

Beth Allmendinger  
SB 2274 – Naturopath Licensure  
Senate Human Services Committee  
February 1, 2021, 9:00 AM

Good morning Chairwoman Lee and members of the committee, for the record my name is Beth Allmendinger (Lobby #1075) and I am here on behalf of the North Dakota Association of Naturopathic Doctors. I am also a practicing naturopathic doctor here in Bismarck, ND. I am a North Dakota native and attended NDSU for my undergraduate education. I returned to ND after we were licensed in 2011.

SB 2274 was introduced on our behalf, and I have been asked to explain the bill. Our licensure statute was created in 2011 and has not been amended since its inception. This bill seeks to add qualified, prescriptive rights to the naturopath licensure. I say qualified prescriptive rights, as this request is specific to authorize only those licensed naturopath doctors who have successfully completed their 4 year undergraduate degree with pre requisite science courses, a 4 year graduate naturopathic medical degree in addition to passing a two-step national board exam.

#### Bill Review

I will now go through each section to explain the changes and rationale.

Page 1 - Section 1, (Line 9) 43-58-08 defines the scope of practice for naturopaths.

Section 1 defines what a naturopathic provider can't do. Previously, we could not prescribe drugs and this change allows us to prescribe drugs according to subsection 3.

Page 2 Subsection 3

(Line 2-6) Part a & b defines what naturopath can prescribe.

This includes medical equipment, drugs, nutrition and support services such as physical and occupational therapy.

(Line 7-8) Part c is specific to the pharmaceutical portion.

This includes all legend drugs and schedule II-V substances. Physician's assistants and nurse practitioners have this same scope, or greater scope.

(Line 9-10)

This clarifies that we cannot dispense medication unless its an emergency, such as an Epi pen, or if its in the best interest of the patient or pharmacy services are not available

(Line 11-12)

Allows of distribution and access to professional pharmaceutical samples.

(Line 13-15)

Requires naturopaths to comply with federal and state guidelines pertaining to controlled substances. This would include having a DEA number.

We are seeking this authorization in our licensure to give confidence in safety and distinction in our industry as there are individuals who call themselves naturopaths in other states that do not have this level of education, and they are not eligible for licensure in our state.

You may hear from our opposition that we aren't science based. That is incorrect. Our first two years of graduate school are spent learning sciences. We have more science classes than NPs and PAs and the same as MDs. Dr Tonya Loken will be speaking about this in more details and providing comparison charts.

We rely on up-to-date research for diagnosis and treatment of our patients. Many Naturopath doctors participate in research all over the country. Some are leading researchers in places such as National Institute of Health (NIH), Department of Defense, MD Anderson and Fred Hutch cancer centers.

I would like to address some commonly misunderstood perceptions about naturopath regulation:

1. In the past it has been argued that the Board of Integrative Health Care cannot properly regulate Naturopath Doctors.
  - When we were attaining licensure, we requested to be under the Board of Medicine. They refused. Legislators created the BIHC with an MD, NP, pharmacist, and a representative of each profession on the board to oversee us and other professions that didn't quite fit under other boards. Now that board has 4 professions with over 100 licensees that it regulates. It works well and they are fully functional and capable of continuing to regulate us. However, if this addition not satisfactory to include prescriptive rights, we would be very open to a conversation about changing the oversight to the Board of Medicine.
2. There has been discussion about naturopaths not working within the allopathic (MD) setting or not being trained with that standard of care.
  - This is incorrect. Some of our instructors are MDs. The previous Dean of Bastyr's Naturopathic program was an MD. Our textbooks are the same as MDs. We have clinic shifts in hospitals and integrated practices. We precept with MDs. We qualify to match for MD residencies. Naturopath Doctors work in integrated clinics, local hospitals and federal hospitals such as the VA. They work along side MD's at Cancer Treatment Centers of America. Some naturopaths teach at allopathic medical schools. Our board exams are based on allopathic standard of care. In the at least 7 states where we are licensed as Primary Care Providers, we have to adhere to allopathic standard of care in our assessment and treatment of patients.

There are multiple testimonies from MDs and other prescribers that have worked directly with naturopaths and can confirm our knowledge, training and safety. Some have even done rotations at naturopathic schools and have first-hand knowledge of our training. I understand how MDs would be concerned about patients' safety with prescribing. We take patients safety just as seriously. Many MDs don't know much about our profession and training. You have received multiple testimonies of local and national practitioners that do and can speak to our abilities, not only just our local Naturopath Doctors, but all naturopaths graduating from accredited schools.

We are different, yes. We are not MD's, nor are we trying to be. We are not surgeons, cardiologists or ER physicians, nor are we trained to be. However, we are trained in primary care. The heavy focus of time and training in primary care has given us the skills and abilities to manage patients in a setting similar to a primary care setting.

We approach a patient's healthcare from a more wholistic viewpoint. We teach the patient about their current state of health, which includes answering the question of why they are on the prescriptions they are on. We take more time learning about the patient's overall health condition and all treatments they are doing. We are the only providers with extensive training on drug/herb interactions and with 75-86% of Americans on supplements this is now becoming a necessary skill when prescribing.

We are educated equally or more than other professions with these abilities in this state.

We are safe. Malpractice rates in multiple other states demonstrate this.

Our patients, North Dakota citizens and your constituents are requesting this, and we can help alleviate the provider shortage.

We take our professions tenant of First, Do No Harm very seriously.

I have included handouts on other states prescribing abilities, naturopathic safety information and an overview of ND, MD/DO and NP medical training.

Now I would like to show a short, informative video about our education and profession and after the video I would stand for any questions. I strongly encourage a DO PASS on SB 2274. Thank you for your time and attention.



## MEDICAL CAREERS

Have you ever wondered what the difference is between medical careers? There are multiple routes one can take, each with their best fit for the career and lifestyle you want to have. We break down 3 common paths, their similarities, differences, and more.

### NATUROPATHIC DOCTOR

Naturopathic medicine is a distinct health care profession that combines the wisdom of nature with the rigors of modern science. Naturopathic doctors (ND) are trained as primary care providers who diagnose, treat and manage patients with acute and chronic conditions, while addressing disease and dysfunction at the level of body, mind and spirit.

### MEDICAL/OSTEOPATHIC DOCTOR

Medical doctors (MD/DO) are a physician, specialist or surgeon who takes a biological approach to healing. Their education is disease specific. They utilize various techniques and tests to diagnose a patient's symptoms and develop a treatment plan to address the disease.

### NURSE PRACTITIONER

Nurse Practitioners (NP) are advanced practice nurses. As clinicians they blend clinical expertise in diagnosing and treating health conditions with an added emphasis on disease prevention and health management. NPs bring a comprehensive perspective and personal touch to health care.



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# ND, MD/DO, NP: WHAT'S THE DIFFERENCE?



# PRIMARY CARE TRAINING

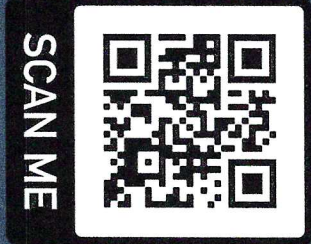
# REQUIREMENTS/ COURSEWORK

# WORK ENVIRONMENTS

	ND	MD/DO	NP	ND	MD/DO	NP	ND	MD/DO	NP
Medical Assessment and Diagnosis	✓	✓	✓	4	4	4	✓	✓	✓
Patient Management	✓	✓	✓	✓	✓	✓	✓	✓	✓
Communication and Collaboration [Leadership and Health Delivery System Competencies]	✓	✓	✓	191	91	136 <sup>1</sup>	✓	✓	✓
Professionalism	✓	✓	✓	Minimum Hours of Clinical training/Clerkship (before residency)	1200 <sup>2</sup>	1760	1000 <sup>3</sup> 1364	✓	✓
Career Development and Practice Management	✓	✓	✓	Department of Education Accreditation Recognition	✓	✓	✓	✓	✓
Systems-based Practice	✓	✓	✓	Biomedical sciences (anatomy, biochemistry, neuroanatomy, embryology, histology, pharmacology)	✓	✓	✓	✓	✓
Practice-based Learning, Research and Scholarship	✓	✓	✓	Pharmaceutical Training	✓	✓	✓	✓	✓
				Clinical Judgment/ Problem-Solving Skills	✓	✓	✓	✓	✓
				Cultural Competence and Health Care Disparities/Societal Problems	✓	✓	✓	✓	✓
				Medical Ethics	✓	✓	✓	✓	✓
				Communication and Interprofessional Collaboration	✓	✓	✓	✓	✓
				Scientific Method/ Clinical Research	✓	✓	✓	✓	✓
				Years in Residency Training	1-3 Optional	3	None <sup>4</sup>	✓	✓
				Lifestyle Counseling	✓	✓	✓	✓	✓
				Botanical Medicine	✓	✓	✓	✓	✓
				Physical Medicine and Hydrotherapy	✓	★ <sup>5</sup>	✓	✓	✓
				Nutrition	100-220 Hours	0-70 <sup>6</sup>	10-19 <sup>7</sup>	✓	✓

Interprofessional Outpatient Clinics	✓	✓	✓
Concierge or Telemedicine Practice	✓	✓	✓
Non-profit and Underserved Community Clinics	✓	✓	✓
Administration	✓	✓	✓
Research	✓	✓	✓
Academia/Education	✓	✓	✓
Supplement and Natural Products Industry	✓	✓	✓
Entrepreneurship/Private Business	✓	✓	✓
Hospitals	✓	★ <sup>8</sup>	✓
Pharmaceutical Industry	✓	✓	✓

1. Reflects NP didactic education spread throughout education years per California requirements, 270 credit hours over four years = 67.5 hours per year.
2. Minimum hours for the median osteopathic college clerkship per 2018-2019 Weeks of Clinical Clerkship Hours by Osteopathic Medical College from AACOM. There are no minimum clerkship types, weeks or hours required for accreditation of medical school by LCME or ACOM. LCME does not report on weeks or clerkship per medical school.
3. Includes clinical hours from required/registered nursing training. Clinical hours for NPs vary, 500 hours is the minimum requirement.
4. NP specialization occurs during education tracks.
5. Includes Osteopathic Manipulative Medicine only.
6. Overall, medical students enrolled to 8 contact hours of nutrition instruction during their medical school careers (range: 0-70 hours); the average is 20.6 hrs ± 22.9 hours.
7. Majority of NP programs with 10 to 19 clock hours of nutrition education.
8. Most NPs practice in outpatient settings, however there are some instances of NPs being employed in hospital settings.



For more information, visit [www.aanmc.org](http://www.aanmc.org)





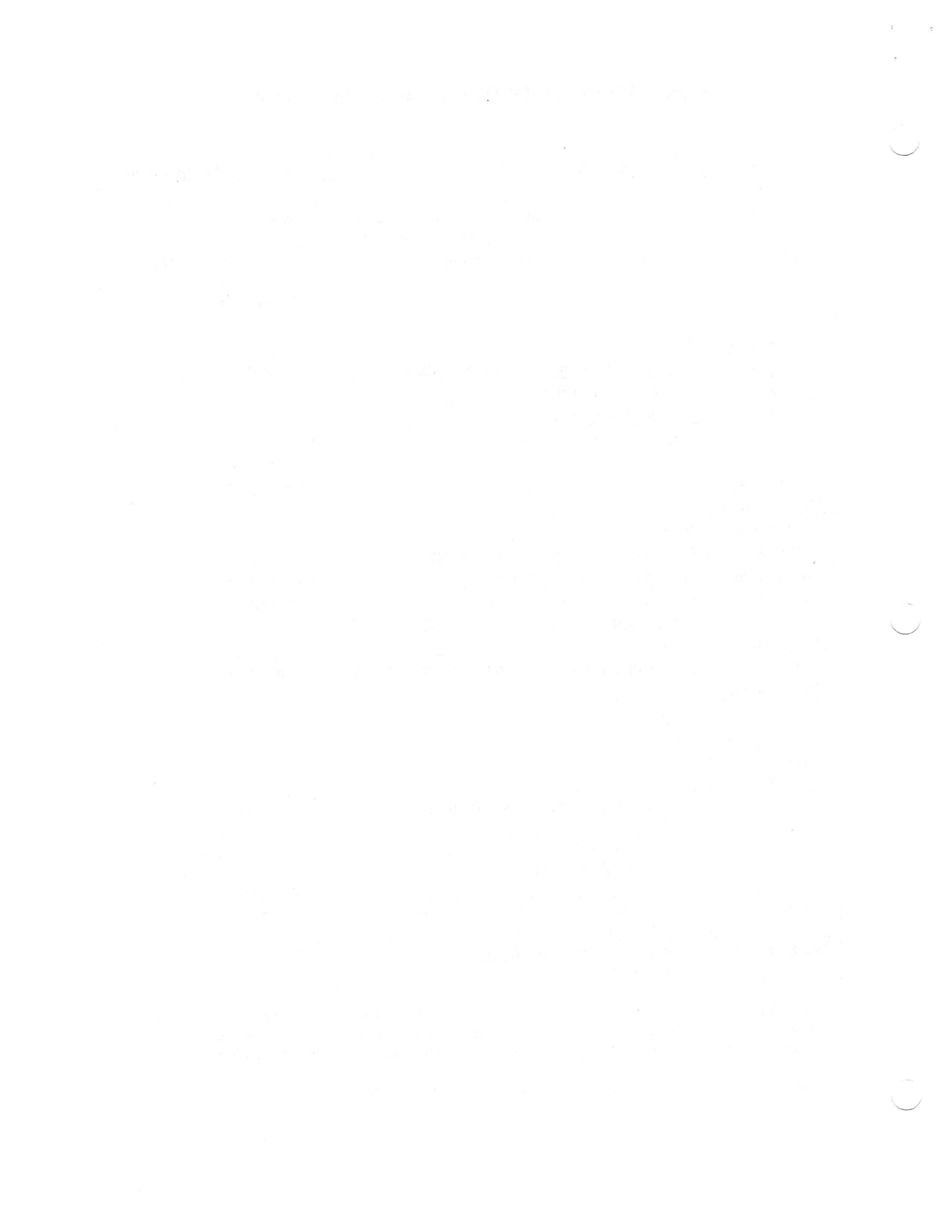
## Naturopathic Doctor (ND) Prescribing Rights by State

State	Prescriptive Rights	Supervised/Independent
Alaska	None	
Arizona	Legend drugs, Sch. II (limited), Sch. III-V; medical marijuana (see below for details & limitations <sup>1</sup> )	Independent
California	Legend drugs and Sch. III-V (see notes below)	Hormones, independent Legend drugs and Sch. III-V with supervision**
Colorado	None <sup>2</sup>	
Connecticut	None	
Hawaii	Legend drugs per <a href="#">naturopathic formulary</a>	Independent
Idaho	Noncontrolled legend drugs and testosterone <sup>3</sup>	Independent
Kansas	No legend drugs or controlled substances <sup>4</sup>	
Maine	Limited noncontrolled legend drugs <sup>5</sup>	Independent, one-year supervision required**
Maryland	None <sup>6</sup>	Independent
Massachusetts	None	
Minnesota	None <sup>7</sup>	
Montana	Legend drugs and Sch. II-V per <a href="#">formulary</a>	Independent
New Hampshire	Legend drugs and Sch. III per <a href="#">formulary</a>	Independent
New Mexico	Legend drugs and Sch. III-V, excluding all benzodiazapines, opioids, and opioid derivatives <sup>8</sup>	Independent
North Dakota	None	
Oregon	Legend drugs and Sch. II-V, with limited exceptions <sup>9</sup>	Independent
Pennsylvania	None	
Puerto Rico	None	
Rhode Island	None	
US Virgin Islands	None	
Utah	Noncontrolled legend drugs <a href="#">in formulary</a> and testosterone	Independent
Vermont	Legend drugs and Sch. II-V (must have "special endorsement" to prescribe <sup>10</sup> )	Independent after supervision for one year or 100 prescriptions**
Washington	Legend drugs + codeine and testosterone products in Sch. III-V <sup>11</sup> ; medical marijuana	Independent
Washington DC	Limited legend drugs per <a href="#">formulary</a> <sup>12</sup> and testosterone	Independent

Note: A legend drug is an FDA approved drug that can only be dispensed with a prescription from a licensed practitioner (MD, DO, ND, PA, NP, etc.). Within legend drugs, there are scheduled substances ([Schedules I-IV](#)) that may have potential for abuse and have different levels of control.

\*To access individual state statutes & rules, see <https://fnmra.org/ras>.

[Updated August 2020/AANP]



# American Association of Naturopathic Physicians

## Naturopathic Medicine is Safe

Each year since 2013, the United States Congress has recognized the safety and efficacy of naturopathic medicine by designating the second week in October as Naturopathic Medicine Week. The resolution recognizes the “value of naturopathic medicine in providing **safe**, effective, and affordable health care” Available data backs this assertion. The incidence of malpractice claims made against Naturopathic Doctors in jurisdictions where they are regulated is exceedingly low, especially as compared to allopathic physicians, and disciplinary action against Naturopathic Doctors is exceedingly rare.

Naturopathic medicine is well-established. Of 22 states and territories where Naturopathic Doctors are regulated, licensure in five of them dates back to 1935 or earlier; in the others, Naturopathic Doctors have been regulated an average of 17 years.

In the 12 states that regulate Naturopathic Doctors prescribing rights, nine report **ZERO prescriptive disciplinary actions** against Naturopathic Doctors from 2010-2020\*:

State:	Year of regulation:	Approximate # of regulated Naturopathic Doctors:	Total # of disciplinary actions against NDs in the last five years:
California	2003	1,001	0
Hawaii	1925	132	0
*Idaho	2019	19	0
Maine	1995	66	0
Montana	1991	97	0
New Hampshire	1994	88	0
*New Mexico	2019	<i>licensure in progress</i>	0
Utah	1996	62	0
Vermont	1995	338	0

\*Idaho and New Mexico became licensed in 2019, therefore ten years of data is unavailable.

Source: 2020 Federation of Naturopathic Medicine Regulatory Authorities (<https://fnmra.org/>)

California is one of the more recent states to license Naturopathic Doctors, yet they've been licensed long enough to provide an excellent example of the safety records of Naturopathic Doctors post-licensure. California passed its licensure law in 2003 and began licensing Naturopathic Doctors in 2005. California's over 1,000 practicing Naturopathic Doctors have a pristine safety record:

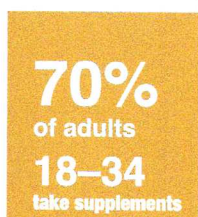
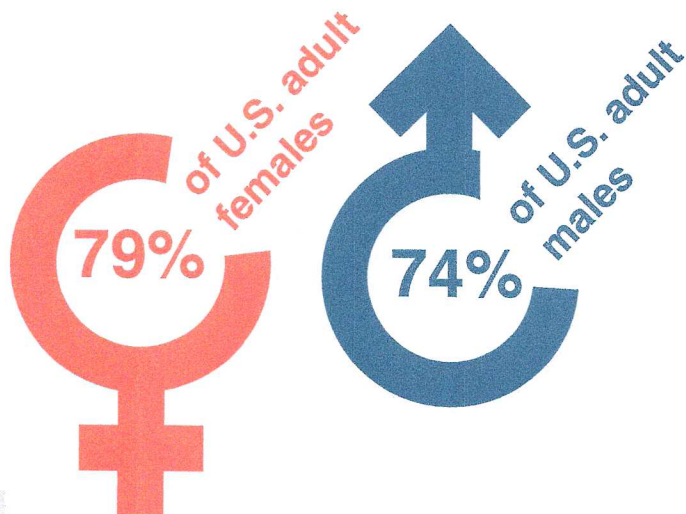
- There have been **no cases of patient harm** caused by Naturopathic Doctors in California since the first licenses were issued in 2005 to date.
- Of 16,925 medical malpractice payments totaling more than \$2.7 billion made in California from 2002-2012, **none of them** were attributed to Naturopathic Doctors.

(Sources: California Naturopathic Doctors' Association, 2016; U.S. Department of Health and Human Services National Practitioner Databank).

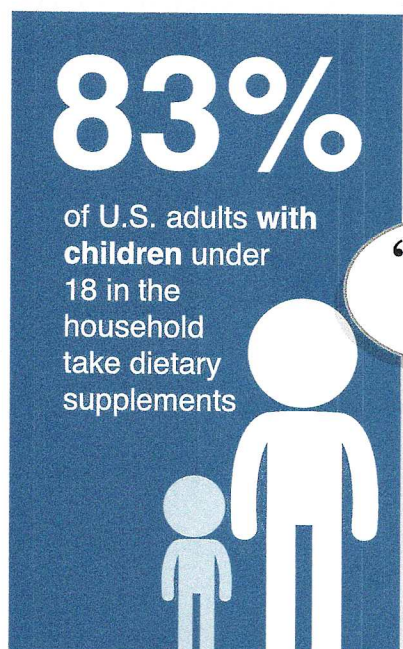
Because of the exemplary safety record of Naturopathic Doctors, **malpractice insurance costs are low** for them. Average yearly malpractice premiums for Naturopathic Doctors practicing in full-scope states tend to be substantially lower – 30-40 percent less – than premiums for medical doctors and osteopaths.



# Who Takes Dietary Supplements? And Why?



**FACT:** Adults 18-34 are more likely to report a preference for gummies, powders, liquids, and soft chews than users 35 and over.



**“Maintaining  
my health”**

is what motivates  
parents to  
take dietary  
supplements.

The top reason Americans  
take supplements is for overall  
health and wellness benefits  
followed by:

**24%** Energy

**20%** Immune health

**19%** To fill nutrient gaps

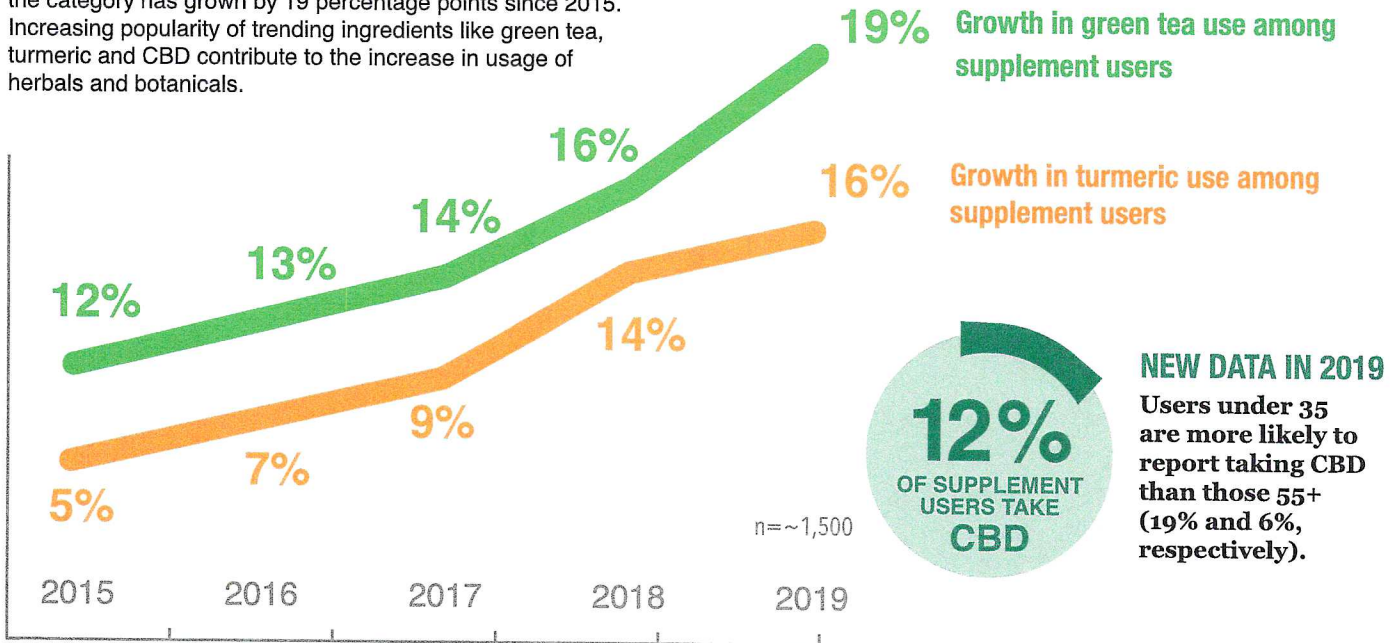
**18%** Healthy aging

**18%** Heart health



# Herbals & Botanicals

**72%** of dietary supplement users have overall confidence in the safety and quality of this rapidly growing category. With 50% of total supplement users taking these products, the category has grown by 19 percentage points since 2015. Increasing popularity of trending ingredients like green tea, turmeric and CBD contribute to the increase in usage of herbals and botanicals.



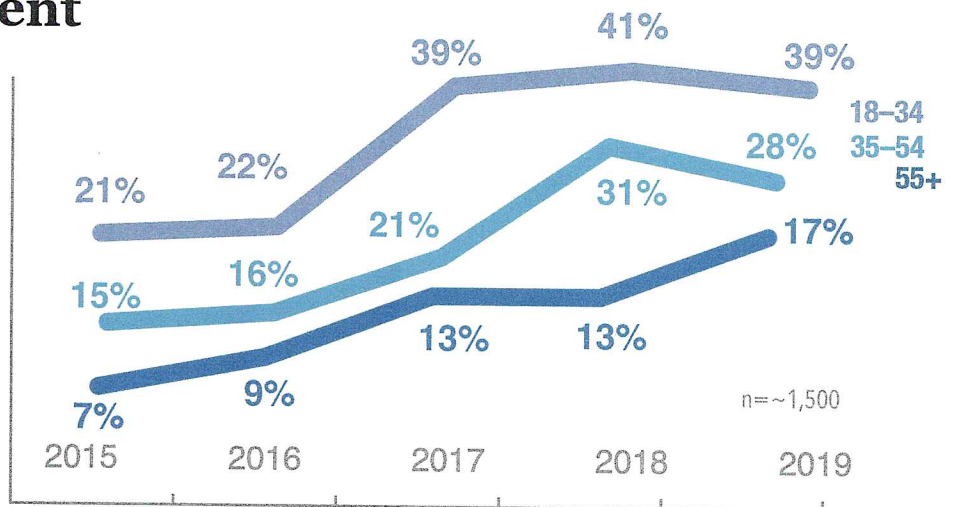
# Sports Nutrition & Weight Management

**63%** of supplement users have overall confidence in the safety and quality of sports nutrition dietary supplements, while 53% report confidence in the safety and quality of weight management supplements.

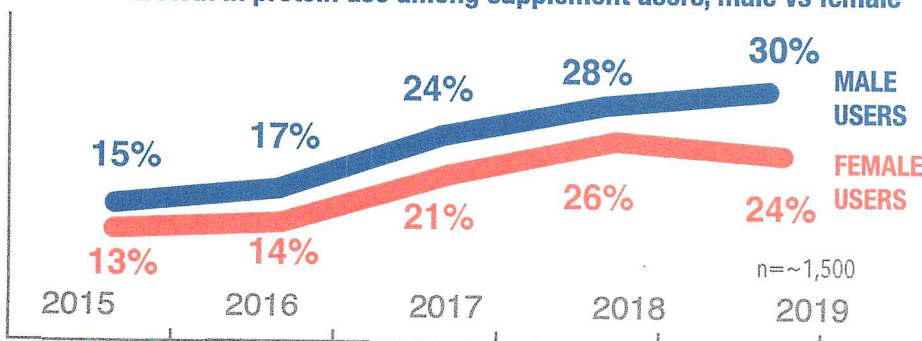
## Who takes protein?

Protein remains the most popular ingredient in both the sports nutrition and weight management categories, especially among males and the 18-34-year-old age group. Protein use continues to be higher among males than among females.

Growth in protein use among supplement users, all age groups



Growth in protein use among supplement users, male vs female



## MANAGE EXPECTATIONS

**Don't expect quick fixes!** If you are taking dietary supplements and experience immediate or dramatic effects, similar to what you might experience from a drug, that may be a signal that you are taking a spiked product. For your own safety, stop taking the product and seek the counsel of a healthcare practitioner.







## The Value of Naturopathic Doctors: Cost Effective Primary Care for Disease Prevention and Health Improvement

Naturopathic medicine is a **medical system defined** by its philosophy including health promotion, disease prevention, and health care education for patient empowerment. Studies from Washington State show naturopathic medicine **costs insurers and consumers less** than conventional care.<sup>1</sup> Patients utilizing naturopathic medicine **report high patient satisfaction and health improvement**. Naturopathic Doctors (NDs) are already providing cost-effective primary care – inclusion in essential benefits packages will expand access and help solve the current health care shortage crisis.<sup>3</sup>

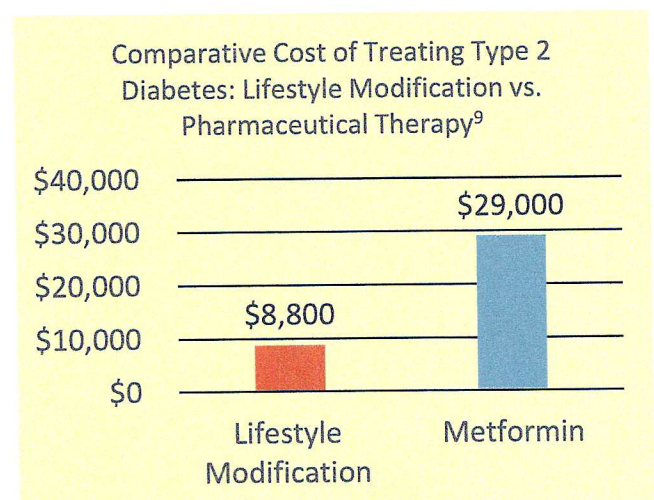
### What Does Naturopathic Medicine Cost?

#### High Quality Care at Low Cost

- Analysis on the impact of Washington State's 1996 Every Category of Provider law found that the "impact [of including naturopathic doctors] on premiums was modest – **generally less than 2%.**"<sup>4</sup>
- After 6 years of insurance coverage of ND Primary Care Providers (PCPs) in WA state, visits to NDs made up just 1% of all outpatient provider visits but accounted for **only 0.3% of the dollars paid out by insurers.**<sup>5</sup>
- A Washington study found that 67.7% of patients who receive naturopathic care do not receive concurrent care from an MD/DO: **naturopathic care is not "add-on" medical care in the majority of cases.**<sup>7</sup>

### Naturopathic Medicine for the Prevention of Type 2 Diabetes

- The Diabetes Prevention Trial demonstrated that the prevention of type 2 diabetes by diet and lifestyle therapies was **more cost effective than pharmaceutical therapy** in high-risk patients.<sup>9</sup>
- For each quality-adjusted life years (QALY) saved, a lifestyle modification program costs \$8,800 while metformin therapy costs \$29,000. Additionally, the lifestyle modification program was shown to be **cost-effective in all adults**, while metformin was not cost-effective after age 65.<sup>9</sup>
- Naturopathic doctors are experts in guideline-directed, evidence-based lifestyle modification for diabetes. Four studies to date have demonstrated improvements in blood sugar control among patients working with NDs. Additional benefits of the treatment included weight loss, lower blood pressure, and less depression.<sup>10</sup>



<sup>1</sup>Tais S, Oberg E. (2013) The Economic Evaluation of Complementary and Alternative Medicine. Natural Medicine Journal.

<sup>2</sup>Stewart, D., Weeks, J., & Bent, S. (2001). Utilization, patient satisfaction, and cost implications of acupuncture, massage, and naturopathic medicine offered as covered health benefits: a comparison of two delivery models. *Alternative therapies in health and medicine*, 7(4), 66.

<sup>3</sup>Michael S. Goldstein, PhD, and John Weeks, (2013). 'Naturopathic Physician Chapter'. In: e.g. Tolkien, J.R.R. (ed), *Meeting the Nation's Primary Care Needs*. 1st ed. Seattle, WA: Academic Consortium for Complementary and Alternative Health Care. pp.e.g. (32-48).

<sup>4</sup>Watts CA, Lafferty WE, Baden AC. The effect of mandating complementary and alternative medicine services on insurance benefits in Washington state. *J Altern Complement Med*. 2004; 10:1001-1008.

<sup>5</sup>Lafferty, et al. Insurance Coverage and Subsequent Utilization of Complementary and Alternative Medicine Providers. *Journal of Managed Care*. July 2006.

<sup>6</sup>The Cost Effectiveness of Naturopathic Delivery of Oregon Medicaid Services Statistics provided by Leslie Hendrickson, Office of Medical Assistance. Feb 11, 1991

<sup>7</sup>Cherkin DC, Deyo RA, Sherman KJ et al. Characteristics of visits to licensed acupuncturists, chiropractors, massage therapists, and naturopathic physicians. *J Am Board Fam Pract*. 2002; 15:463-472.

<sup>8</sup>Henny, Geoffrey C., Alternative Health Care Consultant, King County Medical Blue Shield (KCMBS), *Phase I Final Report: Alternative Healthcare Project, 1995*

<sup>9</sup>Herman WH et al.; Diabetes Prevention Program Research Group. The cost-effectiveness of lifestyle modification or metformin in preventing type 2 diabetes in adults with impaired glucose tolerance. *Ann Intern Med*. 2005 Mar 1; 142(5):323-32.

<sup>10</sup>Bradley RD, Oberg EB. Naturopathic Medicine and Diabetes: a Retrospective from an Academic Clinic. *Alternative Medicine Review* 2006; 11(1):30-39

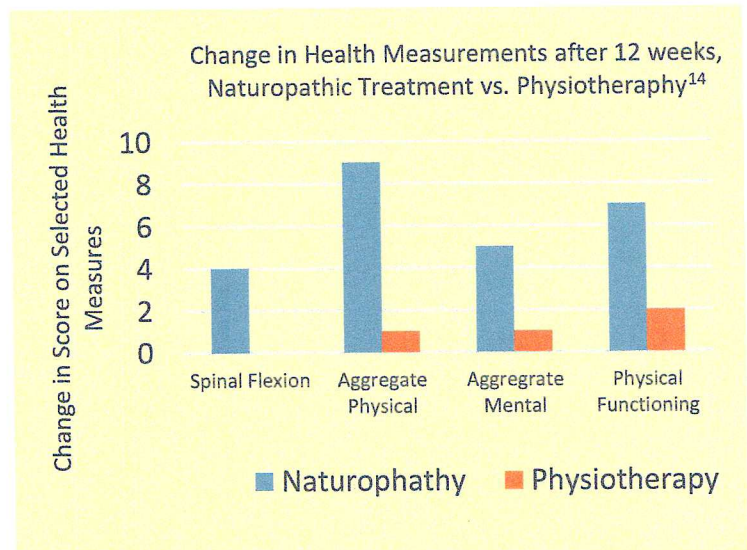


## Naturopathic Medicine Reduces Cardiovascular Disease (CVD) Risk

- CVD is the leading cause of death in the United States and is associated with high direct medical costs and indirect costs, e.g. loss of productivity.<sup>11</sup>
- A recent study has shown that one year of care under the supervision of a naturopathic doctor resulted in a 3.07% reduction in 10-year CVD event risk compared to patients receiving only conventional care.<sup>12</sup>
- The same study found that after one year, naturopathic patients were 16.9% less likely to have developed metabolic syndrome than conventional care patients.<sup>12</sup>
- A university meta-review of studies on the impact of diet on cardiovascular health concluded that “changes in dietary habits are generally cost-effective, and the means are widely available. Through heightened attention of health professionals and the public to current data on appropriate nutritional practices, better measures can be adopted to help reduce cardiovascular risk at a public health level.”<sup>13</sup>

## Naturopathic Medicine Improves Lower Back Pain and Other Musculoskeletal Complaints, Getting People Back to Work at Lower Costs

- Ineffective pain care cost U.S. employers \$297.4 to \$335.5 billion in lost productivity in 2010.<sup>14</sup>
- A randomized controlled trial found significant decreases in pain and increases in range of motion in workers who received naturopathic care versus usual care. Quality of life also improved ( $p < 0.0001$ ).<sup>15</sup>
- A randomized controlled trial of rotator cuff tendinitis found reduced pain ( $p < 0.001$ ) and less disability ( $p = 0.0002$ ) among postal workers treated by naturopathic doctors compared to usual care.<sup>16</sup>
- From the perspective of the employer, the inclusion of naturopathic care in an essential benefits package could **avoid \$172 per day of lost productivity** at a cost \$154 per absentee day avoided, equal to a return on investment (ROI) of 7.9%.<sup>17</sup>
- Compared to conventional physiotherapy, naturopathic care was associated with improvements in symptoms and quality of life, as well as a **decrease in costs of \$1,212 per study participant**. Workplace absenteeism was also **reduced by 6.7 days per year**



<sup>11</sup> Leading cause of death. Centers for Disease Control and Prevention, 2007. Online: <http://www.cdc.gov/nchs/fastats/heart.htm>

<sup>12</sup> Seely, Dugald, et al. "Naturopathic medicine for the prevention of cardiovascular disease: a randomized clinical trial." *Canadian Medical Association Journal* 185.9 (2013): E409-E416.

<sup>13</sup> Zarraga, Ignatius GE, and Ernst R. Schwarz. "Impact of dietary patterns and interventions on cardiovascular health." *Circulation* 114.9 (2006): 961-973.

<sup>14</sup> Institute of Medicine of the National Academies Report. *Relieving Pain in America: A Blueprint for Transforming Prevention, Care, Education, and Research*, 2011. The National Academies Press, Washington DC. (page 260). [http://books.nap.edu/openbook.php?record\\_id=13172&page=260](http://books.nap.edu/openbook.php?record_id=13172&page=260)

<sup>15</sup> Szczurko, Orest, et al. "Naturopathic care for chronic low back pain: a randomized trial." *PLoS One* 2.9 (2007): e919.

<sup>16</sup> Naturopathic Treatment of Rotator Cuff Tendinitis Among Canadian Postal Workers: A Randomized Controlled Trial. *Arthritis & Rheumatism (Arthritis Care & Research)*, Vol. 61, No. 8, August 15, 2009, pp 1037-1045.

<sup>17</sup> Herman PM, Szczurko O, Cooley K, Mills EJ. Cost-effectiveness of naturopathic care for chronic low back pain. *Altern Ther Health Med* 2008; 14(2): 32-39.

