

ALASKA LEGISLATURE COMMITTEE FILES 2007-2008 SL&C 12612

The Bureau, along with the Committee, would like to also extend gratitude to special consultants, Dr. Virginia Osborne, National College of Naturopathic Medicine, Dr. Craig Runbeck, Executive Director, Arizona Naturopathic Physician Board of Medical Examiners, and Professor Debra Wollner, Southwest College of Naturopathic Medicine, for their invaluable assistance and expertise.

I am very pleased to have served as the Bureau Chief during the development of this report and to be able to present this report with the unanimous findings and recommendations of this Committee. Without their extensive knowledge, experience, and commitment to the field of naturopathic medicine, these reports would not have been possible.

Sincerely,

Tonya Blood, Chief
Bureau of Naturopathic Medicine

Introduction

Senate Bill 907 (Burton; Chapter 485, Statutes of 2003) established the Naturopathic Doctors Act (the Act) and created the Bureau of Naturopathic Medicine (the Bureau) within the Department of Consumer Affairs to administer the Act. The Act sets up criteria for the licensure and regulation of Naturopathic Doctors (NDs), and establishes a scope of practice for the profession.

SB 907 specified (Business and Professions Code Sec. 3627¹):

- The Bureau shall establish a naturopathic formulary advisory committee (the Committee) to determine the naturopathic formulary based upon a review of naturopathic medical education and training.
- The Committee shall be composed of an equal number of representatives from the clinical and academic settings of physicians and surgeons, pharmacists, and naturopathic doctors.
- The Committee shall review naturopathic education, training, and practice and make specific recommendations regarding the prescribing, ordering, and furnishing authority of a naturopathic doctor and the required supervision and protocols for those functions.
- The Bureau shall make recommendations to the Legislature no later than January 1, 2006, regarding the prescribing and furnishing authority of an ND and the required supervision and protocols, including those for the utilization of intravenous and ocular routes of prescription drug administration.
- The Committee and the Bureau shall consult with physicians and surgeons, pharmacists, and licensed naturopathic doctors in developing the findings and recommendations submitted to the Legislature.

Assembly Bill 302 (Committee on Business and Professions; Chapter 506, Statutes of 2005) extended the date that the Bureau was to make recommendations to the Legislature to January 1, 2007. The purpose of this report is to fulfill that legislative mandate.

¹ All further section references are to the Business and Professions Code, unless otherwise indicated.

Naturopathic Formulary Advisory Committee

The Naturopathic Formulary Advisory Committee (the Committee) was appointed by Charlene Zettel, Director of the Department of Consumers Affairs. The Committee is chaired by Dr. Peter Wannigman, a pharmacist and ND, and is vice-chaired by Dr. Soram Singh Khalsa, a medical doctor. The Committee consists of three pharmacists, three medical doctors, and three NDs. The committee first met on June 26, 2005, and has met every 4-6 weeks for over a year to determine the recommendations included in this report. Biographies of the committee members are contained in the Appendix.

Brief History of Naturopathic Medicine

Naturopathic medicine is one of the oldest continuously licensed health care professions in the country. Its roots lie in German traditions of "Water Cure" or hydrotherapy advocated by Sebastian Kneipp in the mid-19th century. Dr. Benedict Lust, considered to be the Father of Naturopathic Medicine, expanded upon the European water cure and herbal therapies to develop a comprehensive philosophy and system of health which he brought to the United States around the turn of the century.

In 1901, Dr. Lust opened the American School of Naturopathy in Manhattan. Its approach emphasized diet, exercise, physical medicine, herbs, and homeopathy as ways to improve and maintain good health. Naturopathic medicine grew quickly as a profession and by 1925 there were approximately 2,500 practicing naturopathic doctors and more than a dozen schools. During this period, regulations were enacted in many states, with about half of the states licensing or regulating naturopathic medicine. This rise in popularity created strong opposition from allopathic medicine, which labeled naturopathic medicine as "quackery."

Naturopathic medicine experienced a significant decline in popularity from the post World War II era until the 1970s as most health care at that time centered on the allopathic medical model and the increased use and development of drugs and antibiotics. In the 1970s, with increased interest in holistic and alternative health care, naturopathic medicine experienced a resurgence of interest with expanded educational programs and state licensure. In the past 30 years, naturopathic medicine has experienced dramatic growth with new schools being established, standardization of education and accreditation, and expanded research on safety and efficacy of naturopathic practices.

In 2003, California became the 13th state to recognize naturopathic medicine and provide licensure to naturopathic doctors.

Naturopathic Medicine Today

Naturopathic medicine is a distinct and comprehensive system of primary health care that uses natural methods and substances to support and stimulate the body's self-healing process.

Currently, 14 states, the District of Columbia, and the US territories of Puerto Rico and the U.S. Virgin Islands have licensing laws for naturopathic doctors. The Alliance for State Licensing (Alliance) is a group of representatives from various state naturopathic associations that align with each other to share information, support, and experience in their quest for licensure, under the auspices of the American Association of Naturopathic Physicians. According to the Alliance, the states of Colorado, Florida, Illinois, Massachusetts, Minnesota, New Mexico, New York, and Virginia have introduced legislation during the last year or will be introducing legislation next year. The states of Maryland, Michigan, Nevada, Ohio, Pennsylvania, Texas, and Wisconsin are moving towards legislation in the near future.

Although the scope of practice varies widely from state to state, all naturopathic doctors abide by the same six principles:

➤ **The Healing Power of Nature:**

Naturopathic medicine recognizes an inherent healing process in the person that is ordered and intelligent. The body is capable of healing itself. The role of the naturopathic doctor is to identify and remove obstacles to healing and recovery and to facilitate and augment this inherent natural tendency of the body.

➤ **Identify and Treat the Cause:**

Naturopathic doctors seek to identify and remove the underlying causes of illness, not merely eliminate or suppress symptoms.

➤ **First Do No Harm:**

Naturopathic doctors follow three guidelines to avoid harming patients:

1. Utilize methods and medicinal substances that minimize risks of side effects, using the least force needed to diagnose and treat.
2. Avoid, when possible, the harmful suppression of symptoms.
3. Acknowledge and work with the individual's self-healing process.

➤ **Doctor as Teacher:**

Naturopathic doctors recall that the origin of the word "doctor" is the Latin word, "to teach." A fundamental emphasis in naturopathic medicine is patient education.

➤ **Treat the Whole Person:**

Naturopathic doctors attempt to take into consideration all the factors that make up patients' lives and affect their health and well-being.

➤ **Prevention:**

Naturopathic medicine emphasizes the prevention of disease, assesses risk factors, and makes appropriate interventions with patients to prevent illness.

Most naturopathic doctors provide primary care natural medicine through office-based, private practice. In states where NDs have been licensed for many years, they often work in collaboration with medical doctors, and routinely refer patients to each other for optimum management of a patient's healthcare.

Bureau Information

The Act, which created the Bureau, was effective January 1, 2004. Before the Bureau could issue any licenses, a Bureau Chief and staff were hired. Equipment was purchased to support the Bureau's activities. Emergency regulations were drafted to implement the Act. An application process was developed, files were set up, application forms and a website were created. The first ND license was issued on January 14, 2005. There are currently 211 newly licensed NDs in California.

The Bureau is staffed by one full-time analyst. The analyst is responsible for all activities of the Bureau, including answering phones, analyzing qualifications for licensure, issuing licenses, responding to correspondence, coordinating legislative, regulatory, and budgetary activities, preparing reports, and administering all disciplinary and enforcement activities. The Bureau is completely funded by application and licensing fees.

Requirements for Licensure

In order to be licensed as an ND in California, the Act and the California Code of Regulations require an applicant to:

- Have obtained a degree in naturopathic medicine from an approved naturopathic medical school. (Section 3630)
- Pass Parts I and II of the Naturopathic Physicians Licensing Examination (An applicant who graduated prior to 1986 must have passed a state or Canadian provincial exam.) (Section 3631)
- Submit fingerprints, and not have been convicted of any crime that would be grounds to deny licensure. (Sections 144, 480, 3630)
- Request verification of good standing for any other licenses held in California or another state be submitted directly to the Bureau from the licensing entity. (Section 3633)

- Pay to the Bureau an application fee of \$400 and an initial license fee of \$800, prorated, which is renewed biennially (Title 16 C.C.R. § 4240).

Furnishing and Ordering Drugs

If an applicant or ND wishes to furnish or order drugs or dangerous devices, they must first receive a furnishing number issued by the Bureau, and registration with the United States Drug Enforcement Agency, if required. In order to qualify for a furnishing number, the Act requires that an applicant or ND must show evidence of 48 hours of instruction in pharmacology that included the pharmacokinetic and pharmacodynamic principles and properties of the drugs to be ordered or furnished under the provisions of the Act. To comply with this requirement, the instruction must have been offered by one of the following (Title 16 C.C.R. § 4212):

- An approved naturopathic medical school.
- An institution of higher learning that offers a baccalaureate or higher degree in medicine, nursing, pharmacy, or public health.
- An educational institution or provider with standards and course content that are equivalent, as determined by the Bureau.

Education and Training

An applicant for licensure must have graduated from a naturopathic medical education program accredited by the Council on Naturopathic Medical Education (CNME). For accreditation, the schools must meet the following minimum requirements (Section 3623):

- Admission requirements that include a minimum of three-quarters of the credits required for a bachelor's degree from a regionally accredited or preaccredited college or university or the equivalency, as determined by the council.
- Program requirements for its degree or diploma of a minimum of 4,100 total hours in basic and clinical sciences, naturopathic philosophy, naturopathic modalities, and naturopathic medicine. Of the total requisite hours, not less than 2,500 hours shall consist of academic instruction, and not less than 1,200 hours shall consist of supervised clinical training approved by the naturopathic medical school.
- A naturopathic medical education program in the United States shall offer graduate-level full-time studies and training leading to the degree of Doctor of Naturopathy or Doctor of Naturopathic Medicine. The program shall be an institution, or part of an institution of, higher education that is either accredited or is a candidate for accreditation by a regional institutional accrediting agency recognized by the United States Secretary of Education and the

Council on Naturopathic Medical Education, or an equivalent federally recognized accrediting body for naturopathic doctor education.

- To qualify as an approved naturopathic medical school, a naturopathic medical program located in Canada or the United States shall offer a full-time, doctoral-level, naturopathic medical education program with its graduates being eligible to apply to the Bureau for licensure and to the North American Board of Naturopathic Examiners that administers the naturopathic licensing examination.

Approved Schools

To be eligible for licensure in California, an applicant must have graduated from one of six approved naturopathic medical schools. Each of these schools has met the requirements listed above for accreditation by CNME. Four of the approved schools are located within the United States and two are in Canada. A brief synopsis of the schools is given below. As can be seen below, the number of pharmacology hours required for graduation at the approved schools varies from 42 to 110. More detailed information on each of the schools, including admission requirements and curriculum may be found in the Appendix.

| School | Year Established | Class Size* | Pharmacology Hours Required for Graduation |
|---|------------------|-------------|--|
| National College of Naturopathic Medicine Portland, Oregon | 1956 | 81 | 72 hours |
| Bastyr University Seattle, Washington | 1977 | 260 | 55 hours |
| Southwest College of Naturopathic Medicine and Health Sciences Scottsdale, Arizona | 1993 | 65 | 110 hours |
| University of Bridgeport College of Naturopathic Medicine Bridgeport, Connecticut | 1996 | 19 | 44 hours |
| Canadian Naturopathic Medical College Toronto, Ontario, Canada | 1978 | 135 | 110 hours |
| Boucher Institute of Naturopathic Medicine New Westminster, British Columbia, Canada | 2001 | 16 | 42 hours |

* Number of graduates in 2006.

Naturopathic Physicians Licensing Examination

In order to qualify for licensure, NDs must take and pass Parts I and II of the Naturopathic Physicians Licensing Examination (NPLEX). The NPLEX is a rigorous, standardized licensing examination that is used in all states that license NDs. Administered by the North American Board of Naturopathic Examiners (NABNE), the NPLEX became the first national test, replacing state exams in 1986.

Part I of the NPLEX, the Basic Science Examinations, is designed to test the naturopathic student's skills and knowledge prior to his or her clinical training. Students are encouraged to take this portion of the examination as soon as they finish their basic science coursework. Part I is composed of five individual exams. Candidates are given 60 minutes to complete each of the five exams:

- Anatomy
- Physiology
- Biochemistry
- Microbiology
- Pathology

A student must pass Part I of the exam before being allowed to sit for Part II.

Part II, the Core Clinical Science Examination, consists of eight separate exams which are designed to test the skills and knowledge that an ND needs in order to practice safely. The eight separate exams in Part II are:

- Physical & Clinical Diagnosis
- Lab Diagnosis & Diagnostic Imaging
- Emergency Medicine
- Botanical Medicine
- Pharmacology
- Nutrition
- Psychology
- Physical Medicine

Examinees have 180 minutes (3 hours) to complete the Physical & Clinical Diagnosis Examination (150 items), 90 minutes to complete the Lab Diagnosis & Diagnostic Imaging Examination (75 items), and 60 minutes to complete each of the other examinations. Part II of the NPLEX is taken over a two-day period.

Beginning with the August 2007 NPLEX Exam administration, the Part II - Core Clinical Science Series will be integrated into a single examination that will include Homeopathy. In comparison to the current exam format which consists of 50 to 150 "stand-alone" questions on each of the eight exams, the integrated

exam format will consist of extensive clinical case summaries for which the candidate must answer a series of questions relevant to diagnosis and treatment for each case.

Part I of the examination is also being restructured and updated. The new integrated Part I of the examination will be administered to candidates beginning in 2008.

The Bureau must receive a report directly from NABNE with an applicant's passing scores on both Parts I and II of the NPLEX before a license will be issued.

The NPLEX is administered twice a year at six different test sites through the U.S. and Canada.

Continuing Education

In order to renew his or her license, an ND must satisfactorily complete 60 hours of approved continuing education biennially. (This requirement is waived for the first renewal.) The continuing education submitted must meet the following requirements (Section 3635):

- ***At least 20 hours shall be in pharmacotherapeutics.***
- No more than 15 hours may be in naturopathic medical journals or osteopathic or allopathic medical journals, or audio or videotaped presentations, slides, programmed instruction, or computer-assisted instruction or preceptorships.
- No more than 20 hours may be in any single topic.
- No more than 15 hours of the continuing education requirements for the specialty certificate in naturopathic childbirth attendance shall apply to the 60 hours of continuing education requirement.

The continuing education requirements may be met through continuing education courses approved by the California Naturopathic Doctors Association, the American Association of Naturopathic Physicians, the Medical Board of California, the California State Board of Pharmacy, the State Board of Chiropractic Examiners, or the Bureau.

Scope of Practice

The Act authorizes an ND to:

- Order and perform physical and laboratory examinations for diagnostic purposes, including, but not limited to, phlebotomy, clinical laboratory tests, speculum examinations, orificial examinations, and physiological function tests (Section 3640(a)).

- Order diagnostic imaging studies, including X-ray, ultrasound, mammogram, bone densitometry, and others, consistent with naturopathic training as determined by the Bureau, but shall refer the studies to an appropriately licensed health care professional to conduct the study and interpret the results (Section 3640(b)).
- Dispense, administer, order, and prescribe or perform the following (Section 3640(c)):
 - (1) Food, extracts of food, nutraceuticals, vitamins, amino acids, minerals, enzymes, botanicals and their extracts, botanical medicines, homeopathic medicines, all dietary supplements and nonprescription drugs as defined by the federal Food, Drug, and Cosmetic Act, consistent with the routes of administration as specified.
 - (2) Hot or cold hydrotherapy; naturopathic physical medicine inclusive of the manual use of massage, stretching, resistance, or joint play examination but exclusive of small amplitude movement at or beyond the end range of normal joint motion; electromagnetic energy; colon hydrotherapy; and therapeutic exercise.
 - (3) Devices, including, but not limited to, therapeutic devices, barrier contraception, and durable medical equipment.
 - (4) Health education and health counseling.
 - (5) Repair and care incidental to superficial lacerations and abrasions, except suturing.
 - (6) Removal of foreign bodies located in the superficial tissues.
- Utilize routes of administration that include oral, nasal, auricular, ocular, rectal, vaginal, transdermal, intradermal, subcutaneous, intravenous, and intramuscular (Section 3640(d)). [The Bureau's regulations (Title 16 C.C.R. § 4323(d)) further specify that an ND may only utilize the ocular and intravenous routes of administration if he or she is clinically competent in those areas.]
- Independently prescribe epinephrine to treat anaphylaxis, and natural and synthetic hormones (Section 3640.7).
- Furnish or order drugs, including Schedule III-V controlled substances, under supervision of a medical doctor, with requirements for standardized procedures and protocols identical to those for nurse practitioners (Section 3640.5).

The Act restricts an ND from performing any of the following functions (Section 3642):

- Prescribe, dispense, or administer a controlled substance, except as authorized.
- Administer therapeutic ionizing radiation or radioactive substances.
- Practice or claim to practice any other system or method of treatment for which licensure is required, unless otherwise licensed to do so.
- Administer general or spinal anesthesia.
- Perform an abortion.
- Perform any surgical procedure.
- Perform acupuncture or traditional Chinese and Asian medicine, including Chinese herbal medicine, unless also licensed in California as an acupuncturist.

COMMITTEE FINDINGS

Formulary Laws from Other States

As the scope of practice for NDs varies from state to state, so do the laws and regulations regarding prescribing. Of the 13 other states that license NDs, 9 of those states allow NDs to prescribe independently, without any MD supervision or protocol. Only one state, Kansas, which instituted licensure in 2003, requires MD supervision, and Maine requires collaboration with a physician for one year prior to independent prescribing.

| State | ND Licensure Enacted | # of Current Active NDs | Prescriptive Authority | MD Supervision Required |
|---------------|----------------------|-------------------------|------------------------|-------------------------|
| Alaska | 1986 | 40 | No | No |
| Arizona | 1935 | 375 | Yes | No |
| Connecticut | 1920 | 210 | No | No |
| Hawaii | 1925 | 85 | Yes | No |
| Idaho | 2005 | 8 | Yes | No |
| Kansas | 2003 | 11 | Yes | Yes |
| Maine | 1995 | 27 | Yes | 1 year |
| Montana | 1991 | 67 | Yes | No |
| New Hampshire | 1994 | 57 | No | No |
| Oregon | 1927 | 715 | Yes | No |
| Utah | 1997 | 18 | Yes | No |
| Vermont | 1995 | 117 | Yes | No |
| Washington | 1919 | 802 | Yes | No |

The formularies for each state vary greatly. A brief summary is given below. The actual formularies may be viewed in the Appendix.

Arizona has the broadest formulary in the nation. Arizona NDs are allowed to independently prescribe all classes of prescription drugs, with 4 exceptions:

- IV medications (except vitamins, chelation therapy, and drugs used in emergency resuscitation and stabilization, which are allowed).
- Controlled substances listed as Schedule I or II (except morphine is allowed).
- Cancer chemotherapeutics classified as legend drugs.
- Antipsychotics.

To support this broad prescribing authority, Arizona passed HR 2028 in 2002. This bill required, as of January 1, 2005, that all NDs complete a 60-hour series of pharmacy courses and pass an examination. After that date, only NDs who have completed the additional training and passed the test in

pharmacotherapeutics are able to prescribe drugs and controlled substances. Southwest College in Tempe, Arizona has made this additional training part of their required curriculum for NDs.

Hawaii state law authorizes NDs to prescribe vitamins, minerals, amino acids, and fatty acids.

Idaho passed a bill in 2005 authorizing licensure of NDs. The bill creates a formulary council to establish a formulary for use by NDs that is consistent with the training and education of NDs. The formulary will be reviewed on an annual basis. To date, the formulary has not been completed.

Kansas passed an ND licensing law in 2003. It authorizes an intravenous and intramuscular formulary which must be under the supervision of a physician. Kansas is the only state, other than California, which requires continuous MD supervision for prescribing.

Maine NDs are allowed to independently prescribe noncontrolled legend drugs after completing a 12-month collaborative relationship with a licensed allopathic or osteopathic physician to review the NDs prescribing practices.

Montana law requires a five-member formulary committee to establish a natural substance formulary list and review the list on an annual basis. Among other items, the approved list of natural substances contains antibiotics and hormones.

Oregon NDs have wide prescribing authority. All substances on the formulary are recommended by the formulary council and approved by the State Board of Naturopathic Examiners.

Utah NDs are allowed to prescribe noncontrolled drugs that are consistent with competent practice of naturopathic medicine and are approved in collaboration with the Naturopathic Formulary Advisory Peer Committee.

Vermont law authorizes the Commissioner of Health to establish the formulary with the advice of advisory appointees. The formulary lists the substances that are authorized as well as their route of administration, and in some instances even the specific dose and length of treatment.

Washington state law was recently amended to allow NDs a broader formulary. HB 1546 of 2005 defined naturopathic medicines to mean "vitamins; minerals, botanical medicines; homeopathic medicines; hormones; and those legend drugs and controlled substances consistent with naturopathic medical practice in accordance with rules established by the secretary." An updated formulary has not yet been completed.

Safety Record of ND Prescribing

In preparation for this report, the Bureau contacted the licensing agencies for each of the states that allow NDs to prescribe. None of the states reported any patient harm or disciplinary action due to ND prescribing. In addition, the states were not aware of any civil actions against NDs for prescribing.

The Bureau also contacted NCMIC Insurance Company. NCMIC insures NDs in all of the licensing states and also insures the naturopathic medical schools. In a letter to the Bureau dated June 7, 2006, NCMIC stated: "In the five years that NCMIC has been insuring Naturopathic Physicians and the colleges, we have never opened a claim against a Naturopathic Physician involving prescription medications." [See Appendix.]

Additionally, the Committee contacted Jury Verdicts Northwest (JVN) to see if there were any civil actions filed against a licensed ND. JVN covers both Oregon and Washington, the two states with the greatest number of NDs and that have been licensing NDs for a considerable length of time (since 1919 and 1927, respectively). JVN responded "Upon reviewing cases contained in Jury Verdicts Northwest's database we found no cases against naturopaths for prescription negligence, or for that matter our database contained no cases against naturopaths at all." [See Appendix.]

Why Do NDs Need to Prescribe?

The NIH National Center for Complementary and Alternative Medicine considers naturopathy a "major Western whole medical system" that "involves complete systems of theory and practice that have evolved independently from or parallel to allopathic (conventional) medicine." In 1987, the American Association of Naturopathic Physicians (AANP) began work on a consensus definition of naturopathic medicine for the modern era. The definition, unanimously adopted by the AANP's House of Delegates in 1989, focused on the guiding naturopathic principles and philosophy rather than specific therapeutic modalities or treatments. The definition reads:

"Naturopathic medicine is a distinct system of primary health care - an art, science, philosophy and practice of diagnosis, treatment and prevention of illness. Naturopathic medicine is distinguished by the principles which underlie and determine its practice. These principles are based upon the objective observation of the nature of health and disease, and are continually reexamined in the light of scientific advances. Methods used are consistent with these principles and are chosen upon the basis of patient individuality. Naturopathic physicians are primary health care practitioners, whose diverse techniques include modern and traditional, scientific and empirical methods."

The AANP recommended that further work on practice principles move to the academic community. Throughout the 1990's clinical faculty and practitioners built on the core foundation throughout the 1990's. In 1997, "The Process of Healing, a Unifying Theory of Naturopathic Medicine" was published in the Journal of Naturopathic Medicine (Zeff). The article presented three principles underlying the practice of naturopathic medicine. The first of these is the characterization of disease as a *process* rather than a *pathologic entity*. The second is the focus on the determinants of health rather than on pathology. The third is the concept of a therapeutic hierarchy. As taught in naturopathic medical schools, the therapeutic hierarchy is a guideline to applying the modalities of naturopathic medicine according to unique needs of an individual patient.

1. Establish the conditions for health.
2. Stimulate the self-healing mechanisms (*Vis Medicatrix Naturae*).
3. Support weakened or damaged systems or organs.
4. Address structural integrity.
5. Address pathology using specific natural substances, modalities or interventions.
6. Address pathology using specific pharmacologic or synthetic substances.
7. Suppress pathology.

Here is an example of a child with Recurrent Otitis Media (ear infections), a common reason for seeking naturopathic care. Using the hierarchy above:

1. Look for and address obstacles to health - allergies, environmental irritants (e.g., 2nd hand cigarette smoke), diet high in simple sugars, etc.
2. Stimulate the healing power of nature with therapies like homeopathy and hydrotherapy.
3. Support affected systems such as immune support - Vitamins C and A, oligopolysaccharides; respiratory support with herbs like Hydrastis or Berberis.
4. Address structural factors with soft tissue manual therapy like lymphatic drainage.
5. Treat the pathology with specific natural therapies such as topical Garlic-Hypericum oil.
6. Typically children respond well experiencing fewer infections with faster recovery. Should a child experience a particularly severe ear infection, it may be necessary to prescribe a course of antibiotics.
7. If the infection does not subside, referral to a MD may be necessary.

Another scenario might involve a child who experiences significant relief and the parents bring the child in for a sore throat, that turns out to be Group A Strep. The safest, most effective, and most convenient treatment would be for the naturopathic doctor to prescribe a course of appropriate antibiotics.

A final example involves a patient who has relocated to a new area and chooses a local ND to be his or her primary care doctor. The patient has been on long-term high dose proton-pump inhibitors to decrease symptoms of GI reflux (heartburn). After facilitating the therapeutic hierarchy of naturopathic practice, it is only a short time before it becomes recognizable that the dose of the proton pump inhibitor is excessive and should be lowered (due to no exacerbation of symptoms nor any known underlying pathology from thorough review of diagnostic imaging). Thus, the ND writes a new prescription for a lower dose, or perhaps discontinues the medication and the patient is maintained in the "lower" levels of naturopathic hierarchy. It is important to note that modification of a pre-existing prescription can only be done legally if the ND has authority to prescribe the medication in the first place.

The Therapeutic Hierarchy creates a guideline for prescribing (or referring for) therapeutic life changes, homeopathic & botanical medicines, nutritional supplements, manipulative therapy and legend drugs by naturopathic doctors that is both consistent with the profession's principles and addresses the patient's dynamic needs (see Appendix).

Furnishing (or Ordering) vs. Prescribing

The Act authorizes NDs to both furnish drugs and prescribe certain items. Prescribing is done independent of MD supervision, and includes both natural substances such as vitamins, minerals, botanicals, and homeopathic medicines, as well as natural and synthetic hormones and epinephrine for anaphylaxis. NDs are also authorized to furnish or order other prescription drugs, which must be done under the supervision of a medical doctor, and authorizes other prescription drugs, including Schedule III-V controlled substances. Furnishing or ordering is done under procedures and protocols with the supervision of a medical doctor. The required procedures in the Act are identical to the procedures for nurse practitioners.

Inclusionary or Exclusionary Formulary

The Committee studied both inclusionary formularies and exclusionary formularies. An inclusionary formulary is a list of every drug or drug classification that is authorized to be prescribed. An exclusionary formulary is a list of drugs or drug classifications that are not allowed to be prescribed. Arizona is the only state that currently has an exclusionary formulary.

The Committee initially approved a broad exclusionary formulary, which would have allowed NDs to independently prescribe a large number of medications. A survey of education at the approved naturopathic schools showed that adequate education to support this enhanced prescribing could be completed by a postgraduate course, similar to one recently required for NDs in Arizona.

However, in the interest of ensuring maximum public safety and taking the most conservative approach, the final position of the Committee was to recommend a limited inclusionary formulary. The inclusionary formulary included in the recommendation section of this report was drafted with the intention of allowing for the use of the most common medications necessary for safe and efficacious use in primary care medicine. An ND would still need to qualify and receive a furnishing number as outlined in regulation, and would additionally have to complete 20 hours of pharmacology for each license renewal. The Committee determined that the inclusionary formulary would be the most functional for both NDs and pharmacists.

Formulary Upkeep

As can be seen from the information given above, most states appoint an advisory committee that has the authorization to create and update the state's ND formulary. Currently a statutory change would be necessary to allow the Bureau or a Committee to determine and update the formulary. It would be much easier for the Bureau through the Committee or the Naturopathic Advisory Council to update the formulary through regulation rather than through a more lengthy statutory process. This would be true particularly in the case of a drug that is later discovered to be unsafe, or if a safer more effective drug becomes available. In order to protect consumers, an emergency regulation could be adopted which would remove the unsafe drug from the formulary. Intravenous formulary upkeep should also be done by the Bureau through the regulatory process.

Routes of Administration Need to Be Clarified for Prescribing

Section 3640(d) of the Act states that "[a] naturopathic doctor may utilize routes of administration that include oral, nasal, auricular, ocular, rectal, vaginal, transdermal, intradermal, subcutaneous, intravenous, and intramuscular."

Section 3640 (c)(1) authorizes a naturopathic doctor to "dispense, administer, order, and prescribe or perform the following:

"(1) Food, extracts of food, nutraceuticals, vitamins, amino acids, minerals, enzymes, botanicals and their extracts, botanical medicines, homeopathic medicines, all dietary supplements and nonprescription drugs as defined by the federal Food, Drug, and Cosmetic Act, *consistent with the routes of administration identified in subdivision (d).*" (Emphasis added.)

The sponsors of SB 907 (California Naturopathic Doctors Association) intended for naturopathic doctors to be able to administer the substances authorized by Section 3640(c)(1) through any of the authorized routes of administration, including intramuscular (IM) and intravenous (IV) when safe and appropriate. After SB 907 was passed, there was some confusion as to whether NDs were

authorized to prescribe for all the routes of administration specified in the Act. In order to clarify this perceived gray area, AB 302 added the phrase highlighted above "consistent with the routes of administration identified in subdivision (d)" to Section 3640(c)(1). It has been stated that perhaps the amendment should have been worded "*regardless* of the route of administration." The Committee supports further amendments being made to the Act and the pharmacy laws in order to clarify that NDs are able to independently prescribe the substances in Section 3640(c)(1) for all routes of administration listed in Section 3640(d).

Current Furnishing Laws Are Untenable

Over the year of meetings held by the Committee, it was determined there is a limited number of MDs who have training in naturopathic philosophy or practice or who have had the extensive clinical experience in naturopathic modalities to make them appropriate supervisors for NDs in this area of care. The few physicians who are willing and well-trained for ND supervision are having difficulty getting malpractice coverage to do the supervision. The Bureau has had reports from both MDs who are having difficulty getting malpractice insurance and NDs who are having difficulty finding an MD supervisor. The Committee has concluded the supervision provision is untenable.

Additionally, although the Committee and the Bureau attempted several contacts with MD malpractice insurance companies, neither were able to find any malpractice insurance company willing to give us specific information about a cost or surcharge for an MD to supervise an ND. One of the large malpractice insurers indicated that it would not even consider insuring an MD to supervise an ND.

It should also be noted that the malpractice companies routinely insure MDs who supervise other medical professionals such as nurse practitioners and physician assistants. Both nurse practitioners and physician assistants have a lesser entry-level training and education requirement than NDs. Although most NDs carry their own malpractice insurance, it may be impossible for an MD to get insurance for the supervision requirement in the Act.

COMMITTEE RECOMMENDATIONS

There are two main factors to be considered when making recommendations for naturopathic medicine formulary laws. First, it is paramount that the act of prescribing or IV administration be done safely by a competently trained ND. Secondly, the substance being administered must be prepared in a way to provide for absolute patient safety. Both of these factors were considered by the Committee in many arduous discussions in order to prepare the recommendations provided in this report.

Recommendation # 1—Prescribing Laws Need to Be Clarified.

It was the intent of the sponsors of SB 907, and the intent of the clarification to Section 3640(c)(1) in AB 302 that NDs are to be recognized as independent intravenous and intramuscular prescribers for the substances listed in Section 3640(c)(1)—food, extracts of food, nutraceuticals, vitamins, amino acids, minerals, enzymes, botanicals and their extracts, botanical medicines, homeopathic medicines, all dietary supplements and nonprescription drugs as defined by the federal Food, Drug, and Cosmetic Act. The Committee recommends that statutory and/or regulatory changes be made to effectuate this clarification in the pharmacy laws and the Act.

Recommendation # 2—Regulation of the Ocular Route.

Section 3627 requires the Bureau to make recommendations regarding the required supervision and protocols for utilization of the ocular route of prescription drug administration. Section 4234(d) of Division 40 of Title 16 of the California Code of Regulations specifies that an ND may only use the ocular route of administration if he or she is clinically competent in that area. Clinical competence is defined as possessing and exercising the degree of learning, skill, care and experience ordinarily possessed and exercised by a member of the appropriate discipline in clinical practice. Use of the ocular route is limited by the authorized formulary (see Ophthalmic Agents in Recommendation #6). The Committee has determined that further regulation of this route is not necessary.

Recommendation # 3—IV Therapy Blueprint.

It is the intent of the Committee to protect the health and welfare of California consumers by ensuring the training and competency of NDs who use the intravenous route of administration. The Committee recommends that the Bureau implement a regulatory change that would require any ND who wishes to utilize the intravenous route of administration to complete a 25-hour continuing education course in IV administration, as specified.

Course Requirements:

- Courses are to be pre-approved by the Bureau, and are to contain a minimum of 25 contact hours. Of the 25 hours, 14 hours shall be identified as practicum.

Course Outline

- I. Introduction, rationale and history
 - II. Lab evaluation, pt fluid status, CV status, kidney function.
 - III. IV fluids, including mOsm calculations, diluents, admixtures, definitions pertinent to IV therapeutics,
 - IV. Equipment, supplies.
 - V. Sterile techniques, admixing.
 - VI. Vein/site selection, site preparation, insertion techniques
 - VII. Complications with therapies, errors and adverse reactions, reporting errors to appropriate agencies, error prevention, follow-up with patient complications, FDA Watch.
 - VIII. Emergency protocols, management and referral.
 - IX. Pharmacology, indications, preparation, adverse reactions, nutrient/drug interactions and administration of IV vitamins, minerals, electrolytes, amino acids, botanicals, biologicals, including DMPS.
 - X. Charting, standards of care, OSHA, certification standards
 - XI. Catheters/pic lines: standard of care for approach and management, co-management with medical providers.
 - XII. Practicum
 - a. Observations of IV set up and administration—must observe at least 10.
 - b. Successful completion of IV set up, administration and management—must complete at least 10.
 - XIII. Exam
- Successful completion (70% or greater) of a minimum of 50 questions (10% or more of the questions must have direct content to California formulary categories).

Recommendation # 4—IV Formulary.

It is the recommendation of the Committee that NDs who have successfully completed an approved IV continuing education course as specified above be able to independently administer the following substances via the IV route of administration.

I. Category: Amino Acids and Glutathione

II. Category: Vitamins

III. Category: Minerals

IV. Category: Electrolytes, Sugars, and Diluents

V. Category: Chelating Agents:

⇒ Substances:

| | |
|---------|---------|
| 1. DMP8 | 2. EDTA |
|---------|---------|

VI. Any substance that may be prescribed or furnished by an ND which is part of an Institutional Review Board (IRB) approved study.

Recommendation # 5—Chelation Blueprint.

It is recommended that any ND wishing to independently perform IV chelation complete a 12-hour continuing education course, as specified below, in addition to the IV therapy course. IV EDTA of chelation is to be used only for heavy metal detoxification, unless under the auspices of an IRB-approved research protocol.

CHELATION BLUEPRINT

Pre-requisites

- ✓ Maintain a current and valid license to practice naturopathic medicine in California.
- ✓ Successful completion of the 25-hour IV therapy course.

| Content | Hours |
|--|-------------|
| Introduction | 1.0 |
| EDTA MOA Toxicology Adverse Reactions | 2.5 |
| Osmolarity and pH | 0.5 |
| EDTA Indications Benefits Contraindications Value Added Benefits of IV Admixture | 1.0 |
| Chelation Patient Qualification Optional testing Dosage and Frequency of Therapy | 1.0 |
| Office Procedures and Documentations | 1.0 |
| Patient Care Costs, Management, Case Presentations, Resources | 3.0 |
| Certification Exam | 2.0 |
| Total Hours | 12.0 |

Recommendation # 6—Pharmaceutical Formulary.

It is recommended that changes be made to statutory law and subsequently to the Bureau's regulations to allow NDs to be able to independently prescribe, without supervision or protocol, from the formulary below (in addition to what is currently allowed by Section 3640.7). It is recommended that this formulary be included and maintained in the California Code of Regulations, rather than in statute. It is further recommended that a statutory change be made in order to require the Bureau in consultation with the Committee and the Naturopathic Advisory Council to review and update the naturopathic formulary on an annual basis. Changes to the formulary by the Bureau would be recommended by the Committee and approved by the Naturopathic Advisory Council.

ANTIBIOTICS

Amebecides

Antifungal agents

Anthelmintics

Antimalarial preparations (includes artemesin, derived from *Artemesia annua*)

Antiprotozoal agents

Antiviral agents

Bacitracin

Cephalosporins and related antibiotics

Fluroquinolones

Macrolides

Nitrofurantoin

Metronidazole

Neomycin

Nitrofurans

Penicillins

Quinalones

Sulfonamides

Tetracyclines

PAIN CONTROL AGENTS

Salicylates

NSAIDS

Opioid Analgesic Combinations - Schedules III, IV, and V only

DERMATOLOGICALS

Anti-fungals - topical

Anti-infectives, topical

Anti-inflammatory agents

Anti-psoriatic agents

excluding methotrexate

Antihistamine preparations, topical

Antiseborrheic products

Arnica

Counterirritants

Destructive agents

Dressings and granules

Drying agents

Eflornithine HCl

Enzyme preparations

Immunomodulators, topical

Irrigating solutions

Keratolytic agents

Local anesthetics

Topical

IM and SQ Bupivacaine, Lidocaine, and Procaine

IM and SQ Epinephrine

Minoxidil

Photochemotherapy

Pigment agents

Protectants

Pyrithione zinc

Retinoids — dermatologic (oral)

Rexinoids

Scabicides/pediculicides

Topical steroids

OPHTHALMIC AGENTS

Antibiotics

Mast cell stabilizers

Ophthalmic antihistamines

Otic antibiotics and combination preparations

RESPIRATORY AGENTS

Bronchodilators

Expectorants

Antihistamines

Antitussives and combined antitussives

Bronchodilators

Leukotriene formation inhibitors

Leukotriene receptor antagonists

GASTROINTESTINAL AGENTS

- Proton pump inhibitors
- Antidiarrheals
- Gallstone Solubilizing Agents
- H. pylori agents

CARDIOVASCULAR AGENTS

- Anti-hyperlipidemic agents

RENAL AND GENITOURINARY AGENTS

- Vaginal Preparations

DIAGNOSTIC AGENTS

- In vitro Diagnostics Aids
- In vivo Diagnostic Biologicals

VACCINES

ANTI-DIABETIC AGENTS

IV FORMULARY

I. Category: Amino Acids and Glutathione

II. Category: Vitamins

III. Category: Minerals

IV. Category: Electrolytes, Sugars, and Diluents

V. Category: Chelating Agents:

⇒ Substances:

| | |
|---------|---------|
| 3. DMPS | 4. EDTA |
|---------|---------|

VI. Any substance that may be prescribed or furnished by an ND which is part of an Institutional Review Board (IRB) approved study.

BIOGRAPHIES OF COMMITTEE MEMBERS

Peter Wannigman, ND/Pharmacist, Chair

Dr. Peter Wannigman (DocWanni) is a licensed Naturopathic Doctor (N.D.) and Registered Pharmacist (R.Ph.). This unique combination of degrees allows him the professional experience to integrate both naturopathic and allopathic paradigms of healthcare. His knowledge of drug therapy and natural therapeutics is especially well suited for patients interested in reducing or avoiding dependencies with prescription drug regimens, while at the same time he is an expert on developing professional, yet understandable treatment plans based on naturopathic principals.

For nearly two decades, Dr. Wannigman has been involved in service as a retail community pharmacist with Longs Drugs, with the majority of them spent living and working La Jolla. By making himself readily available for consultation, he garnered a strong following of patients who regularly sought his insight into their drug therapy as well as other health matters. His tenure also allowed him to develop professional relationships with physicians throughout the area as they worked closely in co-managing patient health care.

Dr. Wannigman received his Naturopathic Doctorate degree from Southwest College of Naturopathic Medicine in Tempe, Arizona. His degree in Pharmacy was earned from South Dakota State University in Brookings, South Dakota. He has post-graduate specialty certifications in Prolotherapy and Applied Kinesiology.

His contributions to medicine are not just limited to his patients, but are evident in his service to the naturopathic profession. He was appointed Chair to the Formulary Committee for the California Dept. of Consumer Affairs Bureau of Naturopathic Medicine. He also volunteered eight years of service to the California Naturopathic Doctors Association's legislative committee, directly participating in the architecture and writing of the Naturopathic Doctors Licensing Act, which became law in 2002. He possesses one of the inaugural licenses issued to Naturopathic Doctors in California.

It is Dr. Wannigman's interest in nutrition and detoxification, which is the base of his practice. These basic principals are infused in all areas of his practice, but become even more attractive when they are combined with his unique specialty practice of prolotherapy, and bio-identical hormone replacement. His goal is to develop successful relationships with his patients utilizing the fundamental naturopathic principals. He prides himself on developing health care concepts that can be grasped and nurtured by his patients, allowing them to comfortably embrace healthy, fulfilling lifestyles.

Soram Singh Khalsa, MD, Vice Chair

Board certified in internal medicine, Dr. Soram Khalsa is a clinical professor of medicine and Chairman of the Advisory Committee for the Environmental Medicine Center of Excellence at Southwest College of Naturopathic Medicine in Phoenix, Arizona. He also serves as Medical Director for the East-West Medical Research Institute.

Dr. Khalsa is a founding member of the American Holistic Medical Association and a founding member of the American Academy of Medical Acupuncture. He is also a member of the Outside Scientific Advisory Board for the NIH-sponsored Center on Botanical Studies at the David Geffen School of Medicine at the University of California, Los Angeles (UCLA). In his private medical practice, he integrates phytotherapeutics, homeopathy, acupuncture and environmental medicine with traditional internal medicine.

Dr. Khalsa graduated from Yale University and attended Case Western Reserve School of Medicine in Cleveland. After an Internship at St. Luke's Hospital in Cleveland, he completed a residency at the Hospital of the Good Samaritan in Los Angeles. He continued his study of complementary medicine in North America, as well as Europe and Asia. He is an associate physician in the Division of Internal Medicine at Cedars-Sinai Medical Center.

Cynthia Watson, MD

Cynthia Mervis Watson is board certified in family medicine and is the medical director of Watson Wellness in Santa Monica, California. She is a staff member of Santa Monica UCLA and St. John's Hospital and also serves as a clinical faculty instructor in the Department of Family Medicine at UCLA. In her practice, Dr. Watson takes an integrative healing approach to medicine using natural hormone therapy, nutrition, herbal medicine, and homeopathy.

Dr. Watson has written several books and articles. Love Potions. A Guide to Aphrodisiacs and Sexual Pleasures was initially published in 1993 and an updated edition was released in June of 2003. Her other publications include: User's Guide to Easing Menopausal Symptoms Naturally, a guide for women wanting to use a natural approach to menopause and All About Lipoic Acid. She was a co-author on "Improved Immune Activation Markers in Chronic Fatigue and Immune Dysfunction (CFIDS) Patients Treated with Thymic Protein A", published in the Journal of Nutritional and Environmental Medicine.

In 1973, Dr. Watson studied herbal and homeopathic medicine in a one-year work-study program at a naturopathic hospital in the Black Forest region of Germany. From there she returned to the U.S. to complete her bachelor's degree in chemistry at Duquesne University in Pittsburgh, graduating Magna

Cum Laude. She received an award for Excellence in the Sciences as well as the American Chemical Society Award for Research in Physical Chemistry.

After graduating, Dr. Watson worked as a research technician at the University of Southern California School of Medicine, where she went on to complete her medical training and residency in Family Medicine. She was awarded an ARCS scholarship for gifted students. In 1999, she completed the UCLA training in medical acupuncture.

Dr. Watson is a case reviewer for the Medical Board of California. She is a member of the American Academy of Family Medicine, the American Academy of Medical Acupuncture, the National Institute of Homeopathy, and the American College for Advancement in Medicine. In 2004, Dr. Watson was appointed to be a physician representative on the California Bureau of Naturopathic Medicine Advisory Council. She serves on both the Formulary Committee and the Naturopathic Childbirth Attendance Committee. Dr. Watson has lectured on various aspects of integrative medicine and nutrition at hospitals, schools and CME programs including Kaiser, UCLA and St. Johns Hospital.

Mary Hardy, MD

Dr. Mary Hardy, board certified in internal medicine and a specialist in botanical and integrative medicine, has actively combined complementary and alternative therapies with traditional Western medicine for many years.

A graduate of Louisiana State University School of Medicine in New Orleans, Dr. Hardy completed her internal medicine residency at the Tufts New England Medical Center before studying medical ethics at Harvard Divinity School and Loma Linda University. She completed advanced training in botanical medicine at the Institute for Medical Herbalism and has studied with practitioners in Peru, Kenya, South Africa and China. She is the complementary and alternative medicine expert for a number of research projects conducted by the Southern California Evidence Based Practice Center at the RAND Corporation. In addition, she has expanded her interest in botanical research by serving for two and half years as the Associate Director of the UCLA Botanical Research Center, funded by the National Institutes of Health.

Dr. Hardy also serves on the scientific advisory board of the American Botanical Council and the editorial boards of *Alternative Medicine Alert*, *Alternative Therapies in Women's Health*, *Evidence Based Complementary and Alternative Medicine*, *FACT* as well as *Phytomedicine*. Dr. Hardy is recognized as an authority on integrative medicine and natural products by organizations such as the Office of Dietary Supplements, the California Medical Board, the American Medical Association, the American Pharmaceutical Association, CBS, NBC, Discovery Channel, and the Los Angeles Times. She is a founding member of

the Advisory Council for the newly established California Bureau of Naturopathic Medicine.

The multi-disciplinary clinic she founded at Cedars-Sinai in the department of Medicine in 1998 allowed her to explore the practical and philosophical issues that both facilitate and impede the development of Integrative Medicine as a discipline. Contributing to the national development of integrative medicine, she serves as the Co-chairperson of the Clinical Practice Committee of the Academic Consortium of Integrative Medicine (an organization of the leading medical schools practicing and teaching in this area).

Most recently, she is serving as the co-director of the Integrative Medicine Health and Wellness Program at the Venice Family Clinic, the largest free clinic in the United States. Her clinical practice now involves educating cancer patients in integrative therapies at the Ted Mann Family Integrative Oncology Program at UCLA.

Her current research interests include reviewing the evidence for the safety and efficacy of natural therapies, especially botanicals. Dr. Hardy's recently completed a book for Reader's Digest, *Best Remedies* that focuses on Integrative Medicine. She is also conducting a review of the quality of research trials in herbal medicine and is finishing a systematic review on the effects of dietary supplements on coagulation for the Office of Dietary Supplements.

Trevor Holly Cates, ND

Dr. Trevor Holly Cates received a Doctor of Naturopathic Medicine degree from the National College of Naturopathic Medicine and is a licensed naturopathic doctor in California. Co-founder of the Santa Barbara Center for Natural Medicine, Dr. Cates provides individualized naturopathic care with a focus on women and children's healthcare. Dr. Cates was appointed by Governor Schwarzenegger to the Bureau of Naturopathic Medicine Advisory Council of which she serves as vice-chairperson. She is a member of the American Association of Naturopathic Physicians, the National Center for Homeopathy, the Homeopathic Association of Naturopathic Physicians, the California Naturopathic Doctors Association, and the Holistic Pediatric Association.

Paul Mittman, ND

Paul Mittman, ND, DHANP, graduated from National College of Naturopathic Medicine in 1985. He completed a 2 year residency, and later directed research on natural therapies at the College. Dr. Mittman's practice integrates the foundations of naturopathic medicine – improved nutrition, lifestyle enhancement through exercise and stress reduction, with homeopathy and botanical medicine. A Diplomate of the Homeopathic Academy of Naturopathic Physicians, Dr. Mittman has been the editor of *Simillimum* and the *New England Journal of*

Homeopathy and is a respected lecturer in the field of homeopathy. He is currently the President of Southwest College of Naturopathic Medicine in Tempe, Arizona.

Dr. Mittman is a member of the Board of Directors of the American Association of Naturopathic Physicians and is a member of the Phoenix 100 Rotary Club. He received the President's Award for Naturopathic Physicians in 1990 and 2000, and Arizona Naturopathic Physician of the Year for 2000. He has appeared on numerous radio and television shows as an authority on naturopathic medicine.

His double-blind study on the treatment of Allergic Rhinitis in *Planta Medica* was the first study published by an ND in an international peer reviewed journal.

Michael Traub, ND

Michael Traub, ND, DHANP, CCH was the first naturopathic physician in contemporary times to be appointed to a hospital staff – North Hawaii Community Hospital (NHCH). He was Chairman of the Integrated Healing Committee from the opening of the hospital in 1996 until 2001 and succeeded in gaining approval for the natural medicine formulary in the hospital including botanical, nutritional and homeopathic medicines. In 1998 he developed the Hawaii Residency Training Program at NHCH and served as the Residency Program Director until 2002. He conducted a pilot study at the hospital of integrated treatment programs for breast cancer.

From 2001-2003, Dr. Traub served as President of the American Association of Naturopathic Physicians (AANP). He remains a member of the AANP's Scientific Affairs Committee.

Dr. Traub has held numerous other leadership positions within the naturopathic profession throughout his career, from Chairman of the Hawaii Board of Naturopathic Examiners to President of the Homeopathic Academy of Naturopathic Physicians and President of the North American Board of Naturopathic Examiners.

He has been invited to make presentations at numerous medical conferences, including the 1999 International Conference on HIV/AIDS in Paris. He is the author of "Essentials of Dermatological Diagnosis and Natural Therapeutics." He is a member of the Executive Committee of the Integrated Healthcare Policy Consortium and was co-author of the "Final Report of the National Policy Dialogue to Advance Integrated Health Care: Finding Common Ground, 2001-2002."

Since 1986, Dr. Traub has been Director of an integrated health care center (Lokahi Health Center) in Kailua Kona, Hawaii. He has a

part-time practice in Marin County, California.

Arthur Presser, Pharmacist

Arthur M. Presser, PharmD, DPh, is an Adjunct Assistant Professor of Pharmacy Practice at the University of Southern California School of Pharmacy and the Curriculum Coordinator of the Complimentary and Alternative Medicine Program. After beginning his career in conventional pharmacy in 1969, he switched his focus to integrative medicine in 1980. Dr. Presser is the author of three books in this field, including the *Pharmacist's Guide to Medicinal Herbs*, *The Nature Pharmacist's Vitamin Primer* and *The Medicinal Herb Primer*, his work has also been featured in numerous health magazines and newsletters. He is a frequent guest lecturer on complementary and alternative medicine for consumers, retailers and health professionals, and has appeared on many television and radio shows. Presser has committed himself to spending more time educating consumers, retailers, and health professionals alike in the safe use of nutrients and herbals to promote a higher level of wellness. To this end he is currently also the President of Huntington College of Health Sciences, a fully accredited distance learning institution.

Larry Woodhouse, Pharmacist

Larry Woodhouse is Director of Product and Business Development at McGuff Company, McGuff Compounding Pharmacy Services and McGuff Pharmaceuticals and Editor of the McGuff Company and Compounding Pharmacy Newsletter. He received Doctor of Pharmacy Degree from University of California, San Francisco School of Pharmacy and participated in an American Society of Health System Pharmacist Residency at the University of California, Irvine Medical Center.

Identifying the Similarities and Differences:

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

Admissions Criteria

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

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

Differences

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

Preclinical/Basic Sciences and Didactic Clinical Training

Similarities

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

Differences

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

Clinical Training

Similarities

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

Differences

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

Licensure Examinations

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

Sources

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

Comparison of curriculum hours for US Naturopathic Medical Schools

| | | | | | |
|--------------------------|---------------|---------------|--------------|--------------|---------------|
| Bastyr University | 3291.5 | 208.5a | 1100* | 47a | 4391.5 |
| NCNM | 3078 | 224.5a | 1572 | 65.5a | 4880 |
| SCNM | 3325* | 313a | 1340 | 67a | 4665 |
| Bridgeport | 3564 | 169a | 1296 | 36a | 4860 |

* Bastyr: Bastyr has the narrowest definition of what constitutes clinical credits, excluding, for instance, the clinical credits assigned to Grand Rounds. The other schools include these clinical credits in their totals, thus explaining this apparent discrepancy between Bastyr and the other naturopathic programs.

Comparison of average curriculum hours for US Naturopathic, Chiropractic and Allopathic Schools

† Source: Coulter IB, Adams AH, Sandefur R. Niagara Chiropractic Society On Line: Chiropractic in the United States: Training, Practice and Research; Chapter III: Chiropractic Training

| | | | |
|----------------------|-------------|-------------|-------------|
| Naturopathic | 3315 | 1327 | 4642 |
| Chiropractic† | 3790 | 1010 | 4800 |
| Allopathic | | | |
| Osteopathic | | | |

Naturopathic Education Related to Diagnosis and Treatment

| Proposed Bill Language | 1 st and 2 nd Year ND Education | 3 rd and 4 th Year ND Education | ND Clinical Education | Total Hours | States & Territories with Licensure |
|---------------------------|--|--|---|--|---|
| | <p>Diagnosis (Credits): Basic Sciences Gross Anatomy Lec/Lab (16.5) Biochemistry (12) Physiology Lec/Lab (14) Embryology (3) Histology (5) Immunology (4) Neuroscience (5.5) Pathology (12) Infectious Disease (6.5) Physical/Clinical Diagnosis Lec/Lab (12) Clinical Lab Diagnosis Lec/Lab (10.5)</p> | <p>Diagnosis and Treatment (Credits): Naturopathic Case Analysis (2.5) Cardiology (3) Gynecology (3) Normal Maternity (3) EENT (2) Pediatrics (4) Environmental Medicine (1.5) Public Health (1.5) Gastroenterology (2) Dermatology (2) Endocrinology (3) Geriatrics (2) Urology (1.5) Oncology (2) Psychological Assessment (2) Addictions and Disorders (2) Sports Medicine (2) Orthopedics (2) Neurology (2) Rheumatology (1.5) Pulmonary Medicine (1.5) Radiographic Interpretation Lec/Lab (7) Diagnostic Imaging (2)</p> | <p>2nd Year (credits) Clinic Entry (2) Clinical Exam Clinical Preceptorships (1)</p> | <p>1st and 2nd Year 154.5 credits 1700 hours</p> <p>3rd and 4th Year 161 credits 1770 hours</p> <p>Clinical - direct patient care 1120 hours</p> <p>Total Credits 315.5 credits 4590 hours</p> <p>Minimum Required 4100 hours total 1200 hours clinical 720 hours direct care</p> | <p>Licensed to Diagnose and Treat:</p> <p>Alaska Arizona California Connecticut DC Hawaii Idaho Kansas Maine Montana New Hampshire Oregon Puerto Rico Utah Vermont Virgin Islands Washington</p> |
| | <p>Treatment (Credits): Naturopathic Clinical Theory (2) The Determinants of Health (1.5) Research Methods (2) Principles of Chinese Medicine (3) Massage (1.5) Hydrotherapy/Physiotherapy Lec/Lab (3) Fundamentals of Ayurvedic medicine (2) Botanical Medicine (8) Naturopathic Philosophy (1.5) Homeopathy (8) Naturopathic Counseling (6) Dietary Systems and Assessment (3) Macro and Micronutrients (3) Naturopathic Manipulation (2) Pharmacology (5)</p> | <p>Treatment (Credits): Naturopathic Clinical Theory (1) Botanical Medicine (4) Diet and Nutrient Therapy (6) Naturopathic Counseling (2) Minor Office Procedures (3) Medical Procedures (3) Naturopathic Manipulation (9) Family Medicine (2) The Healing Systems (1) Adv. Naturopathic Therapeutics (4) Clinical Ecology (2) Interim Patient Care (2) Ethics (1) Jurisprudence (1) Practice Management (4) Electives (15)</p> | <p>3rd & 4th Year Clinical Training</p> <ul style="list-style-type: none"> • 1120 hours of direct patient care • Minimum of 350 patient contacts (usually 750-1000 patient contacts) • Clinical Competencies • Grand Rounds • Clinical Preceptorships (2) (132 hours of preceptorships) | <p>Basic Science Board Exams (After 2nd Year) Anatomy, Physiology, Biochemistry, Microbiology and Pathology</p> <p>Clinical Board Exams (After 4th Year) Physical & Clinical Diagnosis, Diagnosis & Diagnostic Imaging, Emergency Medicine, Botanical Medicine, Pharmacology, Nutrition, Psychology, Physical Medicine, Homeopathy and Minor Surgery</p> | |

Emily A. Kane, ND LAc

Naturopathic Doctor

Alaska License № 22

Licensed Acupuncturist

Alaska License № 18

January 22, 2008

The Honorable Senator Con Bunde
State Capitol
Juneau AK 99801

REF: substitution SB 107

Dear Senator Bunde,

I would like to answer the questions you had yesterday during the Labor and Commerce hearing of SB 107. Thank you so much for your attention to this important bill.

You astutely asked whether or not the public would be better served by having more than one public member on the proposed Alaska Naturopathic Council, the formation of which is the heart of SB 107.

While I, and the AK Naturopathic Association, agree that public safety is paramount, we believe that most members of the public, unless they were medical professionals, would not have the technical expertise to ascertain the safety of legend drugs in our hands. This is however not a sticking point. We are completely open to suggestions as to a satisfactory configuration for our Council.

One of the functions of the Council would be to determine a "formulary" of drugs of which naturopaths are capable of administering safely. This, generally, would include all legend drugs, such as antibiotics and antihypertensives, but would exclude narcotics and chemotherapeutic agents.

Another function of the Council would be to address any complaint or need for disciplinary action that could ensue from an expanded scope of practice.

For clarity, the ultimate regulatory power for NDs in the state of Alaska would remain the Department of Occupational Licensing, now called the Division of Corporations, Businesses and Professional Licensing. The Alaska Naturopathic Council would perform the "legwork" in establishing the formulary, disciplinary guidelines, etc., but the DCVPL would have to sign off on any decision.

Your second question concerned bruits of a Task Force report from way back during the 24th Legislative session. That never came to completion, but my colleague Dr. Mary Minor is in the process of sending you notes towards the draft report from those numerous meetings and hearings.

418 Harris Street, Suite 329 Juneau, AK 99801

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

Page 2 to Senator Con Bunde
REF SB 107

I believe you had also questioned some of the comparison charts for the education of NDs and MDs at various accredited schools. I would be happy to help you research specifics beyond the information on the subject you will find in the attached "white paper."

Mr. Obermeyer made a few unexpected comments, discussing legislation in Massachusetts, whereas it would have been more appropriate for the staffer of the bill's sponsor to mention that all the western states which license naturopathic doctors (CA, WA, OR, ID, AZ) have had legislation in place allowing prescriptive and minor surgery rights, some since the early 1980's, with an astonishingly low record of complaints.

We are "natural" medical professionals with many years of training in pharmacognosy, pharmacy, all the pathologies, and of course the conventional methods of diagnosing illness: interview, physical exam, radiology, laboratory science. We tend to choose safe, effective and affordable therapies. This is why our profession is extremely "low incidence." We are most definitely primary healthcare docs. All AK-based insurance companies re-imburse for our services.

I personally have practiced naturopathic medicine in Juneau for 15 years and have been affiliated with our local hospital (Bartlett Regional Hospital) for over a decade. All my medical colleagues in town (MDs, NDs, DCs, nurses, etc.) address me as "Dr. Kane." My AK state license says "Dr. Emily Kane." Mr. Obermeyer was mistaken in suggesting we might not have the right to call ourselves doctors. He was correct, however, in saying that we may not call ourselves "physicians" - a fine point to which we will concede at this time. It's not about ego for us; it's about providing all the tools we know how to use for our patients' best interest.

In summary, the aim of SB 107 is to create a group of professionals most affected by the bill (NDs and pharmacists) to hash out the details of the expansion of our scope of practice, which will remain under the purview of Occupational Licensing.

Thanks again for your attention.
In health,



Dr. Emily A. Kane

cc: Senator Bettye Davis
Senator Johnny Ellis

Dana Owen

From: Strickler, Jenny R (CED) [jenny.strickler@alaska.gov]
Sent: Thursday, January 24, 2008 3:25 PM
To: Dana Owen
Subject: FW: SB 107 - Naturopaths

From: Strickler, Jenny R (CED)
Sent: Thursday, January 24, 2008 3:21 PM
To: 'dana.owen@legis.state.ak.us'
Cc: Saddler, Sally A (CED)
Subject: SB 107 - Naturopaths

Hi Dana,

As requested, here is a recap of our telephone conversation yesterday and the department's concerns with SB 107 and CSSB 107(L&C) work draft.

1. One public member on a five member board is normal. Currently, there are 10 licensing boards that consist of five members each with one position being a public member.

The Department has the following concerns –

1. Allowing expanded naturopathic practice to include prescriptive authority and minor surgery with only 60 hours of pharmacology training and 30 hours of pharmacology for renewal. In contrast:

a) Physicians Assistants and Advanced Nurse Practitioners are both required to have at least 6 years of education and at least one year of clinical rotation or preceptor oversight before being allowed prescriptive authority or to perform invasive procedures; additionally, both are only allowed to practice under an approved collaborative plan with a licensed medical doctor.

b) Veterinarians must possess a minimum of 8 years of education before "Junior" surgery training begins in the 7th year of schooling. Pharmacology training spans approximately 6 years of education before writing prescriptions.

c) Medical doctors invest 8 to 12+ years of education.

2. There are only 44 current licensees in Alaska, of which 7 have out-of-state addresses.

3. In FY 05 there were zero (-0-) complaints; FY 06 there was 1 complaint re: unlicensed activity; FY 07 there were zero (-0-) complaints; FY 08 to date there has been no complaints.

4. There have been no substantial regulation projects, aside from fee adjustments, in the past several years.

5. If expanded practice is allowed, a regulatory entity (Board/Council) will be needed. However, the Board should be established through Boards and Commissions in the Office of the Governor, not within the department to be appointed by the Commissioner. Boards and Commissions already have a process in place to establish regulatory entities. To duplicate the process within a department would be cumbersome.

6. As a suggestion, if expanded practice is allowed, perhaps naturopaths should operate under a collaborative plan with a medical physician like the Physicians Assistants or Advanced Nurse Practitioners for public protection and safety.

7. Creation of a new regulatory entity for 44 licensees will be an expensive proposition for the 44 licensees who are already subject to the self-sufficiency statutes of AS 08.01.065. Fees will be increased tremendously to support operating costs of the Council.

If you have further questions that I can help with, please let me know.

1/25/2008

Thank you.
Jenny

Jennifer Strickler, Chief
DCCED/Division of Corporations, Business and Professional Licensing
Phone: (907) 465-2144
Fax: (907) 465-2974
Email: jenny.strickler@alaska.gov

**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

Table of Contents

Executive Summary—3 pages

Appendices:

Appendix A Doctor Shortage—2 pages

Appendix B History of Naturopathic Licensing in Alaska—1 page

Appendix C Health Care is Changing—2 pages

Appendix D States' Prescriptive Authority and Minor Surgery Scope—1 page

Appendix E Comparison of Naturopathic and Major Medical Schools—1 page

Appendix F Comparison of Naturopathic Governance—1 page

Appendix G Naturopathic Advisory Committee—1 page

Appendix H Naturopathic Formulary Council—1 page

Appendix I Accrediting Agencies—1 page

Appendix J Arizona Pharmacy Continuing Education Program—1 page

Appendix K Allopathic and Naturopathic Disciplinary Reports—3 pages

Appendix L Letter from Naturopathic Doctor/Pharmacist—1 page

SCOTT LUPER, ND
PRESIDENT

MARY MINOR, ND
VICE PRESIDENT

JENNIFER LUSH, ND
SECRETARY

DAVID NEWIRTH, ND
TREASURER

GARY FERGUSON, ND
NATIVE LIASON

104 KUTTER ROAD • FAIRBANKS, AK 99701
PHONE: 907-452-3600 • FAX: 907-452-3695

EXECUTIVE SUMMARY



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 a 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.



Alaska Association of Naturopathic Physicians, Inc.

Assuring Safe Naturopathic Medical Practices for Alaskans

Executive Summary

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 pharmacotherapeutics, 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



Alaska Association of Naturopathic Physicians, Inc.

Assuring Safe Naturopathic Medical Practices for Alaskans Executive Summary

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.

APPENDIX A



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.

APPENDIX B



Alaska Association of Naturopathic Physicians, Inc.

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.

APPENDIX C



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.

Assuring Safe Naturopathic Medical Practices for Alaskans

Alaska Association of Naturopathic Physicians, Inc.

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.

APPENDIX D