.	Fairbanks	99709 (907)455-6201	Representative David Guttenberg	Senator Ralph Seekins
Reed	Jennifer	1389 Raspberry Dr.	Fairbanks	99709 (907)458-8549	Representative David Guttenberg	Senator Ralph Seekins
Stanley	Kasey A.	1284 Sunny Slope Rd.	Fairbanks	99709 (907)479-2451	Representative David Guttenberg	Senator Ralph Seekins
Thibodeau	Michael	1933 Yankovich Rd.	Fairbanks	99709 (907)455-6018	Representative David Guttenberg	Senator Ralph Seekins
Martin	Amy	411 A Street	Fairbanks	99701 (907)455-6889		
Veitch	Nancy	PO Box 81397	Fairbanks	99708 (907)455-6794		
Anderson	Eva L.	PO Box 60014	Fairbanks	99706 (907)479-6428		
Aull	Maureen	1805 Marmot Hill	Fairbanks	99709 (907)479-5928		
Baker	Lawrence J.	PO Box 72112	Fairbanks	99707 (907)479-0675		
Binder	John	302 Rambling	Fairbanks	99712 (907)457-7927		
Binder	Linda	302 Rambling	Fairbanks	99712 (907)457-7927		
Brown	Evelyn	1341 Overhill Dr.	Fairbanks	99709 (907)479-5364		
Brown	Jim	1341 Overhill Dr.	Fairbanks	99709 (907)479-5364		
Bucholtz	Colette	PO Box 85185	Fairbanks	99708 (907)455-4860		
Cambellick	Michelle	PO Box 82422	Fairbanks	99708 (907)479-4417		
Cardarel	Kathy	4210 Rabbit Run	Fairbanks	99709 (907)458-2154		
Carr	Bruce	PO Box 81023	Fairbanks	99708 (907)429-3747		
Carr	Diana	PO Box 81023	Fairbanks	99708 (907)479-3747		
Carter-White	Marcella	330 Old Stese Hwy, #134	Fairbanks	99701 (907)457-5641		
Carusso	Patricia	671 Constitution Dr.	Fairbanks	99709 (907)479-5619		
Casselmann	Svenna	PO Box 81124	Fairbanks	99708 (907)457-5750		
Chapman	Deby	PO Box 82448	Fairbanks	99708 (907)455-2888		
Cheledim	Craig	PO Box 73169	Fairbanks	99707 (907)457-4574		
Cole	Loretta	316 Lancaster	Fairbanks	99712 (907)457-1624		
Criss-Carboy	Susan	PO Box 82727	Fairbanks	99708 (907)457-2946		
Daniel	Jeanne L.	272 Bentley Dr.	Fairbanks	99701 (907)474-3066		
Dates	Sue	PO Box 70102	Fairbanks	99707 (907)590-3696		
Day	Linda	974 Gilmore St., #1	Fairbanks	99704 (907)455-8011		
Doerpinghaus	Anne	PO Box 60393	Fairbanks	99706 (907)455-4503		
Dowdy	Terry A.	1489 Chena Ridge	Fairbanks	99709 (907)457-5047		
Dresser	Michael	3445 Dead End Alley	Fairbanks	99709 (907)455-6545		
Earp	Cathy	PO Box 72436	Fairbanks	99707 (907)474-0861		
Ebel	Lori	PO Box 70056	Fairbanks	99707 (907)488-2253		
Eubank	William G.	2510 Goldhill Rd.	Fairbanks	99709 (907)479-2543		
Eyth, MA	Mia M.	1233 20th Ave., #1	Fairbanks	99701 (907)457-3395		
Fogleson	Conita	PO Box 61295	Fairbanks	99706 (907)479-0216		
Fogleson	Larry J.	2531 Linda Lane	Fairbanks	99709 (907)479-6828		
Guthrie	Mary	2183 Nottingham Dr.	Fairbanks	99709 (907)479-6034		
Hall	Karen L.	1118 Sunset Dr.	Fairbanks	99709 (907)455-4329		
Hall	Kevin E.	1118 Sunset Dr.	Fairbanks	99709 (907)455-4329		

Rockhill	Jessica	19120 Talarik Dr.	Eagle River	99577 317-7637	Representative Pete Kott	Senator Fred Dyson
Rodda	Charlene	19100 Nunliak Circle	Eagle River	99577 694-7978	Representative Pete Kott	Senator Fred Dyson
Sandoval	Stacy	10227 Wren Lane	Eagle River	99577 694-5033	Representative Pete Kott	Senator Fred Dyson
Simenson	Lois	9524 Noak Cir	Eagle River	99577 696-4502	Representative Pete Kott	Senator Fred Dyson
Snodgrass	Pamela	11043 Tsusena Cir.	Eagle River	99577 694-7425	Representative Pete Kott	Senator Fred Dyson
Spindler	Mark	18613 So. Lowrie Lp.	Eagle River	99577 694-6275	Representative Pete Kott	Senator Fred Dyson
Spindler	Samantha	18613 So. Lowrie Lp.	Eagle River	99577 694-6275	Representative Pete Kott	Senator Fred Dyson
Wier	Greta	9623 St. George Cir.	Eagle River	99577 696-8232	Representative Pete Kott	Senator Fred Dyson
Swircensh	Mark	20440 Raven Drive	Eagle River	99577 696-2820	Representative Pete Kott	Senator Fred Dyson
Ghan	Rhonda	9638 Nulato	Eagle River	99577 696-5512	Representative Pete Kott	Senator Fred Dyson
Dompier	Deborah	HC 83 Box 2441	Eagle River	99577 694-3271		Senator Fred Dyson
Dompier	James	HC 83 Box 2441	Eagle River	99577 694-3271		Senator Fred Dyson
Dompier	Matthew	HC 83 Box 2441	Eagle River	99577 694-3271		Senator Fred Dyson
Dompier	Sarah	HC 83 Box 2441	Eagle River	99577 694-3271		Senator Fred Dyson
Carnahan	Leah	PO Box 773501	Eagle River	99577 688-1069	Representative Bill Stoltze	Senator Scott Ogen
Hunter	H. Darlene	PO Box 771393	Eagle River	99577 696-4493		
Allen	Scott W.	PO Box 391	Ester	99725 (907)456-3580	Representative David Guttenberg	Senator Ralph Seekins
Buchanan	Craig	PO Box 201	Ester	99725 (907)479-3548	Representative David Guttenberg	Senator Ralph Seekins
Gumm	Judith C.	PO Box 214	Ester	99725 (907)479-4568	Representative David Guttenberg	Senator Ralph Seekins
Kopplin	William	3815 Old Nenana Hwy.	Ester	99725 (907)479-5426	Representative David Guttenberg	Senator Ralph Seekins
Brink	Carey Ellen	PO Box 144	Ester	99725 (907)479-8381	Representative David Guttenberg	Senator Ralph Seekins
Christopher	Karen	4031 Parks Ridge Rd.	Ester	99709 (907)479-0805	Representative David Guttenberg	Senator Ralph Seekins
Conn	Rachel	PO Box 127	Ester	99725 (907)455-1263	Representative David Guttenberg	Senator Ralph Seekins
Meta	Ginger	PO Box 456	Ester	99725 (907)479-2511	Representative David Guttenberg	Senator Ralph Seekins
Pfisterer	Linda	PO Box 209	Ester	99725 (907)479-4712	Representative David Guttenberg	Senator Ralph Seekins
Therrell	Nancy	PO Box 177	Ester	99725 (907)479-9302	Representative David Guttenberg	Senator Ralph Seekins
Dubay	Connie	471 Tail Waggin Ln.	Fairbanks	99712 (907)457-4436	Representative Mike Hawker	Senator Con Bunde
Dubay	Mark	471 Tail Waggin Ln.	Fairbanks	99712 (907)457-4436	Representative Mike Hawker	Senator Con Bunde
Colp	Gerald S.	651-11th Ave.	Fairbanks	99701 (907)457-4193	Representative James A. Holm	Senator Gary Wilken
McCorkle	Deborah P	418 Baranof	Fairbanks	99701 (907)451-4372	Representative James A. Holm	Senator Gary Wilken
Alexander	Rebecca	PO Box 72224	Fairbanks	99707 (907)452-1954	Representative James A. Holm	Senator Gary Wilken
Anderson	Linda	3165 Riverview	Fairbanks	99709 (907)474-9463	Representative James A. Holm	Senator Gary Wilken
Canarsky	Maurine	1009 Pedro St.	Fairbanks	99701	Representative James A. Holm	Senator Gary Wilken
Davey-Beyer	Lottie	665 10th Ave, #309	Fairbanks	99701 (907)456-6755	Representative James A. Holm	Senator Gary Wilken
Gillman	Kevin J.	1601 Marika Rd., #5	Fairbanks	99709 (907)456-4797	Representative James A. Holm	Senator Gary Wilken
Townsend	Marilyn	407 Ketchikan	Fairbanks	99701 (907)456-6214	Representative James A. Holm	Senator Gary Wilken
Holmes	Laurel	3158 N. Van Horn	Fairbanks	99701 (907)479-0707	Representative Carl M. Morgan, Jr	Senator Georgianna Lincoln
Braly	Celeste	510 Dunbar A6	Fairbanks	99701 (907)452-3451	Representative Bud Fate	Senator Ralph Seekins
Krier	Amy	PO Box 75308	Fairbanks	99707 (907)451-8048	Representative Bud Fate	Senator Ralph Seekins
Morey	Colleen	PO Box 84706	Fairbanks	99708 (907)451-7100	Representative Bud Fate	Senator Ralph Seekins
McCosley	Bea	218 Betty St.	Fairbanks	99701 (907)451-1159	Representative David Guttenberg	Senator Ralph Seekins
Russell Hade	Martha A.	518 Front St.	Fairbanks	99701 (907)456-1952	Representative David Guttenberg	Senator Ralph Seekins

Link	Natasha K.	30215 List Cir.	Eagle River	99577 694-4648	Representative Mike Hawker	Senator Con Bunde
McBride	Katherine	PO Box 772024	Eagle River	99577 694-2095	Representative Mike Hawker	Senator Con Bunde
McElroy	Nancy	PO Box 773671	Eagle River	99577 622-2001	Representative Mike Hawker	Senator Con Bunde
Nivar	Bryan J.	30215 List Cir.	Eagle River	99577 694-4648	Representative Mike Hawker	Senator Con Bunde
Schaeffer	Bernadette	6331 Magnaview Dr.	Eagle River	99577 694-6236	Representative Mike Hawker	Senator Con Bunde
Smith	Barbara	2824 Misty Mountain	Eagle River	99577 654-5518	Representative Mike Hawker	Senator Con Bunde
Wardlaw-Bailey	Cara	PO Box 774028	Eagle River	99577	Representative Mike Hawker	Senator Con Bunde
White	Tonya	9011 Wallace St	Eagle River	99577 261-6561		Senator Fred Dyson
Dirscherl	Sara	16600 Theodore	Eagle River	99577 696-1112	Representative Nancy Dahlstrom	Senator Fred Dyson
Downes	Donna	19730 Citation Rd	Eagle River	99577 694-7697	Representative Pete Kott	Senator Fred Dyson
Gamble	Sherry	11130 Aurora Cir.	Eagle River	99577 696-7791	Representative Pete Kott	Senator Fred Dyson
Greg	Klincael	10107 Wildweed	Eagle River	99577 696-5888	Representative Pete Kott	Senator Fred Dyson
Johnson	Joan	25255 Crystal Crk Dr.	Eagle River	99577 694-3620	Representative Pete Kott	Senator Fred Dyson
Lampert	Dave	10208 Chickaloon St	Eagle River	99577 694-9870	Representative Pete Kott	Senator Fred Dyson
Porter	Andrea	PO Box 772224	Eagle River	99577 622-0431	Representative Pete Kott	Senator Fred Dyson
Porter	Lloyd R	PO Box 772224	Eagle River	99577 622-0431	Representative Pete Kott	Senator Fred Dyson
Adams	Cindy	11507 Celestial St.	Eagle River	99577 694-2768	Representative Pete Kott	Senator Fred Dyson
Bartholomew	Lisa	20646 Philadelphia Way	Eagle River	99577 696-0479	Representative Pete Kott	Senator Fred Dyson
Cabiness	Jason	11236 Upper Sunny Cir. #8	Eagle River	99577 694-0233	Representative Pete Kott	Senator Fred Dyson
Devine	Monica	26118 White Spruce	Eagle River	99577 674-3402	Representative Pete Kott	Senator Fred Dyson
Dori	D.Charlene	19411 Eagle River Rd.	Eagle River	99577 694-5046	Representative Pete Kott	Senator Fred Dyson
Dori	Jesse	19411 Eagle River Rd.	Eagle River	99577 694-5046	Representative Pete Kott	Senator Fred Dyson
Drake	Hilde	9840 Dinnanka Dr.	Eagle River	99577 696-1869	Representative Pete Kott	Senator Fred Dyson
Drake	Jason	9840 Dinnanka Dr.	Eagle River	99577 696-1869	Representative Pete Kott	Senator Fred Dyson
Drake	Melissa	9840 Dinnanka Dr.	Eagle River	99577 696-1869	Representative Pete Kott	Senator Fred Dyson
Drake	Tom	9840 Dinnanka Dr.	Eagle River	99577 696-1869	Representative Pete Kott	Senator Fred Dyson
Falloner	Heather	18912 Third St.	Eagle River	99577 694-3865	Representative Pete Kott	Senator Fred Dyson
Gallear	Elda P.	19252 First St.	Eagle River	99577 694-2224	Representative Pete Kott	Senator Fred Dyson
Green	Sheldon	19218 War Admiral	Eagle River	99577 696-5648	Representative Pete Kott	Senator Fred Dyson
Guest	Joyce	10539 Seabolt Pl	Eagle River	99577 694-1126	Representative Pete Kott	Senator Fred Dyson
Hackett	Pamela	18528 Second St.	Eagle River	99577 696-2606	Representative Pete Kott	Senator Fred Dyson
Kowakie	Dameon	20413 Lucas	Eagle River	99577 622-9021	Representative Pete Kott	Senator Fred Dyson
Lawes	Marc	12550C Old Glenn Hwy	Eagle River	99577 694-5325	Representative Pete Kott	Senator Fred Dyson
Lindsay	Douglas M.	17108 Ladona Dr.	Eagle River	99577 622-0288	Representative Pete Kott	Senator Fred Dyson
Litterer	Allie	18424 Citation Rd.	Eagle River	99577 694-3116	Representative Pete Kott	Senator Fred Dyson
Litterer	John	18424 Citation Rd.	Eagle River	99577 694-3116	Representative Pete Kott	Senator Fred Dyson
Lowrie	Leslie	16403 Home Pl., #25	Eagle River	99577 694-7742	Representative Pete Kott	Senator Fred Dyson
Meiergerd	Gene	12110 Business Blvd. #306	Eagle River	99577 696-8447	Representative Pete Kott	Senator Fred Dyson
Pelit	Robert K.	10950 Kichodno Cir.	Eagle River	99577 694-4046	Representative Pete Kott	Senator Fred Dyson
Pittman	Tom L.	17342 S. Juanita Loop	Eagle River	99577 696-4969	Representative Pete Kott	Senator Fred Dyson
Pulnam	Sanda	18525 McCrary Rd.	Eagle River	99577 694-4054	Representative Pete Kott	Senator Fred Dyson
Reyes	Karen	PO Box 770950	Eagle River	99577 696-7395	Representative Pete Kott	Senator Fred Dyson