

ALASKA LEGISLATURE COMMITTEE FILES

2007-2008

SHES

124

Kate Herring

From: Sen. Johnny Ellis
Sent: Thursday, March 01, 2007 11:01 AM
To: Deborah Rickard
Subject: RE: Legislation to Fight Substance Abuse Introduced
Follow Up Flag: Follow up
Flag Status: Red

Deb,

My thoughts exactly. Its good to hear it from someone who has been there.

From: Deborah Rickard [mailto:homefree25@msn.com]
Sent: Wednesday, February 28, 2007 10:10 PM
To: Sen. Johnny Ellis
Subject: RE: Legislation to Fight Substance Abuse Introduced

Dear Senator Ellis,

Bravo and it is so true. I am supportive of treatment and involuntary comittment certainly since so many are just program wise and seem to know what to do to make our recovery rate lower. I am 20 years clean and sober so I know the drill as I have served to sponsor a whole lot of people over the years. I didn't enjoy getting in trouble so chose to avoid the consortium of twisted realities. Frankly, I like to stay in the now and watch everything grow for the greater good. People who live on the street can't get off the ride without a serious effort and continued long-term care. I learned to celebrate living in Alaska and got into recovery in Alaska. I prefer living as close to normal as possible. Personally, I believe too much money goes into corrections facilities that aren't serving the purpose of rehabilitation. Sadly, there are too many people who simply fall through the cracks. I fight substance abuse by staying on a vigilant note. As long as there is a market for the substances there will be those whom abuse it and ruin the lives of loved ones. I

know about this too. The fact is, people have to want sobriety to achieve it and running it down their throats doesn't work. The legislation would make it easier to contain the victim of substance abuse with order and structure long enough for them to get the hang of it. The enforcement is the hard part with our police being few in number. I know you are really working hard to mend this state and am proud to be in contact with you. It's an honor and I appreciate your diligence.deb

Subject: Legislation to Fight Substance Abuse Introduced
Date: Wed, 28 Feb 2007 12:51:20 -0900
From: Senator_Johnny_Ellis@legis.state.ak.us
To: Senator_Johnny_Ellis@legis.state.ak.us

For Immediate Release: February 28, 2007

Legislation to Fight Substance Abuse Introduced *Prioritizes Treatment for Pregnant Women, Creates Innovative Pilot Program*

(JUNEAU) - Today, Sen. Johnny Ellis (D-Anchorage) introduced Senate Bill 100, which aims to stem the tide of alcohol and substance abuse in Alaska.

Kate Herring

From: Sen. Johnny Ellis
Sent: Thursday, March 01, 2007 10:43 AM
To: Arthur Curtis
Subject: RE: Legislation to Fight Substance Abuse Introduced
Follow Up Flag: Follow up
Flag Status: Red

Art,

Thx for your feedback. I cannot remember the name of that program either. When it comes to substance abuse policy, we are considering all the options. ---Johnny

From: Arthur Curtis [mailto:artcurtis@gci.net]
Sent: Wednesday, February 28, 2007 6:31 PM
To: Sen. Johnny Ellis
Subject: Re: Legislation to Fight Substance Abuse Introduced

Dear Johnny,

Your SB 100 sounds scnsible. And I would support additional sensible ways to help people who need treatment. The program in Anchorage (can't remember the name) which allows people to remain in the program housing even after planned binges has a high success rate. (People gradually reduce their binges). I wonder if such a program is could be more widely used.

Art

On Feb 28, 2007, at 12:51 PM, Sen. Johnny Ellis wrote:

For Immediate Release: February 28, 2007

Legislation to Fight Substance Abuse Introduced

***Prioritizes Treatment for Pregnant Women, Creates
Innovative Pilot Program***

Kate Herring

From: Sen. Johnny Ellis
Sent: Friday, March 02, 2007 10:58 AM
To: Kate Herring
Subject: FW: March Community Council Update replyD

Supporter file

-----Original Message-----

From: sheila higgins [mailto:higginssheila@hotmail.com]
Sent: Thursday, March 01, 2007 7:47 PM
To: Sen. Johnny Ellis
Subject: RE: March Community Council Update replyD

Dear Senator,

I am behind this all the way. Let me know what I can do to help. This is Alaska's biggest problem and one that has to be delt with.

Like I stated before anything I can do to help.

I neither drink nor drug. I have a glass of wine every 2 to 5 years or so.

Love and light to you your staff and family.

Sheila Higgins

From: "Sen. Johnny Ellis" <Senator_Johnny_Ellis@legis.state.ak.us>
To: "Sen. Johnny Ellis" <Senator_Johnny_Ellis@legis.state.ak.us>
Subject: March Community Council Update
Date: Thu, 1 Mar 2007 13:36:48 -0900

Airport Heights --- South Addition --- Downtown
Fairview --- Government Hill --- North Star --- Rogers Park

This Month in Community Councils

Senator Ellis and Representative Gara spend time with consctituent Peggy Burgin last summer.

From
Senator Johnny Ellis

Dear Neighbor,

Session is flying by, and I've been making the most of my time here in Juneau. I recently introduced Senate Bill 100, legislation to fight the epidemic of substance abuse in our state. Please contact my office if you'd like more information on this, or any other legislation we're working on this session.

Below is the Community Council schedule for the month of March. Agenda items are provided when available.

AIRPORT HEIGHTS Thursday, Mar. 29th 7pm. Abbott Loop Community Church
For more information, contact Al Tamagni at atamagni@alaska.net or 349-1736.

Kate Herring

From: Sen. Johnny Ellis
Sent: Tuesday, March 13, 2007 8:55 AM
To: aslpb1@uaa.alaska.edu
Subject: RE: Legislation to Fight Substance Abuse Introduced

You are welcome, Lorne. I will keep pushing.

-----Original Message-----

From: Lorne Preston Bailey [mailto:aslpb1@uaa.alaska.edu]
Sent: Monday, March 12, 2007 9:11 PM
To: Sen. Johnny Ellis
Subject: Re: Legislation to Fight Substance Abuse Introduced

On Wednesday 28 February 2007 12:51 pm, you wrote:
Thank your for working hard at getting people who are adicted to druggs and alcohol, but want to get there life in order the tools they need to do it.

Lorne Bailey

> For Immediate Release: February 28, 2007

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Kate Herring

From: Sen. Johnny Ellis
Sent: Saturday, March 03, 2007 1:46 PM
To: Kate Herring
Subject: FW: Legislation to Fight Substance Abuse Introduced

From: Darrel Hess [mailto:gmpeon@alaska.net]
Sent: Friday, March 02, 2007 4:58 PM
To: Paul Bauer; Pamela Jennings; Ken Stout; Janice Sharnberg; Dick Traini; Debbie Ossiander; Dan Sullivan; Dan Coffey; Chris Birch; Allan Tesche; Bill Starr
Cc: Sen. Johnny Ellis; Rep. Les Gara; Mayor Mark Begich; Noel Rea; Allen Kemplen; Dave Brossard; Justina Meyer; Sharon Chamard; Harry Deuber; Lee Ross; Benita White
Subject: Legislation to Fight Substance Abuse Introduced

Members of the Anchorage Assembly,

Johnny Ellis's SB100, including a provision for involuntary commitment and treatment for substance abusers, could be a useful tool in the fight to "clean up" our streets and street corners. For too many years we have let a small group of individuals dictate the quality of life for literally tens of thousands of hard working Anchorage residents.

Title 47 just does not have the teeth needed to make it an effective tool in this effort. I hope that you will all take a look at the pilot involuntary commitment/treatment program in SB100, and offer your support if you feel that it will help our City and our Neighborhoods combat the continuing negative impact of chronic inebriates.

More importantly, the program is the last, best hope for these individuals to turn their lives around. ***Thanks for all that you do for our City and our Neighborhoods, and have a GREAT Weekend!***

Darrel Hess
 Chair, Fairview Community Council

From: Darrel Hess [mailto:gmpeon@alaska.net]
Sent: Friday, March 02, 2007 6:30 AM
To: Sen. Johnny Ellis
Cc: Kate Herring; Stephanie Kesler; Bonnie Harris; Allan Tesche; Rep. Les Gara; Mayor Mark Begich; donp@jlproperties.com; Noel Rea; Allen Kemplen; Dave Brossard; Justina Meyer; Sharon Chamard; Harry Deuber; Lee Ross; Benita White
Subject: RE: Legislation to Fight Substance Abuse Introduced

Johnny,

We discussed SB100 at last night's FVCC Executive Board Meeting. The Board was very supportive, especially of a pilot program for involuntary commitment. If successful, this type of program could have a positive impact on the quality of life for thousands of your constituents, and help improve the lives of many addicted individuals.

We will of course write a letter of support. The Board also authorized me to testify by teleconference in support of the bill when it comes up for public hearings. I am copying the Chairs of surrounding Councils, in hopes that they too will offer support for the bill. Thanks for responding to the needs of your constituents.

Darrel

-----Original Message-----

From: Sen. Johnny Ellis
Date: 02/28/07 16:24:20
To: Darrel Hess
Cc: Kate Herring
Subject: RE: Legislation to Fight Substance Abuse Introduced

I do need a letter of support from any council willing to provide one. Thx.

From: Darrel Hess [mailto:gmpeon@alaska.net]
Sent: Wednesday, February 28, 2007 4:22 PM
To: Sen. Johnny Ellis
Cc: Allan Tesche; Rep. Les Gara; Noel Rea; Allen Kemplen; Dave Brossard; Justina Meyer; Sharon Chamard; Harry Deuber; Lee Ross; Benita White
Subject: Re: Legislation to Fight Substance Abuse Introduced

Johnny,

Let us know if you need a letter of support, etc from the FVCC. Involuntary commitment is the only way we are going to cure some individuals and get them off the streets. It's about time!

Darrel

-----Original Message-----

From: Sen. Johnny Ellis

3/13/2007

Kate Herring

From: Sen. Johnny Ellis
Sent: Wednesday, February 28, 2007 4:12 PM
To: Linda Kellen
Cc: Kate Herring
Subject: RE: Legislation to Fight Substance Abuse Introduced

Hi Linda,

Thanks for your msg. and words of support. Alcohol control and substance abuse related bills always have a hard time since there are powerful economic interests arrayed against them. The lobbyists for the liquor industry are on top of every bill and every detail that impacts their clients.

I am pretty optimistic that Rep Meyer and Senator French will work out a good ignition interlock bill this year. The future of the other bills is less clear.

KTUU News in Anchorage has done a pretty good series on substance abuse issues. The key is publicity that gains the attention of legislators and the governor as well as personal contact with these policy makers and budget writers. Pls encourage folks who think as we do to speak out ASAP. Thx for your help. I will keep pushing. ---Johnny Ellis

From: Linda Kellen [mailto:celticdivaak@yahoo.com]
Sent: Wednesday, February 28, 2007 1:58 PM
To: Sen. Johnny Ellis
Subject: Re: Legislation to Fight Substance Abuse Introduced

Senator Ellis:

I appreciate that you have introduced SB100 and am especially heartened to see treatment at the heart of it.

However, I am concerned about the status of the other substance abuse related bills and wonder what it bodes for yours:

HB14 - Alcohol purchase restriction - it hasn't moved since Jan 16th

HB19 - Ignition Interlock - as of Feb 21 it has been revised in 2 committes and is now it its 3rd. Should we be prepared for this Bill to die on the vine?

And it seems in some ways we are backsliding:

- HB51 - Recorking - This bill has already passed the House - a bill which gives the appearance of being MORE lax on substance abuse and blurs the lines between the seperate liquor licenses...and...

- HB19 - Ignition Interlock - Repeals AS 28.15.201(d) and 28.15.201(e), removing treatment/counseling in any form as a sentencing or probationary requirement.

I have been a long-time supporter of you and Sen Davis wholeheartedly and I know where your "hearts" lie. However, is there something those of us who are serious about treatment and prevention should do

2/28/2007

with the rest of these people to try and get things moving and what form of communication has the most impact?

Thanks!

Linda Kellen Biegel
3001 Sheldon Jackson St. Unit A
Anchorage, AK 99508
907-339-9537

"Sen. Johnny Ellis" <Senator_Johnny_Ellis@legis.state.ak.us> wrote:

For Immediate Release: February 28, 2007

Legislation to Fight Substance Abuse Introduced

Prioritizes Treatment for Pregnant Women, Creates Innovative Pilot Program

(JUNEAU) - Today, Sen. Johnny Ellis (D-Anchorage) introduced Senate Bill 100, which aims to stem the tide of alcohol and substance abuse in Alaska.

"It's plain and simple; addiction is costing the state too much. It's time for the state to address this problem in a meaningful way," Ellis said. "It's not just about throwing money at the problem; we have to make changes to the system."

The cost of drug and alcohol abuse to the state is an estimated \$738 million a year in lost productivity, health care, criminal justice, accidents and public assistance costs. At the same time, a recent study showed that only 15.2 percent of Alaskans who need treatment receive it, and funding for substance abuse treatment fell 52 percent between 2002 and 2007.

SB 100 proposes several common-sense changes to the statutes involving substance and alcohol abuse. It would mandate priority treatment for pregnant women in all state-funded substance abuse programs, so that their children will feel fewer effects of their addiction.

The bill also creates a pilot program for a secure treatment facility for involuntary commitment cases. The program will target persons with addictions or co-occurring substance abuse and mental health disorders who often present a danger to themselves and others, and chronically recycle through existing non-secure treatment services. This group draws heavily on law enforcement, corrections, the court system and community services, and could be better served by a secure detoxification facility, where they could then continue into a treatment setting.

"Involuntary commitment for alcohol treatment is a last resort but we must hold people accountable for chronic and costly alcohol abuse," Sen. Ellis said of the pilot program. "This legislation is long over due. These common-sense changes will save money, and help the thousands of Alaskans addicted to alcohol and other drugs," said Jeff Jessee, CEO of The Alaska Mental Health Trust Authority.

SB 100 is currently awaiting a hearing in the Senate Health, Education & Social Services Committee.

For more information, contact Kate Herring at 465-3704 or Kate_Herring@legis.state.ak.us

STATEMENT OF SUPPORT
Substance Abuse Treatment and Prevention

Addiction is taking a heavy toll on Alaska's people, culture and economy. Alaska ranks #1 in the nation in alcohol-related deaths and Alaskans with substance abuse problems, or co-occurring mental and substance abuse disorders, are more likely to be homeless, spend time in correctional facilities, and become involved in child protective service proceedings. The financial impact of addiction is staggering, costing the state an estimated \$738 million a year in health care costs, accidents, lost productivity, criminal justice and correctional facilities.

Something must change. We support updating Alaska statutes to promote expanding access to a wide spectrum of treatment, identifying those with co-occurring mental health and substance abuse disorders, and addressing substance abuse among youth and populations with higher incidences of addiction.

Please add my name/organization to the list of supporters.

Name Anne Dennis-Choi
Organization The Salvation Army Clitheroe Center
Title Executive Director
Signature Anne Dennis-Choi
Address 1709 Grapow Suite B, Anchorage, Alaska 99508
Phone (907) 720-8804 Fax (907) 720-8881
Email annechoi@www.salvationarmy.org Website http://www.salvationarmy.org/clitheroe
I/We would also be willing to:

- Publish an article in our newsletter
- Mobilize our membership
- Participate in media events
- Contact legislators

Please return this form to:
Office of Senator Johnny Ellis
State Capitol, Rm. 9
Juneau, AK 99801

FISCAL NOTE

STATE OF ALASKA
2007 LEGISLATIVE SESSION

Fiscal Note Number: SB100-OMSS-DBH2-03-15-07
 Bill Version: SB 100
 () Publish Date: _____
 Dept. Affected: Health & Social Services

Revision Date/Time (Note if correction): 3/9/2007
 Title SUBSTANCE ABUSE/MENTAL HEALTH PROGRAMS

RDU Behavioral Health
 Component Behavioral Health Administration

Sponsor ELLIS
 Requester SENATE (HES)

Component No. 2665

Expenditures/Revenues (Thousands of Dollars)

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

OPERATING EXPENDITURES	FY 2008	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013
Personal Services	257.8	257.8	257.8	257.8	257.8	257.8
Travel						
Contractual	26.4	26.4	26.4	26.4	26.4	26.4
Supplies	6.6					
Equipment						
Land & Structures						
Grants & Claims	1,700.0	1,700.0	1,700.0	1,700.0	1,700.0	1,700.0
Miscellaneous						
TOTAL OPERATING	1,990.8	1,984.2	1,984.2	1,984.2	1,984.2	1,984.2

CAPITAL EXPENDITURES						
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CHANGE IN REVENUES (0)						
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FUND SOURCE (Thousands of Dollars)

1002 Federal Receipts						
1003 GF Match						
1004 GF	1,990.8	1,984.2	1,984.2	1,984.2	1,984.2	1,984.2
1037 GF/Mental Health						
Other(Specify Type-do not abbreviate)						
Other(Specify Type-do not abbreviate)						
TOTAL	1,990.8	1,984.2	1,984.2	1,984.2	1,984.2	1,984.2

Estimate of any current year (FY2007) cost: _____

Mark this box (X) if funding for this bill is included in the Governor's FY 2008 budget proposal:

POSITIONS

Full-time	3	3	3	3	3	3
Part-time						
Temporary						

ANALYSIS: (Attach a separate page if necessary)

SB 100 (section 2, AS 47.37.030 (9)-(11)) allows the Department to a) implement programs that accurately identify and appropriately treat persons with substance abuse or co-occurring disorders; b) establish a secure enhanced detoxification and treatment center for involuntarily committed persons who are at risk to physically harm them self or others; and c) develop and implement a substance abuse treatment system using evidence-based, research-based, consensus-based; or promising practices that promote independence, recovery, employment, education, ongoing community-based treatment, housing, and other aspects of harm reduction.

SB 100 (section 3, AS 47.37.040 (22)-(23)) requires the Department to a) apply, whenever possible, evidence-based, research-based, consensus-based substance abuse and co-occurring substance abuse and mental health

Prepared by: Stacy Toner, Acting Director
 Division Behavioral Health
 Approved by: Karleen Jackson, Commissioner
 Agency Department of Health and Social Services

Phone 465-2817
 Date/Time 03/13/2007
 Date 03/15/2007

**FISCAL NOTE
FN #**

**STATE OF ALASKA
2007 LEGISLATIVE SESSION**

ANALYSIS CONTINUATION

(hereafter referred to as "co-occurring disorders") treatment practices and remove barriers that prevent the use of those practices; and b) collaboration with cross-jurisdictional, cross-agency, and cross-cultural organizations in implementing programs for co-occurring disorders treatment.

SB 100 (section 4, AS 47.37.045 (f)-(i)) also requires the Department to grant priority to a proposed program that a) provides preference to a pregnant woman for substance abuse treatment by moving her up on a waiting list for the program and by streamlining the admissions process; b) is an alternative to incarceration for nonviolent offenders; c) provides rehabilitation services to prisoners with substance abuse problems; d) provides demonstrated outcomes in harm reduction; e) is based on scientifically sound principles of prevention and treatment; f) provides job training or employment opportunities after completion of treatment; g) provides youth treatment; h) focuses on drug and alcohol abuse prevention; i) addresses alcohol or substance abuse in targeted populations with demonstrated need; j) the Department may not fund a program that has been previously funded but that has not shown satisfactory outcomes; and k) the Department may not deny funding to a program that uses faith-based strategies, so long as the strategies are effective for preventing or treating substance abuse.

SB 100 (section 5, AS 47.37.120 (b)) requires the Department to include a strategy for expanding substance abuse treatment services and reducing waiting lists for eligible participants in a substance abuse prevention or treatment program.

SB 100 (section 6, AS 47.37.130(b)(6)-(7)) also requires the Department to establish standards that are consistent with scientifically sound principles for measuring outcomes. This also applies for facilities and is created in section 7, AS 47.37.140 (g).

Finally, SB 100 (section 8) requires the Department to create a pilot project that would incorporate all of the elements of the bill. The Department would be required to select and fund a non-profit or municipal agency with a regional and accessible support network to operate a secure detoxification and treatment center for at least ten person who are involuntarily committed under AS 47.37.190. The center must provide the right to adequate care and individualized treatment and must provide sufficient staff and resources to ensure the availability of an adequate number of trained crisis responders. The center would be a 24-hour facility. The facility would employ clinical staff who have been trained in and use integrated and comprehensive screening and assessment practices, provide intensive case management services for persons who have been incapacitated by alcohol or drugs, including persons who are diagnosed with co-occurring disorders. The pilot project would terminate no later than July 1, 2012 and an evaluation report with outcome measures, including baseline data would be required. The final report would be due to the legislature by September 30, 2012.

This fiscal note represents the contractual and administrative costs associated with the expanded services required of the Department, specifically in the establishment of a secure enhanced detoxification and treatment facility, (section 8). Section 2 of the bill will not be implemented within this five-year budget cycle. However, inflationary considerations may be assumed for Section 2 as they apply to Section 8, while realizing that fiscal calculations for section 8 are based on a ten bed facility. Furthermore, the other sections of the bill do not have additional fiscal impacts on the Division, as they are already enmeshed in the Division's mission and day-to-day operating budget.

CONTINUED PAGE 3

FISCAL NOTE

FN #

**STATE OF ALASKA
2007 LEGISLATIVE SESSION****ANALYSIS CONTINUATION****Assumptions for Pilot Project**

The State of Washington recently passed a similar bill through their senate process and began a pilot project (April 2006) in Skagit County, Washington. Pioneer Center North (PCN) with Pioneer Human Services and the North Sound Mental Health Administration (NSMHA) received the contract from the Washington State Department of Substance Abuse Services Administration in the amount of \$2.2 million per year. The Request for Proposals was a limited solicitation such that only counties or existing mental health administrations could apply so that the infrastructure would already be in place and construction costs would be limited.

A review of the seventeen grantee agencies that provide psychiatric emergency, detoxification, and residential substance abuse services to adults in Alaska for FY 07 shows the average grant amount to be \$1.1 million. (See table.)

Akeela Treatment Services, Inc.	\$ 616,611.00	Adult Residential
Alaska Addiction Rehab Service - Nugen's Ranch	\$ 757,629.00	Adult Residential
ARC of Anchorage	\$ 420,702.00	Adult Residential
Bristol Bay Area Health Corporation	\$ 1,100,200.00	Psychiatric ES
Central Peninsula General Hospital	\$ 10,000.00	Adult Residential
Cook Inlet Tribal Council, Inc.	\$ 322,912.00	Adult Residential
Fairbanks Native Association	\$ 1,700,333.00	Detoxification
Gateway Center for Human Services	\$ 1,030,520.00	Psychiatric ES
Maniilaq Association	\$ 1,431,626.00	Psychiatric ES
Norton Sound Health Corp.	\$ 1,240,169.00	Psychiatric ES
Rainforest Recovery Center	\$ 621,100.00	Detoxification
Salvation Army - Clitheroe Center	\$ 3,982,030.00	Detoxification
Seaview Community Services	\$ 340,680.00	Psychiatric ES
Sitka Counseling and Prevention Services	\$ 823,168.00	Psychiatric ES
Southcentral Foundation	\$ 683,741.00	Psychiatric ES
SouthEast Alaska Regional Health Consortium	\$ 578,700.00	Psychiatric ES
Yukon-Kuskokwim Health Corporation	\$ 3,252,962.00	Psychiatric ES
Average	\$ 1,112,534.29	

We assume that we would also issue a limited grant solicitation (Request for Proposals) such that applicants would have to have a demonstrated level of infrastructure and tangible evidence of collaboration with other agencies such as the Alaska Court System and the Department of Corrections as required in section 8 of the bill. Based on the review of the Alaska system and the information gathered from the Washington pilot project, we would offer a grant in the amount of \$1.7 million.

With any grant program or pilot project, there are significant administrative costs involved, including the need for additional staff. We estimate that in order to successfully and effectively

CONTINUED ON PAGE 4

FISCAL NOTE

FN #

**STATE OF ALASKA
2007 LEGISLATIVE SESSION**

ANALYSIS CONTINUATION

administer the pilot project as proposed in SB 100, the following positions will be needed:

1.0 FTE Probation Officer II, Range 16: provide training and triage with therapeutic courts to the successful applicant or grantee, screening and referral.

1.0 FTE Health Facility Surveyor II, Range 20: provide project oversight, training and technical assistance to the successful applicant or grantee, monitor for grant regulation and report compliance, monitor performance/outcome/evaluation measures of successful grantee.

1.0 FTE Research Analyst III, Range 18: compile data on overall pilot project including performance measure, outcome indicators/measures, prepare evaluation report.

Total Cost:

Personal Services: \$257.8

The expansion in services as a result of the establishment of the pilot project and creation of an enhanced secure detoxification and treatment center creates the need for a Probation Officer II, a Health Facility Surveyor II, and a Research Analyst III to evaluate the the project. These annual costs are estimated to be:

Probation Officer II (Range 16 at a cost of \$75.7, including benefits, per position).

Health Facility Surveyor II (Range 20 at a cost of \$96.5, including benefits, per position).

Research Analyst III (Range 18 at a cost of \$85.6, including benefits, per position).

Contractual:

Annual costs for office space, phones and supplies are calculated at a cost of \$8,800 per additional staff for a total of \$26,400.

Supplies:

With the additional administrative costs, a one time cost for computers and software will be required with a cost of \$2,200 for each additional staff for a total of \$6,600.

Grant line:

\$1.7 million Grants through competitive RFP

FISCAL NOTE

STATE OF ALASKA
2007 LEGISLATIVE SESSION

Fiscal Note Number: SB100-DHSS-DBH1-03-16-07
 Bill Version: SB 100
 () Publish Date: _____
 Dept. Affected: Health & Social Services
 RDU Behavioral Health
 Component Behavioral Hlth Medicaid Svcs

Revision Date/Time (Note if correction): _____

Title SUBSTANCE ABUSE/MENTAL HEALTH PROGRAMS

Sponsor ELLIS

Requester SENATE (HES)

Component No. 2660

Expenditures/Revenues (Thousands of Dollars)

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

OPERATING EXPENDITURES	FY 2008	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013
Personal Services						
Travel						
Contractual						
Supplies						
Equipment						
Land & Structures						
Grants & Claims
Miscellaneous						
TOTAL OPERATING
CAPITAL EXPENDITURES						
CHANGE IN REVENUES (0)						

FUND SOURCE (Thousands of Dollars)

1002 Federal Receipts						
1003 GF Match						
1004 GF						
1037 GF/Mental Health						
Other(Specify Type-do not abbreviate)						
Other(Specify Type-do not abbreviate)						
TOTAL	0.0	0.0	0.0	0.0	0.0	0.0

Estimate of any current year (FY2007) cost: _____

Mark this box (X) if funding for this bill is included in the Governor's FY 2008 budget proposal:

POSITIONS

Full-time						
Part-time						
Temporary						

ANALYSIS: (Attach a separate page if necessary)

The fiscal note for Behavioral Health Medicaid Services component is indeterminate.

Section 8 of SB100 requires the department to fund a pilot project for a secure detoxification and treatment center of at least 10 beds for persons involuntarily committed under AS 47.37.190. To the extent that the persons receiving care in the pilot project are Medicaid eligible and that the services are covered under the Medicaid state plan, costs could accrue to Medicaid.

Continued page 2

Prepared by: Stacy Toner, Acting Director
 Division Behavioral Health
 Approved by: Karleen Jackson, Commissioner
 Agency Department of Health and Social Services

Phone 465-2817
 Date/Time 03/14/2007
 Date 03/15/2007

FISCAL NOTE

FN #

**STATE OF ALASKA
2007 LEGISLATIVE SESSION**

ANALYSIS CONTINUATION

The total cost for services in the pilot project are estimated at \$1,700.0 GF per year. Depending on the actual number of Medicaid eligible persons, the services provided, and the quantity of services, some of the costs could be shifted to Medicaid which has joint state/federal funding. This would not change the total expenditures, but would change the fund source. The amount of potential federal funds that would replace GF is estimated to be between \$0 and \$913.9 in SFY08.

The number of Medicaid eligible persons for this pilot project is expected to be very small. Typically only 10% of the substance abuse treatment is Medicaid eligible. That would mean that on average, of the 10 beds only 1 might be charged to Medicaid. It is difficult to predict how many eligible persons would actually be directed to the pilot project. Section 4 of the bill outlines the populations targeted for the pilot. The pregnant women and youth populations could be Medicaid eligible if they are low income; however, prisoners are not eligible.

Not all the services would be Medicaid eligible. Section 4 outlines services, including clinical services, which could be covered under Medicaid; however, the job training and employment services are not covered. This uncertainty is the reason for the indeterminate fiscal note.



Municipality of Anchorage



4701 Bragaw Street • Anchorage, Alaska 99517-1801 • Telephone: (907) 791-4500 • <http://www.muni.org>

Mayor Mark Begich

Anchorage Police Department

Honorable Johnny Ellis
State Senate
Alaska State Capitol, Room 9
Juneau, Alaska 99801-1182

Dear Senator Ellis:

I appreciate your efforts regarding Senate Bill 100, which proposes some common sense changes to state statutes involving substance abuse. Mandating treatment for pregnant women who seek help in overcoming addiction, supporting DHHS in their efforts to more effectively deal with citizens who are doubly afflicted with mental and substance abuse disorders, and ensuring collaboration with and support of effective faith based efforts that deal with substance abuse are all noteworthy and doable.

As first responders, the specter of substance abuse and mental illness is prevalent throughout our daily contacts with citizens from all walks of life. Any effort by the state to ensure a better manner for addressing these problems, particularly in regard to a program focused on and supportive of involuntary commitments of those persons saddled with substance abuse and mental health disorders who pose a risk to themselves and others, is appreciated.

Once again, I am in support of SB 100 and appreciate your efforts.

Sincerely,

Rob Heun
Chief of Police

Community, Security, Prosperity



March 15, 2007

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

RE: SB 100 (Ellis)—Support

Dear Chair Davis:

On the behalf of the members of AARP Alaska, we encourage you and your colleagues on the Senate Health, Education and Social Services Committee to support SB 100, authored by Senator Johnny Ellis.

There are three main reasons why AARP is concerned with substance abuse. The first two reasons involve abuse or neglect cases that stem from substance abuse and how they impact seniors directly. The third reason deal with the impact substance abuse has on seniors indirectly.

First is the classic case in which the person committing the abuse or the neglect has a substance abuse problem. A national study examining "elder abuse" case files from agencies around the country found that severe drinking bouts by the abuser led to harmful incidents in senior abuse cases.

The second case (which is probably as common), is where the older adult has a substance abuse problem. For some older adults it is alcohol; for others it is psychoactive medications. For many it is both. For these individuals getting treatment is very difficult because there is little access to treatment and prevention. In Anchorage, there is only one treatment center at which older adults may seek treatment (Ernie Turner Center).

The third reason why we support this bill has to do with grandparenting. Grandparenting is sometimes called the most spiritual of all relationships because it links people entering the world with those on their way out. Grandparenting today, however, is not all Bible stories, sugar cookies and fun. Increasingly, grandparents are rearing their children's children when drug addiction and mental illness make parents unavailable.

AARP is the world's largest organization of grandparents. Our 89,000 AARP members in Alaska are concerned about the impact substance abuse is having on their grandchildren. There are 8,188 grandchildren living with grandparents Alaska. In addition, there are 5,419 grandparenting headed household, which means that 1.5 children are living with their grandparents.

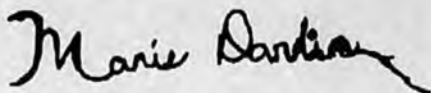
We believe that SB 100 is a substantive bill because it address the concerns of a lot of our members, as well the concerns of others. Furthermore, we believe that providing assistance to those who need help in overcoming their addiction is a good public policy for Alaska.

Therefore, AARP request an "AYE" vote on Senator Ellis's SB 100.

Should you have any questions about our position, please feel free to contact me (586-3637) or Pat Luby, AARP Advocacy Director (907-762-3314).

Thank you for your consideration.

Sincerely,



Marie Darlin, Coordinator
AARP Capital City Task Force
415 Willoughby Avenue, Apt. 506
Juneau, AK 99801
586-3637 (voice)
463-3580 (fax)

CC: Senator Joe Thomas
Senator John Cowdery
Senator Kim Elton
Senator Fred Dyson
Senator Johnny Ellis

SB

107

Assuring Safe Naturopathic Medical Practices for
Alaskans White Paper



Alaska Association of Naturopathic Physicians, Inc.





Alaska Association of Naturopathic Physicians, Inc.

Dedicated to the preservation of quality naturopathic medicine for all Alaskans

Assuring Safe Naturopathic Medical Practices for Alaskans

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Assuring Safe Naturopathic Medical Practices for Alaskans Executive Summary

Introduction:

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

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

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

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

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

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

¹ SB 306, section 1.



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1. Formation of a *Naturopathic Advisory Committee* (see Appendix G) to act in an advisory role to the Alaska Department of Licensing in oversight of the naturopathic profession;
2. Authorization to perform minor office procedures including repair of superficial lacerations and abrasions, superficial lesions and the removal of foreign bodies located in superficial tissues;
3. Formation of a *Naturopathic Medical Formulary Council* (see Appendix H) authorized to determine the formulary list of prescription medications naturopathic physicians will be authorized to prescribe;
4. Establishment of continuing education requirements.

Naturopathic Education:

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

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

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

Naturopathic Medical Formulary Council:

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

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



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comprised of pharmacists and naturopathic physicians; Idaho's is comprised of pharmacists, allopathic and naturopathic physicians.

Naturopathic Track Record of Safety

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

Why Now?

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

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

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

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

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

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



Assuring Safe Naturopathic Medical Practices for Alaskans

Appendix A: Doctor Shortage

Anchorage Daily News (Published: October 8, 2006)

Doctor Shortage

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

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

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

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

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

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

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

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

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



Assuring Safe Naturopathic Medical Practices for Alaskans

Appendix A: Doctor Shortage

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

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

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

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



Assuring Safe Naturopathic Medical Practices for Alaskans

Appendix B: History of Naturopathic Licensing in Alaska

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

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

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

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

¹ SB 306, section 1.



Assuring Safe Naturopathic Medical Practices for Alaskans

Appendix C: Health Care is Changing

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

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

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

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

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

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

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

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



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Appendix C: Health Care is Changing

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

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



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

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

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

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

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

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

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

Sources:

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

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

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

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



Assuring Safe Naturopathic Medical Practices for Alaskans

Appendix E: Comparison of Naturopathic and Major Medical Schools

	National	Bastyr	Southwest	John Hopkins	Yale	Stanford
Basic and Clinical Sciences:						
Anatomy, Cell Biology, Physiology, Pathology, Neuroscience, Clinical/Physical Diagnosis, Histology, Genetics, Biochemistry, Pharmacology, Lab Diagnosis, Pharmacognosy, Public Health, History, Philosophy, Ethics, Research and other coursework.	1548	1639	1419	1771	1420	1383
Clerkships (1) and Allopathic Therapeutics:						
Lecture and clinical instruction in Dermatology, Family Medicine, Psychiatry, Internal Medicine, Radiology, Pediatrics, Obstetrics, Gynecology, Neurology, Surgery (2), Ophthalmology and Clinical Electives.	2244	1925	1920	3391	2891	3897
Naturopathic Medicine:						
Advanced Naturopathic Therapeutics	-	44	20	-	-	-
Ayurvedic Medicine	-	22	20	-	-	-
Botanical Medicine	96	110	120	-	-	-
Therapeutic Nutrition (3)	144	132	130	-	-	-
Counseling (4)	144	143	100	-	-	-
Homeopathy	144	88	140	-	-	-
Hydrotherapy	48	39	40	-	-	-
Naturopathic Case Analysis/Management (5)	-	66	120	-	-	-
Naturopathic Manipulative Therapy	156	176	180	-	-	-
Naturopathic Philosophy	72	55	60	-	-	-
Oriental Medicine	72	33	200	-	-	-
Subtotals:	876	908	1130	0	0	0
Total Reported Hours:	4868	4472	4469	5162	(+Thesis) 4311	5280

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

Sources: 1996-97 Curriculum Directory of the American Association of American Medical Colleges
 1995-96 Catalog of National College of Naturopathic Medicine
 1996-98 Catalog of Bastyr University
 1996-97 Catalog of Southwestern College of Naturopathic Medicine and Health Sciences



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Assuring Safe Naturopathic Medical Practices for Alaskans

Appendix F: Comparison of Naturopathic Governance

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

¹ Within the California Department of Consumer Affairs

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

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

⁴ Under Vermont's Secretary of State



Alaska Association of Naturopathic Physicians, Inc.

Assuring Safe Naturopathic Medical Practices for Alaskans

Appendix G: Naturopathic Advisory Committee

NATUROPATHIC ADVISORY COMMITTEE:

- 1) There is hereby established under the auspices of the State of Alaska Department of Licensing (hereinafter referred to as the DOL), the Naturopathic Advisory Committee (hereinafter referred to as the Committee).
- 2) The Committee shall consist of three (3) members all of whom shall be licensed naturopathic physicians, no more than two (2) of whom reside in the Anchorage bowl.
- 3) One (1) member of the initial committee shall be appointed for a one (1) year term of office, one (1) member of the initial board shall be appointed for a two (2) year term of office, one (1) member of the initial board shall be appointed for a three (3) year term of office. Thereafter the term of office for each member shall be three years.
- 4) Appointments to the Committee shall be made by the director of the DOL (hereinafter referred to as the Director) from nominations received from the Alaska Association of Naturopathic Physicians.
- 5) The three (3) members of the Committee who are naturopathic physicians shall be licensed pursuant to this chapter, practicing within the state of Alaska for the duration of their appointment and shall have been practitioners within the state of Alaska for a minimum of two (2) years immediately preceding appointment. In the event of death, resignation or removal of any member before the expiration of the term to which appointed, the vacancy shall be filled for the unexpired portion of the term in the same manner as the original appointment.
- 6) The Director may remove any member of the Committee for cause, prior to the expiration of the member's term.
- 7) The Committee shall meet at the request of the DOL to review allegations of misconduct involving naturopathic physicians or persons claiming the title of naturopathic physician. The Committee may also be asked to advise the DOL on issues regarding approved naturopathic medical programs and appropriateness of candidates for continuing education credits. The Committee shall also review nominations to serve on the Naturopathic Medical Formulary Council. Committee shall not be empowered to regulate the licensure of the naturopathic profession; those duties fall within the jurisdiction of the DOL.



Assuring Safe Naturopathic Medical Practices for Alaskans

Appendix H: Naturopathic Formulary Council

NATUROPATHIC MEDICAL FORMULARY COUNCIL:

- 1) There is hereby established a Naturopathic Medical Formulary Council (hereinafter referred to as the Council), which is separate and distinct from the Naturopathic Advisory Committee, to be composed of five (5) members. Three (3) members shall be naturopathic physicians licensed under this chapter, nominated by the Naturopathic Advisory Committee. One (1) member shall be a pharmacist nominated by the Alaska Board of Pharmacy. One (1) member shall be a medical or osteopathic physician, appointed from a list of nominees provided by the Alaska state board of medicine. The initial council shall be appointed as follows.
- 2) One (1) naturopathic physician shall be appointed for a one (1) year term; one (1) naturopathic physician shall be appointed for a two (2) year term; and one (1) naturopathic, one (1) pharmacist and one (1) allopathic physician shall be appointed for a three (3) year term. Thereafter, the term of office shall be three (3) years.
- 3) A quorum shall consist of four (4) members and shall be required for any vote to be taken. It shall be the duty of the Council to establish a formulary for use by naturopathic physicians, and immediately upon adoption or revision of the formulary, the Council shall transmit the approved formulary to the DOL.
- 4) The formulary will be reviewed annually by the Council, or at any time at the request of the DOL. The formulary list may not go beyond the scope of prescription medicines and medical devices taught in approved naturopathic medical education and training and existing naturopathic medical formularies, or DOL approved continuing education. The naturopathic medical formulary shall not include medicines and devices that are inconsistent with the training provided by approved naturopathic medical colleges.
- 5) Nothing herein shall allow a naturopathic physician to administer or prescribe any prescription drug, or medical device unless such prescription drug or medical device is specifically included in the naturopathic medical formulary.
- 6) All costs and expenses incurred under the provisions of this chapter shall be paid for through naturopathic licensing fees.



Assuring Safe Naturopathic Medical Practices for Alaskans

Appendix I: Accrediting Agencies

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

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

The Council of Naturopathic Medical Education (CNME)

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

Post-secondary Education Commission

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

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

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



Alaska Association of Naturopathic Physicians, Inc.

Assuring Safe Naturopathic Medical Practices for Alaskans

Appendix J: Arizona Pharmacy Continuing Education Program

General Introductory Material for Pharmacy Continuing Education

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

Introduction

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

Part I

**Ancillary material for CME course Part I
Neuropharmacology and Controlled Substances
Mechanisms of action**

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

Part II

**Ancillary material for CME course Part II
Cardiovascular Pharmacology
Mechanisms of action**

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

Part III

**Ancillary material for CME course Part III
Infectious Diseases and Antibiotics
Mechanisms of action**

includes bacterial/viral synthesis, retroviral action and therapeutic interventions

Part IV

**Ancillary material for CME course Part IV
Endocrine Pharmacology and Women's Medicine
Mechanisms of action**

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

For additional information, see

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



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

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

Table 1: Naturopathic Disciplinary Actions

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

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

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

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

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



Alaska Association of Naturopathic Physicians, Inc.

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

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

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

*Letters of concern are not considered disciplinary actions

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

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



Alaska Association of Naturopathic Physicians, Inc.

Assuring Safe Naturopathic Medical Practices for Alaskans

Appendix K: Comparison of Allopathic and Naturopathic Disciplinary Reports

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

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

The total number of licensed naturopathic doctors in Oregon during 2000-2003 was 550. The total number of disciplinary actions during this time period was 8. The yearly rate of disciplinary actions per 100 doctors is 0.36. The total number of medical doctors in Oregon during 2003 was 11,583. The total number of disciplinary actions during this time was 43. The yearly rate of disciplinary actions per 100 doctors is 0.37.

Sources:

- Arizona Board of Naturopathic Examiners: www.npbomex.az.gov
- Arizona Board of Medical Examiners: http://www.azmboard.org/Agency_Reports/md_stats.pdf
- Hawaii Board of Naturopathic Examiners: naturopathy@dcca.hawaii.gov
- Oregon Board of Naturopathic Examiners: www.obnme.state.or.us
- Oregon Board of Medical Examiners: www.bme.state.or.us
- New Hampshire Dept. HHS, Board of Naturopathic Examiners: (603)271-5127 License Clerk, Janet
- New Hampshire Board of Medicine: <http://www.nh.gov/medicine/cidisciplinary.html>
- Washington Health Professions Quality Assurance, Naturopathy Program: Holly.Rawnsley@doh.wa.gov



Assuring Safe Naturopathic Medical Practices for Alaskans

Appendix L: Letter from Rick Chester, ND, RPh, LAc

FEB 14 2004 4:04PM

PHOTODUPLICATION SERVICE

NO. 313

Crater Lake Hwy.
City, OR 97503



tel: 541-886-9173
fax: 541-886-8366

Be Well & Well Informed

February 17, 2004

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

Attn: Representative Holm

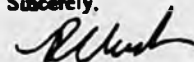
I am writing to support legislative bills HB434 and SB 306, both titled "An act relating to the practice of naturopathic medicine."

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

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

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

Sincerely,


Rick Chester, ND, RPh, LAc

cascadepharmacy.com

Alaska State Medical Association

4107 Laurel Street • Anchorage, Alaska 99508 • (907) 562-0304 • (907) 561-2083 (fax)

March 19, 2008

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

RECEIVED
MAR 19 2008

RE: Work Draft for CS for SB 107 (Version L) – Practice of Naturopathy

Dear Senator Davis:

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

ASMA opposes version L of the work draft for CS for SB 107 for the same reasons that have been provided in its previous testimony as well as for the additional comments that follow.


1. Version L creates the Alaska Naturopathic Board to be the regulatory body for naturopaths but with no guidance from the Legislature as to the regulatory structure as is provided for other boards. The Legislature sets out the basic guidelines for the State Medical Board for the regulations and discipline of physicians (as examples see AS 08.64.326, AS 08.64.331, AS 08.64.332, AS 08.64.340, AS 08.64.345 and AS 08.64.360). Version L gives the Naturopathic Board, dominated by members who are naturopaths, unfettered power to adopt regulations with no boundaries nor minimum standards.
2. The expense of the operation of the Naturopathic Board is not commensurate with the value added to regulate and license only several dozen naturopaths. The license fees to support its operations would either be very high or would need to be subsidized from other license fees from other health care licensees.
3. Version L allows the Naturopathic Board to override the prohibition of the prescriptions of controlled substances found in AS 08.45.050 (1) by adding such drugs to its formulary.

Because the naturopaths wish to have the same scope of practice as primary care Physicians (MD's and DO's) and there are so few of them, it makes sense to have them regulated by the Alaska State Medical Board. The naturopaths would then be regulated and held to the same standard of care as the primary care physicians. The State Medical Board would be best equipped to apply these standards in an equitable manner.

Having stated the above, ASMA feels the discussion of the increased scope of practice and the formation of the Naturopathic Board is premature until there exists an objective comparison of the naturopaths education, national competency examinations and residencies with that of primary care physicians. This is why ASMA continues to suggest a Task Force that can conduct such an examination of those areas key to competency and most importantly, patient safety.

As ASMA has stated before, naturopaths are not recognized by Medicare as providers eligible for payment. The naturopaths will not create any help in assisting in the access to care problems for Medicare beneficiaries.

Sincerely,

J. Ross Tanner 

By: J. Ross Tanner, MD President
For: The Alaska State Medical Association

LEGAL SERVICES

DIVISION OF LEGAL AND RESEARCH SERVICES
LEGISLATIVE AFFAIRS AGENCY
STATE OF ALASKA

(907) 465-3867 or 465-2450
FAX (907) 465-2029
Mail Stop 3101

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

MEMORANDUM

March 21, 2008

SUBJECT: Changes to CSSB 107(HES) (Work Order No. 25-LS0702\O)

TO: Senator Bettye Davis
Chair of the Senate Health, Education & Social Services Committee
Attn: Don Burrell

FROM: Alpheus Bullard *ALB*
Legislative Counsel

This memorandum accompanies the committee substitute you requested.

Your request included three changes that Don Burrell of your staff communicated had been requested by Jennifer Strickler (Chief, Professional Licensing). The desired effects of the changes were not clear to me, and with Don's permission I discussed them with Jennifer. Subsequent to this conversation, I modified two of the requested changes.

1. In addition to the requested deletion of lines 18 and 19 on page 3 of the L version, lines 15 - 17 were also deleted.

The requested deletion had removed language allowing the Alaska Naturopathic Board (board) to "invoke, or request the department to invoke, disciplinary action against a licensee" while allowing the board (at lines 15 - 17) to "conduct hearings on charges of alleged violations [of the chapter]." Jennifer explained that it was her intention in requesting the deletion of lines 18 and 19 that the Department of Commerce, Community, and Economic Development (department) would be the responsible party for conducting hearings and invoking disciplinary action against a licensee. In keeping with this understanding, lines 15 - 19 were also removed from the committee substitute (so that the board could not conduct parallel hearings that would be without threat of sanction).

2. Instead of deleting the sentence, "The board shall specify the term of office of each licensed naturopath and public member appointed subject to this section" at page 7, lines 21 and 22 of the L version, the sentence was changed to read, "The governor shall specify [. . .]."

This language is found in a transitional provision that establishes how the first members of the board are appointed in order that board members hence forward would serve staggered terms. There are three naturopath members and two public members of the board. In order that members might serve staggered terms, not all the original

Senator Bettye Davis

March 21, 2008

Page 2

naturopath members and public members can be appointed to the same length term. It is helpful that someone decide the length of these first board members' terms.

If these changes are not in accord with your intent, please do not hesitate to contact me.

TLAB:med

08-210.med

Enclosure

FISCAL NOTE

STATE OF ALASKA
2008 LEGISLATIVE SESSION

Fiscal Note Number: _____
 Bill Version: SB 107
 () Publish Date: _____

Identifier (file name): SB107-CED-OL-01-12-08 Dept. Affected: DCCED
 Title: NATUROPATHS RDU: Corp. Bus & Prof Licensing (117)
 Component: Corp. Bus & Prof Licensing
 Sponsor: Davis by Request
 Requester: Senate Labor & Commerce Component No.: 2360

Expenditures/Revenues (Thousands of Dollars)

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

	Appropriation Required	Information						
		FY 2009	FY 2009	FY 2010	FY 2011	FY 2012	FY 2013	FY 2014
OPERATING EXPENDITURES								
Personal Services	37.4	37.4	37.4	37.4	37.4	37.4	37.4	37.4
Travel	22.0	22.0	22.0	10.4	10.4	10.4	10.4	10.4
Contractual								
Supplies								
Equipment								
Land & Structures								
Grants & Claims								
Miscellaneous								
TOTAL OPERATING	59.4	59.4	59.4	47.8	47.8	47.8	47.8	47.8

CAPITAL EXPENDITURES								
-----------------------------	--	--	--	--	--	--	--	--

CHANGE IN REVENUES (1156)	118.8	118.8	0.0	95.6	0.0	95.6	0.0
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FUND SOURCE (Thousands of Dollars)

1002 Federal Receipts							
1003 GF Match							
1004 GF							
1005 GF/Program Receipts							
1037 GF/Mental Health							
Other Interagency Receipts							
TOTAL	59.4	59.4	59.4	47.8	47.8	47.8	47.8

Estimate of any current year (FY2008) cost: 0.0

POSITIONS

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

ANALYSIS: (Attach a separate page if necessary)

This legislation amends various provisions of AS 08.45 and establishes a Naturopathic Advisory Committee and an Alaska Naturopathic Formulary Council.

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

There are currently 44 licensed naturopaths. A detailed analysis of costs follows.

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

Phone: (907) 465-2144
 Date/Time: 1/12/08 12:58 PM
 Date: 1/12/2008

ANALYSIS CONTINUATION

FY 09 and 10 Cost Analysis

Total PERSONAL SERVICES: \$37.4

- One (1) Part-time Occupational Licensing Examiner position, Range 13, to support both the committee and the council

Total TRAVEL: \$22.2

- This legislation establishes the Alaska Naturopathic Formulary Council consisting of 5 members. It is estimated the Council will have to meet 4 times a year for the first two years - and twice a year starting in 2011. Estimated travel costs for the Council for FY 09 and FY 10 - \$17.0 each year

- This legislation also establishes a Naturopathic Advisory Committee consisting of 3 members. It is estimated the Committee will have to meet 2 times a year for the first two years - and once a year starting in 2011. Estimated travel costs for the Council for FY 09 and FY 10 - \$5.2 each year

FY 11 and Subsequent Years

Total PERSONAL SERVICES: \$37.4

- One (1) Part-time Occupational Licensing Examiner position, Range 13, to support both the committee and the council

Total TRAVEL: \$10.4

- This legislation establishes the Alaska Naturopathic Formulary Council consisting of 5 members. It is estimated the Council will meet twice a year starting in 2011.

- This legislation also establishes a Naturopathic Advisory Committee consisting of 3 members. It is estimated the Committee will once a year starting in 2011.

REVENUE: Revenue would be generated by the approximately 44 individuals currently licensed and would be collected biennially.

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Mail Stop 3101

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

MEMORANDUM

January 10, 2008

SUBJECT: Naturopathic Advisory Committee and Alaska Naturopathic Formulary Council (CSSB 107 (L&C))

TO: Senator Johnny Ellis
Chair of the Senate Labor and Commerce Committee
Attn: Dana Owen

FROM: Alpheus Bullard *TLAB*
Legislative Counsel

This memorandum accompanies the draft bill you requested.

This draft combines the Naturopathic Advisory Committee ("committee") and Alaska Naturopathic Formulary Council ("council") found in the previous version of the bill (25-LS0702\A) into a single entity within the Department of Commerce, Community, and Economic Development.

All of the responsibilities of the committee have been transferred to the council. Due to the now expanded role and responsibilities of the council, I amended the council's title from "Alaska Naturopathic Formulary Council" to "Alaska Naturopathic Council."

If this choice was made in error, if I may be of further assistance, or if you have any questions, please do not hesitate to contact me.

TLAB:med
08-007.med

Enclosure

NATURAL MEDICINE LODGE**Stephen Herbst, DC, CA, NMD (cand.)****206 Ash Street****P.O. Box 127****Van Buren, MO 63965****573-323-1206 800-757-5088****Fax: 573-323-0206****Email:****natmedlodge@centurytel.net****NPI: 1376662460****14 January 2008****Honorable Bettye Davis****Alaska State Senator****Fax: (907) 269-0148****Re: SB 107 Naturopathic Medical Practice Act****Dear Senator Davis,**

A serious exclusion of exceptionally qualified first degreed and licensed medical professionals who attained the post doctoral NMD degree from state certified programs will occur in Sec. 08.45.30 if enacted as proposed. Suggested Addendums might solve the inequities:

In paragraph (2) after December 31, 1987, has

(A) graduated from a school of naturopathy that required four years of attendance at the school and at the time of graduation the school was accredited or a candidate for accreditation by the Council on Naturopathic Medical Education or a successor organization recognized by the United States Department of Education; or completed a post doctoral state certified program leading to the NMD degree which is approved by the Liason Committee on Naturopathic Education (LCNE) and the National Board of Naturopathic Medical Examiners; and

(B) passed the Naturopathic Physicians Licensing Examination or the United States Naturopathic Licensing Examination.

These additions to the Issuance of License section will be in line with several states which are or have enacted naturopathic medical licensing. Chiropractic, Osteopathic, and Medical Physicians who are licensed to diagnose human conditions are attracted to the post doctoral NMD programs which facilitate alternative and complementary medical practice as well as comprehensive primary care. It is only fair to include these professionals since the CNME and NPLEX have to date excluded these professionals. A brief look at the Idaho Board of Naturopathic Medical Examiners website at ibnme.us qualifications for licensure will

demonstrate non exclusive licensure. It is my desire to return to Alaska as a Doctor of Naturopathic Medicine as well as being licensed in Alaska as a Chiropractic Physician since 1987.

Sincerely,

Stephen Herbst, DC, CA, NMD (cand)



Alaska Association of Naturopathic Physicians, Inc

Dedicated to the preservation of quality naturopathic medicine for all Alaskans

1/22/08

The Honorable Senator Johnny Ellis
Senate Labor and Commerce Chair
State Capitol
Juneau, AK 99801

Dear Senator Ellis,

Thank-you for allowing our Committee Substitute Bill 107 to be introduced into the Senate Labor and Commerce Committee. I was able to listen to the conversation by telephone and I would like to address the concerns raised by Senator Bunde, Senator Stevens and Senator Davis's staff member, Tom Obermeyer.

First I will address Senator Bunde's question about having more than one public member of the Alaska Naturopathic Council. If I understand his question correctly, his concern is that with only one public member, public safety would not be adequately ensured. The AK Naturopathic Association feels that the majority of the Council should be healthcare professionals and we welcome a medical doctor as the potential public member. Since the council is small, reflecting the small number of NDs in the state, we feel that there is only room for one non-medical professional. However, we are certainly not attached to the current configuration of the proposed Council. I think it is important to point out that our legislative intent in this bill is not to change the governance of our profession in Alaska. That would continue to be the province of the Division of Corporations, Business and Professional Licensing, including prescriptive endorsements.

As you know, prescriptive authority for naturopaths is not novel legislation. In the past couple of years, Idaho and Washington State have formed advisory councils whose purpose is to advise their respective licensing authorities regarding appropriate formulary lists. These councils are multidisciplinary in nature. Washington's advisory council is comprised of pharmacists and naturopathic doctors; Idaho's is comprised of pharmacists, allopathic and naturopathic doctors. The Alaska Naturopathic Council would perform the same function by examining the formularies of other states, their requirements for prescriptive endorsement as well as continuing education requirements to maintain that privilege. One would hope the Council would come to a consensus on their recommendations to the Division, but if any member had reservations, she or he could bring that concern to the Division. The Council would do the leg work; the Division would have ultimate regulatory authority.

Senator Stevens had two questions; one concerning the proposed range of prescription authority and the other was about the Task Force Report.

SCOTT LUPLAND ND
PRESIDENT

GARY FERGUSON, ND
VICE PRESIDENT

MARY MENOR, ND
SECRETARY

DAVID SEWIRTH, ND
TREASURER

100 KLEINER ROAD • FAIRBANKS, AK 99701
PHONE: 907-452-3600 • FAX: 907-452-3695
WWW.AKANDP.COM

The formularies of most states that have prescriptive authority include legend drugs. Those are drugs such as antibiotics, hypertensive drugs, thyroid medication, etc. These are medications with a low abuse potential. We would not have a problem taking scheduled drugs such as narcotics off of the table.

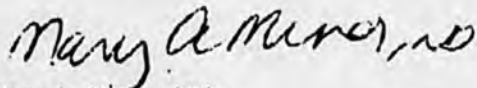
All naturopaths licensable in Alaska have had rigorous training in pharmacology and pharmacognosy. Many of our patients use herbs, nutritional supplements and prescription medications. Naturopaths are well versed in drug-nutrient and drug-herb interactions. Our colleagues in western states have integrated natural and conventional medicine safely for decades.

Senator Stevens also expressed disappointment that there was no report from the Naturopathic Task Force. As you recall, at the end of the 23rd legislative session, a task force was legislated to "... contribute to a better understanding of issues related to the safety and scope of the practice of naturopathy ...". That task force met five times between December, 2004 and December, 2005. Senator Ralph Seekins chaired the task force that included two naturopaths, one member of the state medical board, one member of the state medical association, a representative of the nursing board and a pharmacist. While no report was issued from the task force, there was a report from the Legislature's Research Department that I will send to you.

I am a bit mystified about the liability issue for the medical board Mr. Obermeyer raised. I know this was an issue with the "collaborative agreements" we discussed in 2004, but that proposal was dropped years ago. If they are concerned about their role in the Alaska Naturopathic Council, they are not required to participate. Our thinking behind having a public member, who could be a medical doctor, was to avoid putting the medical board into the uncomfortable position of having to participate in the Council if they did not want to. Indeed, the two professions most directly affected by the formulary would be naturopaths and pharmacists. Those were the two professions we felt should have a seat at the table.

The best way to insure public safety is by having access to appropriate care. The record of safety in states such as Washington, Oregon and Arizona—states with hundreds of licensees that have had prescriptive authority since the late eighties—is impressive. If I can provide you with any other information on this issue, I look forward to having that opportunity.

Yours in health,



Mary A. Minor, ND
AKANP Secretary

cc: Senator Bunde, Senator Davis, Senator Hoffman, Senator Stevens, Dr. Emily Kane

LEGISLATIVE RESEARCH REPORT

JANUARY 6, 2005



REPORT NUMBER 05.074

STATE-LICENSED NATUROPATHIC DOCTORS

PREPARED FOR REPRESENTATIVE PETE KOTT
BY CHUCK BURNHAM, LEGISLATIVE ANALYST

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LICENSING STATES AND THE NUMBER OF NATUROPATHIC DOCTORS THEREIN	2
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You asked a number of questions about Naturopathic Doctors. Specifically, you requested information on the following:

- 1) State licensing of Naturopathic Doctors (NDs) and the total number of licensees in each state.
- 2) The regulatory authority in each of those states.
- 3) States in which legislation to license NDs has been, or is, under consideration.
- 4) Schedules of the federal Controlled Substances Act that are included in the prescriptive privileges of state-licensed NDs.
- 5) The legal definitions of "physician" and "minor surgery" and the states that allow NDs to perform such surgery.
- 6) State laws that address collaboration between NDs and Medical Doctors (MDs).
- 7) States' disciplinary actions against NDs and MDs.