

ALASKA LEGISLATURE COMMITTEES FILED, 2003-2004 00 / 2

10903 HOUSE JUDICIARY

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		
Velch	Nancy	PO Box 81397	Fairbanks	99708 (907)455-6794		
Anderson	Eva L.	PO Box 60014	Fairbanks	99701 (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		
Cambelick	Michelle	PO Box 82422	Fairbanks	99708 (907)479-4417		
Cardarell	Kathy	4210 Rabbit Run	Fairbanks	99709 (907)458-2154		
Carr	Bruce	PO Box 81023	Fairbanks	99708 (907)429-3747		
Carr	Diana	PO Box 81023	Fairbanks	99708 (907)479-3747		
Carter-White	Marcella	330 Old Slesse Hwy, #134	Fairbanks	99701 (907)457-5641		
Caruso	Patricia	671 Constitution Dr.	Fairbanks	99709 (907)479-5619		
Casselman	Svenna	PO Box 81124	Fairbanks	99708 (907)457-5750		
Chapman	Debby	PO Box 82448	Fairbanks	99708 (907)455-2888		
Chelidm	Craig	PO Box 73169	Fairbanks	99707 (907)457-4574		
Cole	Lorella	816 Lancaster	Fairbanks	99712 (907)457-1624		
Cris-Carboy	Susan	PO Box 82727	Fairbanks	99708 (907)457-2946		
Daniel	Jeanne L.	272 Bentley Dr.	Fairbanks	99701 (907)474-3066		
Dates	Sue	PO Box 70102	Fairbanks	99707 (907)590-3696		
Day	Linda	974 Gilmore St. #1	Fairbanks	99704 (907)455-8011		
Doeringhaus	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		
Ebank	William G.	2510 Goldhill Rd	Fairbanks	99709 (907)479-2543		
Eyth, MA	Mia M.	1233 20th Ave., #1	Fairbanks	99701 (907)457-3395		
Fogleson	Conita	PO Box 61295	Fairbanks	99706 (907)479-0216		
Fogleson	Larry J.	2531 Linda Lane	Fairbanks	99709 (907)479-6828		
Guthrie	Mary	2183 Nottingham Dr.	Fairbanks	99709 (907)479-6034		
Hall	Karen L.	1118 Sunset Dr.	Fairbanks	99709 (907)455-4329		
Hall	Kevin E.	1118 Sunset Dr.	Fairbanks	99709 (907)455-4329		

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

Link	Natasha K.	30215 List Cir.	Eagle River	99577 694-4648	Representative Mike Hawker	Senator Con Bunde
McBride	Katherine	PO Box 772024	Eagle River	99577 694-2095	Representative Mike Hawker	Senator Con Bunde
McElroy	Nancy	PO Box 773671	Eagle River	99577 622-2001	Representative Mike Hawker	Senator Con Bunde
Niver	Bryan J.	30215 List Cir.	Eagle River	99577 694-4648	Representative Mike Hawker	Senator Con Bunde
Schaeffer	Bernadette	6331 Magnaview Dr.	Eagle River	99577 694-6236	Representative Mike Hawker	Senator Con Bunde
Smith	Barbara	2824 Misty Mountain	Eagle River	99577 654-5518	Representative Mike Hawker	Senator Con Bunde
Wardlaw-Bailey	Carra	PO Box 774028	Eagle River	99577	Representative Mike Hawker	Senator Con Bunde
White	Tonya	9014 Wallace St.	Eagle River	99577 261-6561	Representative Nancy Dahstrom	Senator Fred Dyson
Dirscherl	Sara	16600 Theodore	Eagle River	99577 696-1112	Representative Nancy Dahstrom	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	Kincael	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
Cabness	Jason	11236 Upper Sunny Cir. #8	Eagle River	99577 694-0233	Representative Pete Kott	Senator Fred Dyson
Devine	Monica	25118 White Spruce	Eagle River	99577 674-3402	Representative Pete Kott	Senator Fred Dyson
Dori	D. Charlene	19411 Eagle River Rd.	Eagle River	99577 694-5046	Representative Pete Kott	Senator Fred Dyson
Dori	Jesse	19411 Eagle River Rd.	Eagle River	99577 694-5046	Representative Pete Kott	Senator Fred Dyson
Drake	Hilde	9840 Dinnanka Dr.	Eagle River	99577 696-1869	Representative Pete Kott	Senator Fred Dyson
Drake	Jason	9840 Dinnanka Dr.	Eagle River	99577 696-1869	Representative Pete Kott	Senator Fred Dyson
Drake	Melissa	9840 Dinnanka Dr.	Eagle River	99577 696-1869	Representative Pete Kott	Senator Fred Dyson
Drake	Tom	9840 Dinnanka Dr.	Eagle River	99577 696-1869	Representative Pete Kott	Senator Fred Dyson
Fallon	Heather	18912 Third St.	Eagle River	99577 694-3865	Representative Pete Kott	Senator Fred Dyson
Gallear	Eida P.	19252 First St.	Eagle River	99577 694-2224	Representative Pete Kott	Senator Fred Dyson
Green	Sheldon	19218 War Admiral	Eagle River	99577 696-5648	Representative Pete Kott	Senator Fred Dyson
Guest	Joyce	10639 Seabolt Pl.	Eagle River	99577 694-1126	Representative Pete Kott	Senator Fred Dyson
Hackett	Pamela	18528 Second St.	Eagle River	99577 696-2606	Representative Pete Kott	Senator Fred Dyson
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
Pelt	Robert K.	10950 Kichodno Cir.	Eagle River	99577 694-4046	Representative Pete Kott	Senator Fred Dyson
Pitman	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

LoManaco	Joseph C	PO Box 241966	Anchorage	99524 786-7315	Representative David Guttenberg	Senator Ralph Seekins
Dabney	Gregory E	PO Box 3176	Anderson	99744 (907)582-2810	Representative David Guttenberg	Senator Ralph Seekins
Miller	William R.	PO Box 3140	Anderson	99744 (907)582-2485	Representative David Guttenberg	Senator Ralph Seekins
Rodgers	Georgia	PO Box 1550	Bellevue	99559 (907)543-3019	Representative David Guttenberg	Senator Lyman Hoffman
Buddo	Jennifer	PO Box 521795	Big Lake	99652 (907)892-8244	Representative Beverly Masek	Senator Scott Ogen
Seitz	Bill A.	PO Box 520085	Big Lake	99652 (907)892-8136	Representative Beverly Masek	Senator Scott Ogen
Phipps	Kristine L.	PO Box 520097	Big Lake	99652	Representative Beverly Masek	Senator Scott Ogen
Smid	Tamara	PO Box 521187	Big Lake	99652	Representative Beverly Masek	Senator Scott Ogen
LaMoria	Gary	PO Box 112	Chitna	99566	Representative Carl M. Morgan, Jr	Senator Georgiana Lincoln
Winter	Michael	PO Box 104	Chitna	99566 823-2266	Representative Carl M. Morgan, Jr	Senator Georgiana Lincoln
Kobersmith	Dave & Kimber	PO Box 670049	Chugiak	99567 688-6825	Representative Nancy Dahstrom	Senator Fred Dyson
Bissell	Jane	PO Box 671872	Chugiak	99567 688-2748	Representative Bill Stolze	Senator Scott Ogen
Brooks	Natalie	15888 Birchwood	Chugiak	99567 692-2743	Representative Bill Stolze	Senator Scott Ogen
Brooks	Natalie	15888 Birchwood	Chugiak	99567 696-2743	Representative Bill Stolze	Senator Scott Ogen
Campbell	Casey	24417 Whaley	Chugiak	99567 357-7710	Representative Bill Stolze	Senator Scott Ogen
Campbell	Tonya	24417 Whaley	Chugiak	99567 357-7710	Representative Bill Stolze	Senator Scott Ogen
Codimo	Jan	PO Box 671446	Chugiak	99567 622-1468	Representative Bill Stolze	Senator Scott Ogen
Davies	Emily	PO Box 671264	Chugiak	99567 688-5590	Representative Bill Stolze	Senator Scott Ogen
Denney	Michelle	PO Box 672133	Chugiak	99567 688-6566	Representative Bill Stolze	Senator Scott Ogen
Fierro	Vicki	21015 Coonlity View Dr	Chugiak	99567 688-6141	Representative Bill Stolze	Senator Scott Ogen
Hall	Barb	PO Box 670955	Chugiak	99567 688-9871	Representative Bill Stolze	Senator Scott Ogen
Herr	Jaheen	PO Box 671349	Chugiak	99567 688-3597	Representative Bill Stolze	Senator Scott Ogen
Johns	April	21829 Wordcliff Dr.	Chugiak	99567 688-4935	Representative Bill Stolze	Senator Scott Ogen
Lester	Ardith	PO Box 671524	Chugiak	99567 688-6088	Representative Bill Stolze	Senator Scott Ogen
Lucas	Lisa	PO Box 670812	Chugiak	99567 688-3768	Representative Bill Stolze	Senator Scott Ogen
Mou	Melanie	Box 670063	Chugiak	99567 250-5253	Representative Bill Stolze	Senator Scott Ogen
Stephens	Von	PO Box 670929	Chugiak	99567 688-7316	Representative Bill Stolze	Senator Scott Ogen
Volden	Cheryl	PO Box 672183	Chugiak	99567	Representative Bill Stolze	Senator Scott Ogen
Weir	Janet	22774 N. Woods	Chugiak	99567 317-0871	Representative Bill Stolze	Senator Scott Ogen
Jensen	Kenneth D.	PO Box 792	Cooper Landing	99572 (907)595-1754	Representative Paul Seaton	Senator Gary Stevens
Jensen	Nancy P.	PO Box 792	Cooper Landing	99572 (907)595-1754	Representative Paul Seaton	Senator Gary Stevens
Hewitt	Rosemary	PO Box 1144	Cordova	99574 (907)427-7381	Representative Al Kookish	Senator Georgiana Lincoln
Newirth	Fred	PO Box 1102	Cordova	99574 (907)424-7670	Representative Al Kookish	Senator Georgiana Lincoln
Newirth	Mary	PO Box 1102	Cordova	99574 (907)424-5143	Representative Al Kookish	Senator Georgiana Lincoln
Mickelson	Mike	PO Box 1362	Cordova	99574 (907)424-5143	Representative Al Kookish	Senator Georgiana Lincoln
Eggleston	Melinda	PO Box 722	Delta Junction	99737 (907)895-4332	Representative John Harris	Senator Gene Therrault
Hirschel	Tisa	PO Box 205	Delta Junction	99737 (907)895-5084	Representative John Harris	Senator Gene Therrault
Person Crosby	Lou Anne	PO Box 772773	Eagle River	99577 694-6370	Representative Mike Hawker	Senator Con Bunde
Baier	Susan	PO Box 772803	Eagle River	99577 696-4625	Representative Mike Hawker	Senator Con Bunde
Butera	Sandy	PO Box 773294	Eagle River	99577 694-5522	Representative Mike Hawker	Senator Con Bunde
Hopson	Harold	25831 Louinda Circle	Eagle River	99577 696-1126	Representative Mike Hawker	Senator Con Bunde
Hopson	Nancy	25831 Louinda Circle	Eagle River	99577 696-1126	Representative Mike Hawker	Senator Con Bunde

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

Hildebrand	Anne	2815 Willey Post Ave.	Anchorage	99517 243-5923	Representative Ethan Berkowitz	Senator Hollis French II
Powers	Nancy	3525 Corona Cir	Anchorage	99517 243-5923	Representative Ethan Berkowitz	Senator Hollis French II
Seelinger	Bobbie	3827 Richard Evelyn Byrd	Anchorage	99517 243-3029	Representative Ethan Berkowitz	Senator Hollis French II
Baker	Marcy	2453 Lord Baranof	Anchorage	99517 248-1361	Representative Kevin Meyer	Senator John Cowdery
Brady	Jody L.	10601 Lone Tree Dr.	Anchorage	99507 346-1497	Representative Kevin Meyer	Senator John Cowdery
Browner	Suzanne	6150 Gross Dr	Anchorage	99507 562-0410	Representative Kevin Meyer	Senator John Cowdery
Coker	Tammy	PO Box 210866	Anchorage	99521 240-1013	Representative Kevin Meyer	Senator John Cowdery
Davies	Stephen Ben	9041 Little Creek Dr	Anchorage	99507 349-1191	Representative Kevin Meyer	Senator John Cowdery
Dutton	Gregory	3716 Coventry	Anchorage	99507 522-7533	Representative Kevin Meyer	Senator John Cowdery
Edmund-Carule	Patricia	2716 Snug Harbor Cir	Anchorage	99507 344-4416	Representative Kevin Meyer	Senator John Cowdery
Klotz	Sharon	5121 Seldon Cir	Anchorage	99507 346-1992	Representative Kevin Meyer	Senator John Cowdery
Kranich	Anila	9780 Carlson Rd	Anchorage	99507 344-1131	Representative Kevin Meyer	Senator John Cowdery
Kranich	Sandra L.	9780 Carlson Rd	Anchorage	99507 346-1901	Representative Kevin Meyer	Senator John Cowdery
Leebrock	Bobbie	7724 Snowview	Anchorage	99507 344-5959	Representative Kevin Meyer	Senator John Cowdery
Miller	Jenny	3921 E. 86th	Anchorage	99507 274-0629	Representative Kevin Meyer	Senator John Cowdery
Parker	Kathy	8808 Sahalee Dr.	Anchorage	99507 248-9029	Representative Kevin Meyer	Senator John Cowdery
Pastorino	Alex	7920 Little Moose Cir.	Anchorage	99507 349-2888	Representative Kevin Meyer	Senator John Cowdery
Puru	Tracie	9010 Sahalee	Anchorage	99507 336-1624	Representative Kevin Meyer	Senator John Cowdery
Quest	Connie	6337 Laurel Dr.	Anchorage	99507 346-2582	Representative Kevin Meyer	Senator John Cowdery
Vaillancourt	Kristi	7330 Biglerville Rd	Anchorage	99507	Representative Kevin Meyer	Senator John Cowdery
Wells	Kimberly	7061 Miranda Dr	Anchorage	99507 349-3597	Representative Kevin Meyer	Senator John Cowdery
Wells	Paul	7061 Miranda Dr	Anchorage	99507 349-3597	Representative Kevin Meyer	Senator John Cowdery
Gromoff	Suzanne	7201 Stamps Circle	Anchorage	99507 344-3027	Representative Kevin Meyer	Senator John Cowdery
Brown	Patty A	8620 Barney Cir	Anchorage	99507 522-2652	Representative Kevin Meyer	Senator John Cowdery
Klotz	Sharon	5121 Seldon Cir	Anchorage	99507 346-1992	Representative Kevin Meyer	Senator John Cowdery
Kranich	Sandra L	9780 Carlson Rd	Anchorage	99507 346-1901	Representative Kevin Meyer	Senator John Cowdery
Bowman	Tara	16270 Jamestown Dr, 9H	Anchorage	99507 337-2411	Representative Ralph Samuels	Senator John Cowdery
Carr	Corrina	910 W. 90th	Anchorage	99515 644-7923	Representative Ralph Samuels	Senator John Cowdery
Fincher	Carol	9411 Abbot Loop Rd	Anchorage	99507 770-7750	Representative Ralph Samuels	Senator John Cowdery
Harbour	Lisa	10417 Ridge Park Dr	Anchorage	99507 336-3737	Representative Ralph Samuels	Senator John Cowdery
Hartford	Judith L.	6619 Fairweather Dr.	Anchorage	99518 337-1542	Representative Ralph Samuels	Senator John Cowdery
Mesplay	Patricia	529 W. 76th Ave.	Anchorage	99518 349-8271	Representative Ralph Samuels	Senator John Cowdery
Morton	Elizabeth P	6350 Fairweather	Anchorage	99518 644-7930	Representative Ralph Samuels	Senator John Cowdery
Nordstrom	Sarah L	6620 Hampstead Dr #33	Anchorage	99518 562-2442	Representative Ralph Samuels	Senator John Cowdery
Ollenfeld	Keilh	6536 Fairweather	Anchorage	99518 337-5528	Representative Ralph Samuels	Senator John Cowdery
Gardner	Wednesday	7720 Stanley Dr	Anchorage	99518 336-7614	Representative Ralph Samuels	Senator John Cowdery
Goodrich	Rebecca	905 Rich Vista #90	Anchorage	99518 243-0159	Representative Ralph Samuels	Senator John Cowdery
Bessent	A.W.	PO Box 230550	Anchorage	99515 227-2362	Representative Ralph Samuels	Senator John Cowdery
Cox	Mary	2600 Cordova #100	Anchorage	99503 257-0112	Representative Cheryl Heinze	Senator Johnny Ellis
Eldy	Charlee	3831 C St.	Anchorage	99507 349-3334	Representative Cheryl Heinze	Senator Johnny Ellis
Freeman	Mina	1808 Cindy Lee Ln	Anchorage	99507 561-2819	Representative Cheryl Heinze	Senator Johnny Ellis
Gross	Dan	2386 Waldron Dr	Anchorage	99507 563-8152	Representative Cheryl Heinze	Senator Johnny Ellis

Ackerman	Victoria	1327 Valerian St	Anchorage	99508 258-4841	Representative Max Gruenberg	Senator Gretchen Guess
Kanz	Alan	3637 Thompson Ave #1	Anchorage	99508 276-0357	Representative Max Gruenberg	Senator Gretchen Guess
Kelly	Reggie	8420 Peck	Anchorage	99504 332-7055	Representative Max Gruenberg	Senator Gretchen Guess
Mendiola	Patricia	409 N. Flower	Anchorage	99508 272-5009	Representative Max Gruenberg, J	Senator Gretchen Guess
Hammond	Amanda	1521 Bitterroot Cr. #B	Anchorage	99504	Representative Tom Anderson	Senator Gretchen Guess
Haskell	Joan	248 Creekside St.	Anchorage	99504 677-0523	Representative Tom Anderson	Senator Gretchen Guess
Hughes	William	104 Muldoon Rd. #262	Anchorage	99504 830-8631	Representative Tom Anderson	Senator Gretchen Guess
Reynolds	Debbie	6621 Sherwood Cir.	Anchorage	99504	Representative Tom Anderson	Senator Gretchen Guess
Stafford	Gail	8612 Boundary #5	Anchorage	99504 929-3046	Representative Tom Anderson	Senator Gretchen Guess
Hughes	Jennifer	7546 Island Dr.	Anchorage	99508 694-6969	Representative Tom Anderson	Senator Gretchen Guess
Hull	Aimee	2030 Paxson Dr.	Anchorage	99504 332-1009	Representative Tom Anderson	Senator Gretchen Guess
Benner	Maureen	3103 Dawson	Anchorage	99503	Representative Eric Croft	Senator Hollis French II
Brooking	Angelee	1035 W. 20th	Anchorage	99503 279-9317	Representative Eric Croft	Senator Hollis French II
Brooking	Jean	1035 W. 20th	Anchorage	99503 279-9317	Representative Eric Croft	Senator Hollis French II
Brooking	Larry	1035 W. 20th	Anchorage	99503 279-9317	Representative Eric Croft	Senator Hollis French II
Buchanan	Bethany	1529 E St	Anchorage	99501 277-5677	Representative Eric Croft	Senator Hollis French II
Carroll	Susan M	310 W 33rd Ave. #5	Anchorage	99503 569-0015	Representative Eric Croft	Senator Hollis French II
Edwards	J.R.	2140 Arctic Blvd.	Anchorage	99503	Representative Eric Croft	Senator Hollis French II
Edwards	Kathleen	2140 Arctic Blvd.	Anchorage	99503	Representative Eric Croft	Senator Hollis French II
Elliott	Charles	3901 Lois Dr.	Anchorage	99517 563-2421	Representative Eric Croft	Senator Hollis French II
Frasier	Karen	3736 McCain Loop	Anchorage	99503 562-3236	Representative Eric Croft	Senator Hollis French II
Peavy-Yates	Casey	2108 Dawson St.	Anchorage	99503 222-3670	Representative Eric Croft	Senator Hollis French II
Wilrlink	Torrine	833 W. 23rd, #3	Anchorage	99503 562-7212	Representative Eric Croft	Senator Hollis French II
Mulkady	Sharleen	2206 Culver Pl.	Anchorage	99503 243-1395	Representative Eric Croft	Senator Hollis French II
Vogt	Lila	2104 Lincoln	Anchorage	99517 248-1016	Representative Eric Croft	Senator Hollis French II
Brekken	Jill	2405 St. Elias Dr.	Anchorage	99517 248-4215	Representative Ethan Berkowitz	Senator Hollis French II
Cocklan-Vendl	Mary	2011 Atwood Dr.	Anchorage	99517 274-4781	Representative Ethan Berkowitz	Senator Hollis French II
Crandell	Blanche	1200 St. #303	Anchorage	99501 272-0638	Representative Ethan Berkowitz	Senator Hollis French II
Epton	Carol	2919 W. 32nd	Anchorage	99517 344-8484	Representative Ethan Berkowitz	Senator Hollis French II
Fiorio	Rona	1436 M. St.	Anchorage	99501 279-8877	Representative Ethan Berkowitz	Senator Hollis French II
Hall	Katie	4053 Hood Ct.	Anchorage	99517 243-1801	Representative Ethan Berkowitz	Senator Hollis French II
Kurka	Teresa	3435 Willey Post Lp	Anchorage	99517 258-3036	Representative Ethan Berkowitz	Senator Hollis French II
Long	Mauri	2544 Foraker Dr.	Anchorage	99517 277-5400	Representative Ethan Berkowitz	Senator Hollis French II
Miner	Gemima	3011 W. 31st Ave.	Anchorage	99517 677-7693	Representative Ethan Berkowitz	Senator Hollis French II
Redstone	Jessica	3103 Brookside Dr. #2	Anchorage	99517 360-7885	Representative Ethan Berkowitz	Senator Hollis French II
Robbins	Marsha	2811 Klamath Dr.	Anchorage	99517 258-9929	Representative Ethan Berkowitz	Senator Hollis French II
Turinsky	Lois B.	2217 Arcadia Dr.	Anchorage	99517 276-3262	Representative Ethan Berkowitz	Senator Hollis French II
Young	Kathryn	4203 Iowa Dr.	Anchorage	99517	Representative Ethan Berkowitz	Senator Hollis French II
Dunham	Kelly	2906 Doris St A	Anchorage	99517 274-2878	Representative Ethan Berkowitz	Senator Hollis French II
Elbow	Ben	2216 Loussac Dr.	Anchorage	99517 243-1782	Representative Ethan Berkowitz	Senator Hollis French II
Stone	Sarah	2216 Loussac Dr.	Anchorage	99517 243-1782	Representative Ethan Berkowitz	Senator Hollis French II
Alberts	Ellen	3010 Wendy's Way, B	Anchorage	99507 245-5161	Representative Ethan Berkowitz	Senator Hollis French II

Roderick E.	5316 E.41st Ave.	Anchorage	99508	Representative Sharon Cissna	Senator Bettye Davis
Berrigan Lon	3807 W. Northern Lights	Anchorage	99517	Representative Sharon Cissna	Senator Bettye Davis
Ridge Dawn	PO Box 230733	Anchorage	99523	Representative Sharon Cissna	Senator Bettye Davis
DjFrancisco Laurie	5909 Greebe Cir.	Anchorage	99516	Representative Bob Lynn	Senator Con Bunde
Eisenmeyer Linda	521 Clippership Ct	Anchorage	99515	Representative Bob Lynn	Senator Con Bunde
Eisenmeyer Thomas	521 Clippership Ct	Anchorage	99515	Representative Bob Lynn	Senator Con Bunde
Erickson Merlyn	13001 Elmire Rd.	Anchorage	99516	Representative Bob Lynn	Senator Con Bunde
Harron Jason	3650 Spinnaker	Anchorage	99516	Representative Bob Lynn	Senator Con Bunde
Harris Sharon A.	207 Dailey Ave	Anchorage	99515	Representative Bob Lynn	Senator Con Bunde
Irvin Evelyn	330 Bree Ave.	Anchorage	99515	Representative Bob Lynn	Senator Con Bunde
Knotts Alicia	11611 Birchtrail Cir #B	Anchorage	99515	Representative Bob Lynn	Senator Con Bunde
Knotts Robert	11611 Birchtrail Cir #B	Anchorage	99515	Representative Bob Lynn	Senator Con Bunde
Lentfer-Cerielb Kristina	10801 Trails End Rd	Anchorage	99507	Representative Bob Lynn	Senator Con Bunde
Libbey Karol J.	14901 Wildien Dr.	Anchorage	99516	Representative Bob Lynn	Senator Con Bunde
Lorimer Alan	13431 Evelyn Dr.	Anchorage	99516	Representative Bob Lynn	Senator Con Bunde
Mortensen Annie	PO Box 110645	Anchorage	99511	Representative Bob Lynn	Senator Con Bunde
Puado Rebecca	11601 Alderwood	Anchorage	99516	Representative Bob Lynn	Senator Con Bunde
Romero Jodi	6066 Bristol Dr.	Anchorage	99516	Representative Bob Lynn	Senator Con Bunde
Sander Nancy	13338 Stephenson St.	Anchorage	99515	Representative Bob Lynn	Senator Con Bunde
Sisson Rod R.	4701 E. 113th Ave.	Anchorage	99516	Representative Bob Lynn	Senator Con Bunde
Thompson Caryl A.	1120 E Huffman Rd, Ste 2.	Anchorage	99515	Representative Bob Lynn	Senator Con Bunde
Tyner Kelly	2221 Loren Cir.	Anchorage	99516	Representative Bob Lynn	Senator Con Bunde
Werner Sallye	12731 Cardinal Cir	Anchorage	99516	Representative Bob Lynn	Senator Con Bunde
Graham Danny	11885 Wilderness Dr.	Anchorage	99516	Representative Bob Lynn	Senator Con Bunde
Westover Jennifer	PO Box 112191	Anchorage	99511	Representative Bob Lynn	Senator Con Bunde
Denton Sandra C.	2060 Innes Cir	Anchorage	99515	Representative Bob Lynn	Senator Con Bunde
Eisenmeyer Tom & Linda	521 Clippership Ct	Anchorage	99515	Representative Bob Lynn	Senator Con Bunde
Provost Diane	2143 Cange St	Anchorage	99516	Representative Bob Lynn	Senator Con Bunde
Veatch Petro Susan	11541 Brayton Dr, #2	Anchorage	99516	Representative Bob Lynn	Senator Con Bunde
Davis Anita M.	17141 Bettjean St	Anchorage	99516	Representative Mike Hawker	Senator Con Bunde
Jrov Becker	6410 Italy Cir	Anchorage	99516	Representative Mike Hawker	Senator Con Bunde
Kesler Marchelle	15751 Stanwood Cir.	Anchorage	99516	Representative Mike Hawker	Senator Con Bunde
Kinod Lucinda H	PO Box 111876	Anchorage	99511	Representative Mike Hawker	Senator Con Bunde
Main John	4936 Hillandale	Anchorage	99516	Representative Mike Hawker	Senator Con Bunde
Michael Amber	15201 B Snowflake	Anchorage	99516	Representative Mike Hawker	Senator Con Bunde
OrMBER Bob	7741 Cox Dr	Anchorage	99516	Representative Mike Hawker	Senator Con Bunde
Schliel Siri	14000 Goldenview	Anchorage	99516	Representative Mike Hawker	Senator Con Bunde
Yarmak Nancy	5241 Taurus Cir	Anchorage	99516	Representative Mike Hawker	Senator Con Bunde
Brown Marsha	9200 Honey Bear	Anchorage	99516	Representative Mike Hawker	Senator Con Bunde
Fischer Michael	9200 Honey Bear	Anchorage	99516	Representative Mike Hawker	Senator Con Bunde
Richter Lori	7101 Hillside Way	Anchorage	99516	Representative Mike Hawker	Senator Con Bunde
Thompson Deborah Lynn	717 Elm St, #680	Anchorage	99501	Representative Nancy Dahlstrom	Senator Fred Dyson

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

Last Name	First Name	Address	City	Zip	Phone	Representative	State Senator
Ramos, Jr.	Frank	PO Box 90	Ambler	99786	(907)445-2270	Representative Reggie Joule	Senator Donald Olson
Watney	Elizabeth	PO Box 511	Anchor Point	99556	235-4063	Representative Paul Seaton	Senator Gary Stevens
Chesser	Deanna L.	PO Box 515	Anchor Point	99556	(907)235-4955	Representative Paul Seaton	Senator Gary Stevens
Benhardt	Ted	PO Box 106	Anchor Point	99556	(907)235-8227	Representative Paul Seaton	Senator Gary Stevens
Escobedo	Eva M.	PO Box 558	Anchor Point	99556	(907)235-1415	Representative Paul Seaton	Senator Gary Stevens
Finn	Kate	PO Box 295	Anchor Point	99556	(907)235-5329	Representative Paul Seaton	Senator Gary Stevens
Griffith	Mary	55250 Kelly Lane	Anchor Point	99556	(907)235-1028	Representative Paul Seaton	Senator Gary Stevens
Hess	Thomas	37904 Baneberry	Anchor Point	99556	(907)235-6593	Representative Paul Seaton	Senator Gary Stevens
Horazdasky	Pamela	PO Box 941	Anchor Point	99556	(907)235-3245	Representative Paul Seaton	Senator Gary Stevens
Pasdo	Deborah	PO Box 269	Anchor Point	99556	(907)235-6363	Representative Paul Seaton	Senator Gary Stevens
Ragland	Richard	PO Box 233	Anchor Point	99556	(907)235-8448	Representative Paul Seaton	Senator Gary Stevens
Roderick	Elizabeth	PO Box 1216	Anchor Point	99556	(907)235-2687	Representative Paul Seaton	Senator Gary Stevens
Smith	Patricia	PO Box 651	Anchor Point	99556	(907)235-7828	Representative Paul Seaton	Senator Gary Stevens
Story	Ginger	27675 Old Seward Hwy.	Anchor Point	99556	(907)235-7871	Representative Paul Seaton	Senator Gary Stevens
Stoval	Eva L.	PO Box 137	Anchor Point	99556	(907)235-4111	Representative Paul Seaton	Senator Gary Stevens
Quinton	Gretchen L.	PO Box 141553	Anchorage	99514	569-5608	Representative Paul Seaton	Senator Gary Stevens
Sil, emá	Suamne	PO Box 91014	Anchorage	99509			
Varner	Cristina	PO Box 105027	Anchorage	99510	746-8181		
Allen	Amber	13300 Venus Way	Anchorage	99515	229-7464	Representative Lesil McGuire	Senator Ben Stevens
Bauman	Ruth	13931 Jarvi Dr.	Anchorage	99515	345-1120	Representative Lesil McGuire	Senator Ben Stevens
Curtis	Paul R.	2338 Harbor Landing Cir.	Anchorage	99515	337-7878	Representative Lesil McGuire	Senator Ben Stevens
Fox	Mary Dee	3144 Seaport Circle	Anchorage	99515	522-1827	Representative Lesil McGuire	Senator Ben Stevens
Hampton	Charlene	820 Allison Cir.	Anchorage	99515	336-2924	Representative Lesil McGuire	Senator Ben Stevens
Lanehart	TB	501 Oceanview Dr.	Anchorage	99515	345-4758	Representative Lesil McGuire	Senator Ben Stevens
Lesiman	Wendy	12991 Nora Dr.	Anchorage	99515	345-1588	Representative Lesil McGuire	Senator Ben Stevens
Metcalf	Suzanne	112 Beaufort Cir.	Anchorage	99515	333-3302	Representative Lesil McGuire	Senator Ben Stevens
Nickles	C.F.	13116 Beach Cir.	Anchorage	99515		Representative Lesil McGuire	Senator Ben Stevens
Oglesby	Stephanie	2130 Washington Ave.	Anchorage	99515	344-4118	Representative Lesil McGuire	Senator Ben Stevens
Peterson	Margaret	11200 Lillian Lane.	Anchorage	99515	277-0233	Representative Lesil McGuire	Senator Ben Stevens
Pollyetto	Evelyn		Anchorage	99515		Representative Lesil McGuire	Senator Ben Stevens
Pozzi	Bruce	200 Pacific View Dr.	Anchorage	99515	345-2887	Representative Lesil McGuire	Senator Ben Stevens
Richardson	Brian	10167 Marmot Cir. #B	Anchorage	99515	929-5757	Representative Lesil McGuire	Senator Ben Stevens
Sulter	Sheary	9310 Shorecrest Dr.	Anchorage	99515		Representative Lesil McGuire	Senator Ben Stevens
Thompson	Rebecca	9321 Arlene St. #9A	Anchorage	99502	868-7394	Representative Lesil McGuire	Senator Ben Stevens
Vilce	Charlotte	530 Kayak Dr.	Anchorage	99515	345-1883	Representative Lesil McGuire	Senator Ben Stevens
Woolcock	Michael	3144 Seaport Circle	Anchorage	99515	522-1827	Representative Lesil McGuire	Senator Ben Stevens
Davenport	Liesl	11851 Portage Circle	Anchorage	99515	349-0204	Representative Lesil McGuire	Senator Ben Stevens
Morgan	Craig	14941 Jarvi Dr.	Anchorage	99515	274-0749	Representative Lesil McGuire	Senator Ben Stevens
Catron	Mary L.	2211 Minerva Way	Anchorage	99515	349-1971	Representative Lesil McGuire	Senator Ben Stevens
Nichols	Sheri A.	4035A Hale Ct	Anchorage	99502	222-5073	Representative Lesil McGuire	Senator Ben Stevens
Savery	Mary	9524 Canton Loop	Anchorage	99515	344-5938	Representative Lesil McGuire	Senator Ben Stevens

February 18, 2004

*Support*

To Whom It May Concern:

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

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

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

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

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

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

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

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

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

*Jeri Westbrook*

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



# Alaska State Legislature

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

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

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

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

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

Thank you for your consideration.

Signed: *Karen Inak Encelowski*  
Testifier

Representing (optional)

PO Box 66 Ninilchik, AK 99639

Address

907-567-3925

Phone number



# Alaska State Legislature

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

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

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

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

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

Signed: *SAUL FUMINA*  
Testifier

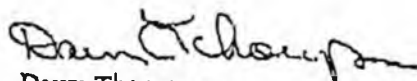
*self*  
Representing (optional)

*PO Box 650, Kenai AK 99610*  
Address

*907 260-4618*  
Phone number

Fax #456-3346

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

  
Dawn Thompson

SB 306 - Prescriptive Rights for Naturopathic Doctors

February 26, 2004

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

Sincerely,



Jacqueline J. Debbaut

2/26/04

To Whom It May Concern:

I support Bill # 307 regarding  
Expanding Naturopathic Practice.

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

Paul J. Rogers  
4595 China Small  
Tracts  
Fairbanks, AK 99709



## Alaska Center for Natural Medicine

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

February 26, 2004

To whom it may concern:

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

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

Heather Luper L.Ac  
President, ACNM

2/26/04

I am in favor of  
Bill SB306.

Sheree Warner  
Massage Therapist  
PO Box 82767  
Faulklands AK  
99708

452 5956

TO: Senate, Labor and Commerce



# ALASKA STATE LEGISLATURE

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

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

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

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

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

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

SIGNED:

Testifier

*Craig R. Burdumess*

Representing

Address / Phone Number

P.O. Box 201 Ester, AK 99725



# McAfee Chiropractic Health Center

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

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

B.A. - Physical Education  
University of Alaska  
Fairbanks

M.S. - Exercise Physiology  
United States  
Sports Academy

D.S. - General Education  
Palmer College  
in Chiropractic

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

Senate Labor & Commerce

SB 306

I am in favor of this  
bill.

Dr Bill McAfee DC

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

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

---

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

---

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

Dear Mr. Bunde,

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

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

Please consider these very important health care bills.

Thank you,

Judith Mack

---

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

[Fwd: [Fwd: SB 306]]

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

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

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

**Organization:** Alaska State Legislature

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

---

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

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

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

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

---

**Subject:** SB 306

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

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

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

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

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

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

Thank you for your support,

Mary Stallone

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

Physical address: 4600 Sandy Beach Drive

---

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

**Subject:** SB 306

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

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

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

February 25, 2004

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

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

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

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

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

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

SB 306.

I hope you will support this legislation,

Stacey Marz

---

# Assuring Safe Naturopathic Medical Practices for Alaskans

---

2003-2004 Legislative White Paper

November 24, 2003



Alaska Association of Naturopathic Physicians, Inc.

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

---

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

---

# Assuring Safe Naturopathic Medical Practices for Alaskans

## Table of Contents

|                   |  |
|-------------------|--|
| Section 1         | Executive Summary (2 Pages)  |
| Section 2         | White Paper (7 pages)  |
| <u>Appendices</u> |  |
| Appendix A        | Frequently Asked Questions (FAQs) (2 pages)  |
| Appendix B        | Quality of Education (3 pages)   |
| Appendix C        | A Comparison of Licensed Medical Professions in Alaska (1 page)                                    |
| Appendix D        | Comparison of Naturopathic Governance in Licensed States (1 page)                                  |
| Appendix E        | Comparison of Naturopathic and Major Medical Schools (1 page)                                      |
| Appendix F        | The Modern Naturopathic Physician (6 pages)  |
| Appendix G        | Scientific Basis for Naturopathic Medicine (2 pages)   |
| Appendix H        | Roster of Naturopathic Physicians in Alaska (1 page)   |
| Appendix I        | May 2003 AKANP Letter to Alaska Legislators (2 pages)  |
| Appendix J        | Insurance and Naturopathic Medicine (2 pages)  |
| Appendix K        | The Cost Effectiveness of Naturopathic Medical Services (2 pages)                                  |
| Appendix L        | Freedom of Choice in Health Care Position Paper (1 page)   |
| Appendix M        | Naturopathic Code of Ethics (1 page)   |
| Appendix N        | Naturopathic Therapeutics (1 page)   |
| Appendix O        | A History of Naturopathic Medicine (2 pages)   |
| Appendix P        | White House Commission on Complementary and Alternative Medicine Policy<br>Final Report (14 pages) |



Alaska Association of Naturopathic Physicians, Inc.

---

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



Alaska Association of Naturopathic Physicians, Inc.

# Assuring Safe Naturopathic Medical Practices for Alaskans

## Executive Summary

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

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

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

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

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

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

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

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

---

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

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

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

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

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

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



Alaska Association of Naturopathic Physicians, Inc.

---

# Assuring Safe Naturopathic Medical Practices for Alaskans

## White Paper

---

---

### Introduction

*What is naturopathic medicine?*

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

---

### Naturopathic Philosophy

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

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

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

---

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

---

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

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

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

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

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

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

---

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

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

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

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

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

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

## 4. The Doctor as Teacher (*docere*)

*Give a fish, or teach to fish?*

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

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

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

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

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

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

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

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

---

---

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

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

*A modern principle added by the profession in the 20<sup>th</sup> century*

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

---

### Naturopaths vs. Naturopathic Physicians

*Are Naturopathic Physicians and Naturopaths the same thing?*

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

---

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

*- The Wall Street Journal*

---

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

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

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

---

### Educational Requirements of Naturopathic Physicians

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

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

---

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

*What specifically are NDs trained in?*

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



Copyright © 1999 United Feature Syndicate, Inc.

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

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

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

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

---

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

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

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

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

---

### The Reemergence of Naturopathic Medicine

*The winter of modern  
Naturopathic Medicine*

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

---

---

## Lawmakers' Support for Safe Medical Practices

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

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

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

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

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

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

---

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

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

---

---

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

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

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

---

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



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

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

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

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

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

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

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

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

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

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

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

*What academic prerequisites are required to enter naturopathic medical school?*

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

---

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

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

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

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

*What do ND students learn about allopathic medicine?*

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

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

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

*What is the typical ND-patient relationship like?*

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

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

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

*What's the typical patient schedule of an ND?*

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

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

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

---

Appendix B:  
Quality of Education



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

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

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

#### **The Council of Naturopathic Medical Education (CNME)**

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

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

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

---

### Post-Secondary Education Commission

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

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

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

### Accredited Naturopathic Medical Schools

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

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

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

### Naturopathic Medical School Curriculum

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

### Clinical Internship and Residencies

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

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

---

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

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

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

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



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

Appendix D:  
Comparison of Naturopathic Governance In Licensed States



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

Appendix E:  
Comparison of Naturopathic And Major Medical Schools



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

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

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

---

Appendix F:  
The Modern Naturopathic Physician



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

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

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

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

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

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

#### **Naturopathic Medical Practice**

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

---

## **Clinical Research**

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

## **Scope of Practice**

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

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

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

### ✓ **Botanical Medicine**

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

### ✓ **Clinical Nutrition**

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

---

---

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

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

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

✓ **Counseling**

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

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

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

✓ **Diagnostic Imaging**

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

✓ **Homeopathic Medicine**

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

---

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

✓ **Hydrotherapy**

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

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

✓ **Laboratory Diagnosis**

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

✓ **Minor Surgery**

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

✓ **Naturopathic Obstetrics/Gynecology**

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

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

✓ **Oriental Medicine and Acupuncture**

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

---

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

✓ **Physical Medicine**

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

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

✓ **Prescriptive Rights**

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

✓ **Venipuncture**

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

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

---

Appendix G:  
The Scientific Basis for Naturopathic Medicine



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

The Demand for Research

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

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

Appendix H:  
Practicing Alaska Naturopathic Physicians



Alaska Association of Naturopathic Physicians, Inc.

|                              |   |                                      |                         |
|------------------------------|---|--------------------------------------|-------------------------|
| Kristen Cox, ND              | 418 Harris #326<br>Juneau, AK 99801                       |                                      | mamaducknd@hotmail.com  |
| Adam Grove, ND               | 4701 E. 145th Ave.<br>Anchorage, AK 99516                 | (907) 345-7038                       |                         |
| Jason Harmon, ND             | 915 W. Northern Lights Blvd<br>Anchorage, AK 99503        | (907) 770-6700<br>(907) 770-6707 (F) | drharmonnd@yahoo.com    |
| Patrick Huffman, ND          | 1060 East Road<br>Homer, AK 99603                         | (907) 235-3665                       | herbdoc@xyz.net         |
| Cary Jasper, ND              | 1407 W. 31st., 4th floor<br>Anchorage, AK 99503           | (907) 276-4611<br>(907) 258-5167 (F) | cwjasper@gsi.net        |
| Emily Kane, ND, LAc          | 418 Harris Street, #329<br>Juneau, AK 99801               | (907) 586-3655<br>(907) 586-4326 (F) | doctorem@aol.com        |
| Beth Laughlin, ND            | 222 Front Street<br>Fairbanks, AK 99701                   | (907) 451-7100<br>(907) 451-7168 (F) | blough29@hotmail.com    |
| Birgit Lenger, ND            | 8521 Paine Rd.<br>Anchorage, AK 99516                     | (907) 868-3878                       | Birgit_lenger@mybc.com  |
| Scott Luper, ND              | 222 Front Street<br>Fairbanks, AK 99701                   | (907) 451-7100<br>(907) 457-7168 (F) |                         |
| Mary Minor, ND               | 3333 Denali St. Ste 100<br>Anchorage, AK 99503            | (907) 563-6200<br>(907) 561-4933 (F) | Mminor5956@cs.com       |
| Madeleine Morrison-Young, ND | 10928 Eagle River Rd.<br>Ste 254<br>Eagle River, AK 99577 | (907) 694-5522<br>(907) 694-5524 (F) | eagledoc@alaska.com     |
| Patrick Neary, ND            | 2231 N. Jordan Ave.<br>Juneau, AK 99801                   | (907) 789-1812                       |                         |
| David Newirth, ND            | 4200 Lake Otis Pkwy<br>Ste 304<br>Anchorage, AK 99508     | (907) 561-9444<br>(907) 561-9446 (F) |                         |
| Kaycie Rosen ND              | 915 W. Northern Lights Blvd<br>Anchorage, AK 99503        | (907) 770-6700<br>(907) 770-6707 (F) | kayclerosen@hotmail.com |
| Gigi Schulte, ND             | 3330 Eagle St.<br>Anchorage, AK 99503                     | (907) 561-2330<br>(907) 561-1282 (F) |                         |
| Daniel Smith, ND             | 3333 Denali St.<br>Ste 100<br>Anchorage, AK 99503         | (907) 563-6200 X318                  | drdanielnd@yahoo.com    |
| Torrey Smith, ND             | 3330 Eagle St.<br>Anchorage, AK 99503                     | (907) 561-2330<br>(907) 561-1282 (F) | torreysm@acsalaska.net  |
| Hope Wing, ND                | 3330 Eagle Street<br>Anchorage, AK 99503                  | (907) 561-2330<br>(907) 561-1282 (F) |                         |
| Daniel Young, ND, LAc        | 10928 Eagle River Rd.<br>Ste 254                          | (907) 694-5522<br>(907) 694-5524 (F) | eagledoc@alaska.com     |

---

Appendix I:  
May 2003 AKANP Letter to Alaska Legislators

May 6, 2003

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



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

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

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

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

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

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

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

---

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

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

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

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

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

Establishes public health rights and responsibilities.

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

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

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

Sincerely,

Madeleine Morrison –Young ND  
AKANP President

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

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

Jason Harmon N.D  
AKANP Vice President  
Legislative Task Force

Torrey Smith N.D.  
Legislative Task Force

---

Appendix J:  
Insurance and Naturopathic Medicine



**Patient Health Insurance**

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

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

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

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

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

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

---

### Professional Liability Insurance (Malpractice Insurance)

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

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

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

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

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

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

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

---

Appendix K:  
The Cost Effectiveness of Naturopathic Medical Services



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

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

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

---

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

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

---

Appendix L:  
Freedom of Choice in Health Care Position Paper

*(Adopted at the 1993 Annual Convention)*

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

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

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

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

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

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

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



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

---

Appendix M:  
Naturopathic Code of Ethics

I

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

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

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

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

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

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

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

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

II



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

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

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

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

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

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

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

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

---

Appendix N:  
Naturopathic Therapeutics



## **Naturopathic Therapeutics**

### **Naturopathic Methods**

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

### **Naturopathic Practice**

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

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

---

Appendix O:  
A History of Naturopathic Medicine



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

### History and the Formative Years

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

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

---

### Hippocrates was a Naturopath

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

---

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

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

### Naturopathic Medicine Flourishes

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

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

---

## Suppression and Decline

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

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

## Naturopathic Medicine Re-emerges

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

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

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

## The Future

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

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

---

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

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



Below is just the Executive Summary of the report.

### Executive Summary

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

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

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

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

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

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

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

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

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

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

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

---

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

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

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

#### Coordination of Research

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

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

#### Support for Research

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

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

---

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

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

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

#### Scope of Research

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

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

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

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

---

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

#### Research Training and Infrastructure

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

#### Education and Training of Health Care Practitioners

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

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

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

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

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

---

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

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

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

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

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

#### Additional Education and Training in CAM

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

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

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

#### Development and Dissemination of Information about CAM

---

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

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

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

#### Promoting Accurate, Easily Accessible Information

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

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

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

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

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

---

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

#### Ensuring the Safety of CAM Products

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

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

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

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

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

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

---

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

#### Access and Delivery

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

#### Improving Access to CAM

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

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

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

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

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

---

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

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

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

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

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

#### Coverage and Reimbursement

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

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

#### Barriers to Coverage

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

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

---

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

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

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

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

#### Criteria for Using CAM

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

---

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

#### CAM in Wellness and Health Promotion

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

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

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

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

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

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

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

---

---

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

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

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

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

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

#### Coordinating Federal CAM Efforts

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

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

---

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

U.S. Department of Justice  
Drug Enforcement Administration  
*Office of Diversion Control*

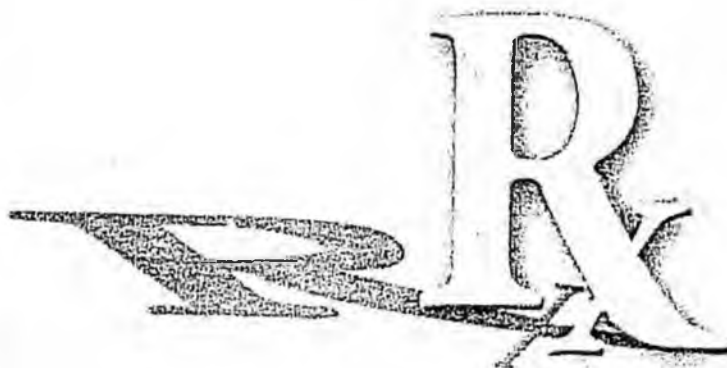


---

# Pharmacist's Manual

---

March 2001



An Informational Outline of the  
Controlled Substances Act of 1970

*cies may only engage in those activities which are authorized under state law in the jurisdiction where the pharmacy is located.* In many cases state law is more stringent than federal law, and must be complied with in addition to federal law. Pharmacists should make sure they understand their state and DEA controlled substance regulations.

## Drug Enforcement Administration

The Drug Enforcement Administration (DEA) is the primary agency within the Federal Government responsible for the enforcement of the Controlled Substances Act (CSA). In cooperation with state authorities and other federal agencies, DEA is tasked with preventing the diversion of controlled substances for illicit purposes. In carrying out its mission, DEA complies with international treaty obligations, works closely with foreign as well as domestic state and local governments, private industry, and other organizations concerned with drug abuse and diversion.

The CSA, which became effective May 1, 1971, consolidates into one piece of legislation many diverse laws passed by Congress since the Harrison Narcotics Act of 1914, the first comprehensive federal legislation to control addicting drugs. Subsequent amendments to the CSA include the 1984 Diversion Control Amendments, the Controlled Substance Registrant Protection Act of 1984, the Narcotic Addict Treatment Act of 1984, the Chemical Diversion and Trafficking Act of 1988, the Domestic Chemical Diversion Control Act of 1993, and the Comprehensive Methamphetamine Control Act of 1996.

The provisions of the CSA are designed to improve the administration and regulation of the manufacture, import/export, distribution and dispensing of controlled substances

by providing a "closed system" for distribution. Under this closed system, a controlled substance can be traced from the time it is manufactured to the time it is dispensed to the ultimate user. This system has proven effective in reducing the diversion of these substances from legitimate channels to the illicit market. A

## Schedules of Controlled Substances

The controlled substances and their derivatives listed under the CSA can be found in the Code of Federal Regulations, Title 21 under "Part 1308—Schedules of Controlled Substances."

The drugs and drug products under the jurisdiction of the CSA are divided into five schedules. **Controlled substances in Schedules II-V have an accepted medical use in the United States, and Schedule I substances do not.** A  
The characteristics and some examples of the drugs in each schedule are outlined below.

### Schedule I Substances

The substances in this schedule have a high abuse potential and no accepted medical use in the United States. This is the only schedule that includes drugs that are not available for prescribing, dispensing or administering. DEA does allow for research involving Schedule I substances. This requires a separate registration as a researcher.

Some examples of substances classified as Schedule I narcotics include heroin and propiram. Some hallucinogenic substances found in Schedule I include LSD, marijuana and MDMA (Ecstasy).

Other examples of Schedule I substances are the depressant methaqualone, and gamma hydroxybutyric acid (GHB) and the stimulant methcathinone.

## Schedule II Substances

Substances in Schedule II have a high abuse potential with severe psychological or physical dependence liability, have an accepted medical use in the United States, and are available for practitioners to prescribe, dispense and administer.

Some examples of single entity Schedule II narcotics include morphine, codeine, hydrocodone and opium. Other Schedule II narcotic substances and their common name and brand products include: hydromorphone (Dilaudid®), meperidine (Demerol®), oxycodone (Percodan®) and fentanyl (Sublimaze®).

Some examples of Schedule II stimulants include amphetamine (Dexedrine®, Adderall®), methamphetamine (Desoxyn®) and methylphenidate (Ritalin®).

Other Schedule II substances include cocaine, amobarbital, glutethimide, pentobarbital and secobarbital.

## Schedule III Substances

The substances in this schedule have an abuse potential less than those in Schedule II, but more than Schedule IV substances.

Some examples of Schedule III narcotics include products containing less than 15 milligrams of hydrocodone per dosage unit (Vicodin®, Lorcet®, Tussionex®), and products containing not more than 90 milligrams of codeine per dosage unit (codeine with acetaminophen, aspirin, or ibuprofen).

Other Schedule III substances include anabolic steroids, benzphetamine (Didrex®), phendimetrazine, and any compound, mixture, preparation or suppository dosage form containing amobarbital, secobarbital, pentobarbital, dronabinol (Marinol®) or ketamine.

## Schedule IV Substances

The substances in this schedule have an abuse potential less than those listed in Schedule III and more than substances in Schedule V.

Some examples of Schedule IV narcotics include propoxyphene (Darvon®), butorphanol (Stadol®) and pentazocine (Talwin-NX®).

The following benzodiazepine substances are also found in Schedule IV. They include alprazolam (Xanax®), clonazepam (Klonopin®), clorazepate (Tranxene®), diazepam (Valium®), flurazepam (Dalmane®), halazepam (Paxipam®), lorazepam (Ativan®), midazolam (Versed®), orazepam (Serax®), prazepam (Verstran®), temazepam (Restoril®), triazolam (Halcion®), and quazepam (Doral®).

Other Schedule IV substances include barbital, phenobarbital, chloral hydrate, ethchlorvynol (Placidyl®), chlor-diazepoxide (Librium®), ethinamate, meprobamate, paraldehyde, methohexital, phentermine, diethylpropion, pemoline (Cylert®), mazindol (Sanorex®), and sibutramine (Meridia®).

## Schedule V Substances

The substances in this schedule have an abuse potential less than those listed in Schedule IV and consist primarily of preparations containing limited quantities of certain narcotic and stimulant drugs generally for antitussive, antidiarrheal and analgesic purposes. Some examples are cough preparations containing not more than 200 milligrams

of codeine per 100 milliliters or per 100 grams (Robitussin AC®, Phenergan with Codeine®) and buprenorphine (Buprenex®).

## Registration Requirements

*Every pharmacy* which dispenses any controlled substance must be registered with the DEA. Since DEA does not register *pharmacists*, they must obtain their license to practice pharmacy from their state regulatory authority. To obtain a DEA registration, a pharmacy can request a DEA Form-224 (*Application for New Registration*, see Appendix E) from any DEA Registration Field Office (see Appendix T) or from the DEA Headquarters Registration Unit in Washington, D.C. at 1-800-882-9539 (Registration Call Center).

The completed DEA Form-224 must be submitted to:

Drug Enforcement Administration  
Registration Unit  
Central Station  
P.O. Box 28083  
Washington, D.C. 20038-8083

Pharmacy registrations must be renewed every three years. The cost of the registration is annotated on the application form. The certificate of registration must be maintained at the registered location and kept available for official inspection. If a person owns and operates more than one pharmacy, each place of business must be registered.

Every pharmacy currently registered with DEA will receive a renewal application approximately 45 days before the registration expiration date. The renewal application will be sent to the address listed on the current registration certificate. If the renewal form is not received within 30 days before the expiration date of the current registration, the

pharmacy should contact the DEA registration unit for their state (see Appendix T), and request a renewal registration form.

## Chemical Registration Requirements

Under DEA's chemical control regulations there is an exemption from the registration requirement for a retail distributor. A *retail distributor* is defined as a grocery store, general merchandise store, drug store, or other entity or person whose activities as a distributor of legal drug products containing listed chemicals pseudoephedrine, phenylpropanolamine (PPA), combination ephedrine and single-entity ephedrine are limited almost exclusively to sales for personal use, both in number and volume of sales, either directly to walk-in customers or in face to face transactions. *Personal use* means the distribution of below "threshold quantities"<sup>4</sup> in a single transaction to an individual for legitimate medical use.

Federal law requires any person who is engaged in the wholesale distribution of drug products containing List I chemicals to obtain a registration as a chemical distributor. A distributor who does not meet *all* the requirements for a retail distributor is a *wholesale distributor*.

Retail pharmacies that are registered to handle controlled substances *need not* obtain a separate DEA chemical registration for retail distribution of the drug products contain-

<sup>4</sup> The quantity of a particular chemical, above which recordkeeping and other control provisions of the CSA apply. See Appendix B "List I Chemicals with Domestic Threshold Amounts".