

2011 SENATE HUMAN SERVICES

SB 2271

2011 SENATE STANDING COMMITTEE MINUTES

Senate Human Services Committee
Red River Room, State Capitol

SB 2271
1-31-2011
Job Number 13742

Conference Committee

Committee Clerk Signature

AMMONSON

Explanation or reason for introduction of bill/resolution:

Relating to regulation of naturopathic physicians.

Minutes:

Attachments included.

Senator Judy Lee opened the hearing on SB 2271.

Sen. Randy Christmann, District 33, introduced SB 2271. He has a constituent who is in training to become a naturopath. This is a profession in demand and is going to be increasing in demand in the future. It is important to allow a licensing process so this profession can be grown. The small boards can be a challenge and this won't be easy but he felt it was important to do this.

Sen. Margaret Sitte, District 35, testified in support of SB 2271. Attachment #1

Beth Allen, Naturopathic Doctor, supporting testimony – Attachment #2 includes a letter from Debra Bell, M.D.

Senator Tim Mathern asked her to describe how the practice is carried out in other states where the licensing laws are in place.

Ms. Allen replied that it varies a lot. Some naturopathic doctors have their own, individual or group, practice. Others practice as part of an integrated team with MD's, osteopathic doctors, chiropractors, massage therapists, etc. It varies from place to place. They do referrals, both give and receive, so there is a collaboration.

Discussion: Right now they can practice in ND, they are just unlicensed. They can practice as consultants, they are not allowed to diagnose. That doesn't prevent anybody from getting on line degrees.

Education requirements are pretty comparable to an MD or osteopathic medical school according to Ms. Allen. There are four accredited naturopathic schools in the United States and a fifth one in the process of accreditation.

Senator Spencer Berry reported that, through his research, he found a lot of troubling information about naturopathy. He asked her to explain the course on iridology.

Ms. Allen answered that iridology is taught at an on-line type of school and suggested that some of the things he came across was referring to the on-line programs that they are trying to address by this licensing bill.

She talked about the schools being research and evidence based medicine. She talked about accrediting issues.

Politically there are two major groups that tend to oppose licensing laws. 1. The medical associations and 2. The associations that represent the non-accredited ND's.

Discussion continued on results of studies that concerned **Senator Spencer Berry**.

Copies of their scope of practice and professional journal were requested by committee members. **Ms. Allen** said she would provide those.

Faye Johnson, Naturopathic Doctor, provided supporting information. Testimony #3

Senator Judy Lee understands the importance of this discipline in the broad picture but struggles with the independent practice component.

Ms. Johnson said that when people come to see her she advocates for them to see their MD's. She emphasized that they do not stand alone.

Senator Spencer Berry asked if she could provide a copy of the double blind study about the treatment of Vitamin A for the eyes.

Ms. Johnson said she would.

Senator Dick Dever asked if the MD's were receptive to the idea of consulting with them.

Ms. Johnson said a lot of them are and a lot are not.

Elizabeth Allmendinger, student of Naturopathic Medicine, provided testimony in favor of SB 2271. Attachment #4

To answer a question by **Senator Tim Mathern** she explained why she pursued homeopathy.

Glen Hyland, medical doctor with specialties in Internal Medicine and Radiation Oncology, testified in favor. Attachment #5

Senator Spencer Berry stated that nutrition is very important and is also part of the allopathic paradigm to treatment. That is one thing but the bill being considered is quite different. It's much broader. He thought the breadth and scope of the bill was disturbing. He asked Dr. Hyland for his thoughts.

Dr. Hyland responded - limit the licensure to 4 year degree granting. Some of the best young people in the medical arena that he has met have come through these types of schools. They offer naturopathic approaches but they coincide what allopathic medicine does. They go through pharmacology and they go through other residencies where they can have other experiences along with medical trained students.

Senator Spencer Berry asked when the practice of rotating through hospitals with medical students began.

Dr. Hyland said it's been going for a number of years.

Scott Schneider, Fargo, testified in support. Attachment #6

Dan Ulmer, BC/BS, testified in opposition to SB 2271. Attachment # 7

Bruce Levi, ND Medical Association, provided opposing testimony. Attachment #8

Duane Houdek, ND State Board of Medical Examiners, provided neutral testimony. The concern is not with those practices that are clearly natural remedies but with those practices that may intersect with allopathic or osteopathic medicine. They support those things that the bill addresses if the bill is moved forward. 1. Have a physician on the board if this goes forward. 2. There is nothing in the bill that prevents the medical association from prosecuting anyone who is practicing medicine without a license regardless of whether they claim to be practicing under another license.

Senator Judy Lee assumed that the Board of Medical Examiners might not want to include a lot of additional professions under its umbrella.

Mr. Houdek responded that was correct. Their focus has been clear and specific and enables them to do the job the public demands.

Senator Judy Lee threw out the idea of possibly considering this as study as a discussion point for the committee. Maybe an umbrella board is the way to go.

The hearing on SB 2271 was closed.

Committee discussion followed.

Senator Spencer Berry provided packets for the committee containing information that he had researched. Attachment #9

He talked about the information and voiced his concerns about licensing.

There was discussion and concern on the use of the word "physician".

Senator Tim Mathern stated that all of the concerns noted also became, to him, a reason for licensing. That's a way of correcting some of that – establishing criteria.

Senator Judy Lee encouraged the committee to read and study the information provided. The committee meeting was adjourned.

2011 SENATE STANDING COMMITTEE MINUTES

Senate Human Services Committee
Red River Room, State Capitol

SB 2271
2-7-2011
Job Number 14163

Conference Committee

Committee Clerk Signature *D. Moxson*

Explanation or reason for introduction of bill/resolution:

Minutes:

Attachments

Senator Judy Lee opened committee work on SB 2271.

Senator Tim Mathern presented amendments .01001. Attachment #10 The three purposes for these were to replace physician with doctor throughout the bill, remove lines 24-30 on page 5, and to restrict prescribing authority.

Senator Spencer Berry recommended two things - that there should be no prescriptive authority and that the board has a majority of non naturopaths.

The board was discussed. It would be a board of integrated health care. Is it appropriate for only 1 to be on the board that regulates them?

Senator Tim Mathern thought the intent from the group as they are establishing legitimacy of practice was to give the assurance that there are the eyes and ears available of other professions on the board. The other intent was to be open to the possibility that there would be a bringing together of a number of professionals through the years where there are not sufficient numbers to have a board.

There is a wide range of thought whether one wants to make use of these services. What some are finding is that the clinical settings don't include the consideration of nutrition and exercise as part of the health plan. The question is how to protect the public.

This area is moving towards more collaboration with physicians and making sure there is some sort of expertise.

Senator Spencer Berry pointed out that there are many states that don't license. He reiterated his concern for patient.

Senator Judy Lee said there are many people making use of these services. There are some people who have very little training and those who have made a commitment to having some additional education.

The possibility of registration instead of licensing was discussed. There would not be a board if there is just registration. Their scope of practice is not in code. If they are just registered, what are they allowed to do and not allowed to do. Determining the scope of practice is where there would be cost involved.

The terms doctors and physicians were discussed. What would be the best title to use? There was agreement that the title should be such that there isn't the inference that they are a medical doctor. The title of Naturopath was suggested.

The prescriptive authority was discussed. A lot of concern in this area was voiced by committee members.

More amendments were expected to be brought forward.

In review of the discussion **Senator Judy Lee** pointed out three areas of concern: terminology, non-compete clause, prescriptive authority.

Senator Judy Lee adjourned the committee.

2011 SENATE STANDING COMMITTEE MINUTES

Senate Human Services Committee
Red River Room, State Capitol

SB 2271
2-8-2011
Job Number 14213

Conference Committee

Committee Clerk Signature



Explanation or reason for introduction of bill/resolution:

Minutes:

Attachments

Senator Judy Lee opened committee work on SB 2271. She referred to amendments that had been presented earlier and then provided another option of turning this into a study on how to consider licensing. Attachment #11

Senator Tim Mathern also had amendments that he explained would do three things.

1. They eliminate the question of physician and doctor and name the person naturopath.
2. They limit the prescribing authority to the actual practice that these people are interested in. That includes the use of antibiotics and hormones.
3. It eliminates the section regarding the non-compete section with the pharmacists and other areas.

The amendments address a fair amount of the concerns raised in the committee.

Senator Judy Lee said a part of the discussion that hadn't been completed was the cost. She asked if the people would be willing to pay the high license fees to move this ahead.

Senator Tim Mathern replied that he raised that issue. What some of the other boards are doing is having their representative from the Attorney General's office actually write something like a cease and desist letter and that is working. They would see doing the same thing here. They would see that implementation of this board would be well under \$5000 but are open to paying higher fees to make it happen.

Funding was discussed. The committee did not have to address it. The naturopaths would absorb the cost.

Senator Spencer Berry provided information about licensure in other states. Attachment #12

His position is strictly good patient care. He said he can't support anything that would have negative impact on patient care. He could support a study.

Senator Tim Mathern said there is a great variation in this area of health care. This bill is

trying to make sure that people do have the protections that relate to the educational criteria. People and cultures are changing. Our system itself is putting more attention towards preventions and natural methods.

Senator Judy Lee said she would be receptive to Sen. Mathern's proposal if they could resolve the prescriptive authority issue satisfactorily, it doesn't take any general fund money, and provides the public with the assurance that those calling themselves naturopaths are educated at that higher level. She didn't think they should be enabling reimbursement.

Senator Dick Dever thought the point of the bill was to define what they are allowed to do and also to define what they are not allowed to do. He didn't think they should be concerned about reimbursement in this bill.

Senator Gerald Ugem was comfortable using the name naturopath instead of doctor or physician. It helps clarify things for the public. He suggested waiting to act until they could see amendments clarifying that no IV's and antibiotics could be used. He strongly felt that there is a need to have some sort of licensure to keep those not qualified from practicing. He thought a bill was better than just a study.

Senator Tim Mathern explained his proposed amendments .01003. Attachment #13

Senator Tim Mathern moved adoption of his amendments.

Seconded by **Senator Dick Dever**.

Senator Tim Mathern saw this as a clarification of scope of practice and a process for a board to regulate it.

Senator Spencer Berry explained that this was very similar to the amendments he had drawn up - .01002 Attachment #14

His eliminated using prescription medications. For protection, he thought they needed to stay away from any prescriptive privileges. Pg 5 line 11- He didn't think they should be able to put out that they were a primary care provider.

Discussion: There was more comfort in using just naturopath versus naturopathic doctor.

Senator Judy Lee pointed out it was important to look at reimbursement by third party providers.

Controlled substances were discussed. There are five different classes and all are prescriptive. Controlled substance is not inclusive of everything that would be prescribed.

Roll call vote on the motion 4-1-0. **Amendment adopted.**

Senator Judy Lee reviewed the areas of concern they still needed to address – prescriptive drugs and devices, not holding themselves out to be a primary care provider, language that would recognize that they would not be reimbursable by third party payer.

A definition of primary care provider was discussed.

Senator Judy Lee said this shouldn't automatically be looked at as reimbursable by a third party payer because it then becomes a mandate for insurance companies to pay.

Senator Tim Mathern thought the group asking for this to be passed stayed clear of that whole question by not having it in the bill on purpose. It adds another level of confusion as to their practice. He didn't see a need to add the section.

Senator Judy Lee said her concern was that this would automatically provide them with an opportunity for reimbursement.

Senator Dick Dever asked then if the provision would relieve the concern about reimbursable.

Senator Judy Lee said would be her goal.

Senator Tim Mathern explained that this is a licensing of professionals. It is not a mandate bill for payment of services. Third party payers have the right to choose whom they reimburse.

Senator Spencer Berry felt this was a gray area and that adding clarity would clear it up.

Senator Gerald Uglem was comfortable with saying that the naturopathic is not a primary care provider.

Senator Spencer Berry moved to amend pg 5 line 11 – naturopath may not hold oneself out to be a primary care provider and page 3 line 2 – the term does not include prescriptive drugs or devices.

Senator Dick Dever seconded for purposes of discussion.

Devices were discussed. Drugs and devices usually go together – form and style. With these amendments a homeopath would not be able to prescribe a walker.

Senator Judy Lee suggested that the two possibly needed to be separated.

Senator Gerald Uglem would like to see the two separated.

The motion was withdrawn.

Senator Spencer Berry moved to adopt amendment pg 3 line 2 that the term does not include prescriptive drugs or devices.

No second – amendment failed.

Senator Spencer Berry moved pg 3 line 2 to "does not include prescriptive drugs" and leave device out.

Senator Dick Dever seconded the motion.

Senator Dick Dever felt that complicates things but thought it was doable.

Senator Tim Mathern asked to vote against the amendment. He thought the prescriptive drugs are already limited to what is needed for the practice in terms of the antibiotics that are not in the controlled substance area. Plus they are under the approval of the board even in the limited area. Taking this out would just restrict this practice too far.

Senator Spencer Berry responded that he thought it put the practice where it could provide a great service. It would be very consistent with what they've done. He hoped they would pass the amendment.

Senator Judy Lee asked if there was anything further. If not, they would vote on the further amendment to include on pg. 3 line 2 "the term does not include prescriptive drugs."

Roll call vote 4-1-0. (Sen. Mathern – No) **Amendment adopted.**

The definition of primary care provider was discussed. It is under CMS rules with Centers for Medicare and Medicaid.

Senator Spencer Berry moved to further amend Pg. 5 line 11 – "A naturopath may not hold out to the public that the naturopath is a primary care provider.

Seconded by **Senator Gerald Uglem**.

Senator Tim Mathern hoped they would resist the amendment. There are people that go through different levels of attempting to get well. He thinks it would be a disservice if they give the public the message that they can't see one of these people first.

Roll call vote 4-1-0. **Amendment adopted.**

Senator Tim Mathern moved a **Do Pass as Amended**.

Seconded by **Senator Dick Dever**.

Senator Gerald Uglem pointed out that this is not what the naturopaths were looking for but is a good start and they can proceed from here.

Roll call vote 5-0-0. **Motion carried.**

Carrier is **Senator Judy Lee**.

2011 SENATE STANDING COMMITTEE MINUTES

Senate Human Services Committee
Red River Room, State Capitol

SB 2271
2-14-2011
Job Number 14488

Conference Committee

Committee Clerk Signature



Explanation or reason for introduction of bill/resolution:

Minutes:

Senator Judy Lee opened SB 2271 for discussion. She questioned whether the amendment indicated what the intention of the committee was in respect to the prescriptive practice.

Senator Tim Mathern saw the amendments as following the intent of the committee. They ratcheted the practice of doing prescriptions way down and leaving to the board the ability to permit prescriptive use on some minor options where it fits in a specific limited practice.

Senator Spencer Berry disagreed. He felt the goal was to remove the board's authority and take out prescribing of all medications needing a prescription. Device was left in and drug was taken out.

Senator Judy Lee noted that pg 5 line 5-6 and what was added in the amendments didn't seem to be consistent with what she understood the committee to do.

Senator Gerald Uglem believed that the intent was no prescriptive authority at all.

Senator Dick Dever knew that it was left in the amendment. If it was the wish of the committee to remove it, he would support it. He felt it was important to note that the naturopaths indicated that these were the only two types of prescriptions that they would have occasion to use.

The committee continued discussing the amendments that were adopted.

Senator Judy Lee wanted to make sure that the bill reflected what the committee intended.
She set it aside until later.

2011 SENATE STANDING COMMITTEE MINUTES

Senate Human Services Committee
Red River Room, State Capitol

SB 2271
2-15-2011
Job Number 14575

Conference Committee

Committee Clerk Signature



Explanation or reason for introduction of bill/resolution:

Minutes:

Attachment

Senator Judy Lee opened SB 2271 for committee work. She explained that the amendments had an error. The committee voted to not have prescriptive drugs but to have prescriptive devices. Two of the references are correct but on pg 5 line 10-12 it says that the board can determine what prescriptive drugs will be permitted. That needs to be corrected to concur with the other references. This is still working with the original bill.

Senator Dick Dever moved to reconsider the actions by which they amended and then passed SB 2271.

Seconded by **Senator Gerald Uglem**.

Voice vote 4-1-0. **Motion carried.** (Sen. Mathern – No)

The intern prepared wording which was reviewed by the committee. Attachment #15

Senator Tim Mathern suggested that it might be best to draft one set of amendments to address the concerns of the majority of the committee since there seemed to be confusion about amending over an amendment.

Senator Judy Lee explained that the only place there was a problem was on page 5.

As they discussed the changes it was evident there were other problems. A suggestion was made to move it to section 2 telling what they may do.

Senator Judy Lee asked the intern to explore that possibility with legislative council.

After discussing with legislative council, two options were presented to the committee. Attachment #16

Thoughts of the committee indicated that option one would work.

Again there was a discussion on whether it would be permissible for the naturopaths to prescribe non-controlled substances. **Senator Judy Lee** said her impression was that they basically adopted **Senator Tim Mathern's** amendments. However, they eliminated the ability to have any prescriptive drugs. They left in devices.

To the understanding of **Senator Tim Mathern** they left in the board's ability to permit individual licensed naturopaths to prescribe hormones not under controlled substances and antibiotics.

Senator Judy Lee said they had eliminated the formulary.

Senator Tim Mathern saw it as a compromise. He didn't see that the formulary was necessary.

Senator Judy Lee suggested adopting the concept given with the first option and asking the intern to incorporate them all into one new amendment. All changes would be put into a new amendment so it would be easier for the committee to work with.

The committee was adjourned.

2011 SENATE STANDING COMMITTEE MINUTES

Senate Human Services Committee
Red River Room, State Capitol

SB 2271
2-16-2011
Job Number 14617

Conference Committee

Committee Clerk Signature



Explanation or reason for introduction of bill/resolution:

Minutes:

Attachments included.

Senator Judy Lee opened SB 2271 for committee work and offered amendments. Attachment #17

The amendments were reviewed and it appeared that they seemed to address the previous concerns the committee had with respect to the prescriptive drugs and devices.

Another area of discussion was pg 6 line 30 of the amendment – they cannot use Doctor of Naturopathy. The question was whether that actually describes their degree and whether they should be allowed to use that term.

Senator Tim Mathern reported on research he had done on the history of allopathic medicine and naturopathy and explained differences in the two.

Discussion continued on usage of the term Doctor of Naturopathy and a suggestion was made to put that back in – to clarify the fact that they can use their educational level. Wording was discussed and a request for a new amendment was made to address this change.

The new amendment .01006 (Attachment #18) was reviewed.

After much discussion on the usage of the initials N.D. on pg 6 line 31 it was agreed that the initials should be left in the bill.

Primary care was addressed. It is a generic statement. There is a difference between primary care and a Primary Care Provider. There was no objection to leaving primary care in.

More discussion took place on terminology and Section 2.

Three changes to amendment .01006 – page 6 line 30 (remove or), page 6 line 31 (would not remove the abbreviation N.D when used to imply these titles), and page 7 line 1 (permit the phrase to stand “these terms or initials”) – were agreed upon by the committee and a new amendment was requested.

Committee work was adjourned.

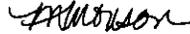
2011 SENATE STANDING COMMITTEE MINUTES

Senate Human Services Committee
Red River Room, State Capitol

SB 2271
2-21-2011
Job Number 14776

Conference Committee

Committee Clerk Signature



Explanation or reason for introduction of bill/resolution:

Minutes:

Attachment

Senator Judy Lee opened committee work on SB 2271.

Amendment .01007 was presented. Attachment #19

Senator Dick Dever moved to **adopt the amendments.**

Seconded by **Senator Gerald Uglen.**

The way **Senator Tim Mathern** understood the amendment was that essentially it took out the prescriptive authority for pharmaceuticals and it took out the ability to use the word physician.

What he didn't like about the amendment was the phrase "A naturopath may not hold out to the public that the naturopath is a primary care provider". He said he could support the amendments if that statement wasn't in there.

Senator Judy Lee recognized that this isn't perfect but it is a step to recognizing the practice. The primary care provider phrase as defined by CMS has a meaning of its own as far as reimbursement goes.

The "board" was briefly discussed. It is still in the bill as proposed.

Roll call vote 4-1-0. **Amendment .01007 was adopted.**

Senator Spencer Berry moved a **Do Pass as Amended.**

Seconded by **Senator Gerald Uglen.**

Roll call vote 5-0-0. **Motion carried.** Carrier is **Senator Judy Lee.**

Attachment #20 is additional information.

FISCAL NOTE
 Requested by Legislative Council
 04/05/2011

Amendment to: Reengrossed
 SB 2271

1A. **State fiscal effect:** *Identify the state fiscal effect and the fiscal effect on agency appropriations compared to funding levels and appropriations anticipated under current law.*

	2009-2011 Biennium		2011-2013 Biennium		2013-2015 Biennium	
	General Fund	Other Funds	General Fund	Other Funds	General Fund	Other Funds
Revenues						
Expenditures						
Appropriations			\$4,000			

1B. **County, city, and school district fiscal effect:** *Identify the fiscal effect on the appropriate political subdivision.*

2009-2011 Biennium			2011-2013 Biennium			2013-2015 Biennium		
Counties	Cities	School Districts	Counties	Cities	School Districts	Counties	Cities	School Districts

2A. **Bill and fiscal impact summary:** *Provide a brief summary of the measure, including description of the provisions having fiscal impact (limited to 300 characters).*

This bill creates the State Board of Integrative Health Care, consisting of five members appointed by the Governor.

B. Fiscal impact sections: *Identify and provide a brief description of the sections of the measure which have fiscal impact. Include any assumptions and comments relevant to the analysis.*

Each board member serves without compensation, but is entitled to expense reimbursement. The board can adopt rules and set application and licensure fees relating to the licensing and regulation of naturopaths and music therapists. The board has the authority to collect and expend fees and employ staff. It is unknown how many persons will be subject to regulation, the rate of fees to be set by the board, or the expenses that might be incurred by the board. Consequently, it is not possible to estimate the potential fiscal impact.

3. **State fiscal effect detail:** *For information shown under state fiscal effect in 1A, please:*

A. Revenues: *Explain the revenue amounts. Provide detail, when appropriate, for each revenue type and fund affected and any amounts included in the executive budget.*

B. Expenditures: *Explain the expenditure amounts. Provide detail, when appropriate, for each agency, line item, and fund affected and the number of FTE positions affected.*

C. Appropriations: *Explain the appropriation amounts. Provide detail, when appropriate, for each agency and fund affected. Explain the relationship between the amounts shown for expenditures and appropriations. Indicate whether the appropriation is also included in the executive budget or relates to a continuing appropriation.*

The amended bill includes a \$4,000 appropriation from the general fund to the state board of integrative health for costs associated with establishing the board.

Name:	Joe Morrissette	Agency:	OMB
Phone Number:	328-1024	Date Prepared:	04/05/2011

FISCAL NOTE

Requested by Legislative Council
01/21/2011

Bill/Resolution No.: SB 2271

1A. **State fiscal effect:** *Identify the state fiscal effect and the fiscal effect on agency appropriations compared to funding levels and appropriations anticipated under current law.*

	2009-2011 Biennium		2011-2013 Biennium		2013-2015 Biennium	
	General Fund	Other Funds	General Fund	Other Funds	General Fund	Other Funds
Revenues						
Expenditures						
Appropriations						

1B. **County, city, and school district fiscal effect:** *Identify the fiscal effect on the appropriate political subdivision.*

2009-2011 Biennium			2011-2013 Biennium			2013-2015 Biennium		
Counties	Cities	School Districts	Counties	Cities	School Districts	Counties	Cities	School Districts

2A. **Bill and fiscal impact summary:** *Provide a brief summary of the measure, including description of the provisions having fiscal impact (limited to 300 characters).*

This bill creates the State Board of Integrative Health Care, consisting of five members appointed by the Governor.

B. **Fiscal impact sections:** *Identify and provide a brief description of the sections of the measure which have fiscal impact. Include any assumptions and comments relevant to the analysis.*

Each board member serves without compensation, but is entitled to expense reimbursement. The board can adopt rules and set application and licensure fees relating to the licensing and regulation of naturopathic physicians. The board has the authority to collect and expend fees and employ staff. It is unknown how many naturopathic physicians will be subject to regulation, the rate of fees to be set by the board, or the expenses that might be incurred by the board. Consequently, it is not possible to estimate the potential fiscal impact.

3. **State fiscal effect detail:** *For information shown under state fiscal effect in 1A, please:*

- A. **Revenues:** *Explain the revenue amounts. Provide detail, when appropriate, for each revenue type and fund affected and any amounts included in the executive budget.*

- B. **Expenditures:** *Explain the expenditure amounts. Provide detail, when appropriate, for each agency, line item, and fund affected and the number of FTE positions affected.*

- C. **Appropriations:** *Explain the appropriation amounts. Provide detail, when appropriate, for each agency and fund affected. Explain the relationship between the amounts shown for expenditures and appropriations. Indicate whether the appropriation is also included in the executive budget or relates to a continuing appropriation.*

Name: Joe Morrisette	Agency: OMB
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Phone Number: 328-1024

Date Prepared: 01/25/2011

February 8, 2011

13

PROPOSED AMENDMENTS TO SENATE BILL NO. 2271

Page 1, line 2, replace "naturopathic physicians" with "naturopaths"

Page 1, line 4, replace "naturopathic physicians" with "naturopaths"

Page 1, line 8, replace "naturopathic physician" with "naturopath"

Page 1, line 13, replace "naturopathic physician" with "naturopath"

Page 2, line 6, replace "naturopathic physician" with "naturopath"

Page 3, line 1, after "means" insert "nonprescriptive"

Page 3, line 4, after the underscored period insert "''Naturopath'' means an individual licensed to practice naturopathic health care under this chapter."

6."

Page 3, line 5, replace "naturopathic physicians" with "naturopaths"

Page 3, line 9, remove "naturopathic"

Page 3, line 10, replace "physician" with "naturopath"

Page 3, line 11, replace "6." with "7."

Page 3, line 11, remove "naturopathic"

Page 3, line 12, replace "physician" with "naturopath"

Page 3, remove lines 15 and 16

Page 3, line 19, replace "naturopathic physician" with "naturopath"

Page 3, line 25, replace "naturopathic physician" with "naturopath"

Page 4, line 16, remove "That contain the naturopathic formulary list created by the board;"

Page 4, line 17, remove "f."

Page 5, line 2, replace "naturopathic physician" with "naturopath"

Page 5, line 3, replace "naturopathic physician" with "naturopath"

Page 5, line 5, remove "unless the"

Page 5, line 6, replace "drug or device is included on the naturopathic formulary list" with ", except if authorized by the board a naturopath may prescribe antibiotics and hormones that are not controlled substances"

Page 5, line 12, replace "naturopathic physician" with "naturopath"

Page 5, line 20, replace "naturopathic physician" with "naturopath"

Page 5, remove lines 24 through 30

Page 6, remove lines 1 through 12

Date: 2-8-2011

Roll Call Vote # 1

2011 SENATE STANDING COMMITTEE ROLL CALL VOTES

BILL/RESOLUTION NO. 2271

Senate HUMAN SERVICES Committee

Check here for Conference Committee

Legislative Council Amendment Number 01003

Action Taken: Do Pass Do Not Pass Amended Adopt Amendment

Rerefer to Appropriations Reconsider

Motion Made By Sen. Mathern Seconded By Sen. Dever

Senators	Yes	No	Senators	Yes	No
Sen. Judy Lee, Chairman	✓		Sen. Tim Mathern	✓	
Sen. Dick Dever	✓				
Sen. Gerald Uglem, V. Chair	✓				
Sen. Spencer Berry		✓			

Total (Yes) 4 No 1

Absent 0

Floor Assignment _____

If the vote is on an amendment, briefly indicate intent:

February 7, 2011

124

PROPOSED AMENDMENTS TO SENATE BILL NO. 2271

- Page 1, line 2, replace "physicians" with "doctors"
- Page 1, line 4, replace "physicians" with "doctors"
- Page 1, line 8, replace "physician" with "doctor"
- Page 1, line 13, replace "physician" with "doctor"
- Page 2, line 6, replace "physician" with "doctor"
- Page 3, line 2, after the underscored period insert "The term does not include prescriptive drugs or devices."
- Page 3, line 4, after the underscored period insert """Naturopathic doctor" means an individual licensed to practice naturopathic health care under this chapter."
- 6."
- Page 3, line 5, replace "physicians" with "doctors"
- Page 3, line 10, replace "physician" with "doctor"
- Page 3, line 11, replace "6." with "7."
- Page 3, line 12, replace "physician" with "doctor"
- Page 3, remove lines 15 and 16
- Page 3, line 19, replace "physician" with "doctor"
- Page 3, line 25, replace "physician" with "doctor"
- Page 4, line 15, after the underscored semicolon insert "and"
- Page 4, line 16, remove "That contain the naturopathic formulary list created by the board;"
- Page 4, line 17, remove "f."
- Page 5, line 2, replace "physician" with "doctor"
- Page 5, line 3, replace "physician" with "doctor"
- Page 5, line 5, remove "unless the"
- Page 5, line 6, remove "drug or device is included on the naturopathic formulary list"
- Page 5, line 11, after the underscored period insert "A naturopathic doctor may not hold out to the public that the naturopathic doctor is a primary care provider."
- Page 5, line 12, replace "physician" with "doctor"
- Page 5, line 20, replace "physician" with "doctor"
- Page 5, remove lines 24 through 30
- Page 6, remove lines 1 through 12

Page 6, line 14, replace "physician" with "doctor"

Page 6, line 16, replace "physicians" with "doctors"

Page 6, line 21, replace the first "physician" with "doctor"

Page 6, line 29, replace "physician" with "doctor"

Page 6, line 30, after the second underscored comma insert "and"

Page 6, line 30, remove ""naturopathic physician","

Page 8, line 26, replace "physician" with "doctor"

Renumber accordingly

Date: 2-8-2011

Roll Call Vote # 2

2011 SENATE STANDING COMMITTEE ROLL CALL VOTES

BILL/RESOLUTION NO. 2271

Senate HUMAN SERVICES Committee

Check here for Conference Committee

Legislative Council Amendment Number drug only pg. 3 line 2

Action Taken: Do Pass Do Not Pass Amended Adopt Amendment
 Rerefer to Appropriations Reconsider

Motion Made By Sen. Berry Seconded By Sen. Dever

Senators	Yes	No	Senators	Yes	No
Sen. Judy Lee, Chairman	✓		Sen. Tim Mathern		✓
Sen. Dick Dever	✓				
Sen. Gerald Uglem, V. Chair	✓				
Sen. Spencer Berry	✓				

Total (Yes) 4 No 1

Absent 0

Floor Assignment _____

If the vote is on an amendment, briefly indicate intent:

Date: 2-8-2011

Roll Call Vote # 3

2011 SENATE STANDING COMMITTEE ROLL CALL VOTES

BILL/RESOLUTION NO. 2271

Senate HUMAN SERVICES Committee

Check here for Conference Committee

Legislative Council Amendment Number pg 5 line 11 - Naturopath

Action Taken: Do Pass Do Not Pass Amended Adopt Amendment
 Rerefer to Appropriations Reconsider

Motion Made By Sen. Berry Seconded By Sen. Uglem

Senators	Yes	No	Senators	Yes	No
Sen. Judy Lee, Chairman	✓		Sen. Tim Mathern		✓
Sen. Dick Dever	✓				
Sen. Gerald Uglem, V. Chair	✓				
Sen. Spencer Berry	✓				

Total (Yes) 4 No 1

Absent 0

Floor Assignment _____

If the vote is on an amendment, briefly indicate intent:

February 8, 2011

FB
2-9-11
lof2

PROPOSED AMENDMENTS TO SENATE BILL NO. 2271

- Page 1, line 2, replace "naturopathic physicians" with "naturopaths"
- Page 1, line 4, replace "naturopathic physicians" with "naturopaths"
- Page 1, line 8, replace "naturopathic physician" with "naturopath"
- Page 1, line 13, replace "naturopathic physician" with "naturopath"
- Page 2, line 6, replace "naturopathic physician" with "naturopath"
- Page 3, line 1, after "means" insert "nonprescriptive"
- Page 3, line 2, after the underscored period insert "The term does not include prescriptive drugs."
- Page 3, line 4, after "5." insert "\"Naturopath\" means an individual licensed to practice naturopathic health care under this chapter."
- 6."
- Page 3, line 5, replace "naturopathic physicians" with "naturopaths"
- Page 3, line 9, remove "naturopathic"
- Page 3, line 10, replace "physician" with "naturopath"
- Page 3, line 11, replace "6." with "7."
- Page 3, line 11, remove "naturopathic"
- Page 3, line 12, replace "physician" with "naturopath"
- Page 3, remove lines 15 and 16
- Page 3, line 19, replace "naturopathic physician" with "naturopath"
- Page 3, line 25, replace "naturopathic physician" with "naturopath"
- Page 4, line 16, remove "That contain the naturopathic formulary list created by the board."
- Page 4, line 17, remove "f."
- Page 5, line 2, replace "naturopathic physician" with "naturopath"
- Page 5, line 3, replace "naturopathic physician" with "naturopath"
- Page 5, line 5, remove "unless the"
- Page 5, line 6, replace "drug or device is included on the naturopathic formulary list" with "except if authorized by the board, a naturopath may prescribe antibiotics and hormones that are not controlled substances"
- Page 5, line 11, after the underscored period insert "A naturopath may not hold out to the public that the naturopath is a primary care provider."

2 of 2

Page 5, line 12, replace "naturopathic physician" with "naturopath"

Page 5, line 20, replace "naturopathic physician" with "naturopath"

Page 5, remove lines 24 through 30

Page 6, remove lines 1 through 12

Page 6, line 13, replace "43-57-06." with "43-57-05."

Page 6, line 14, replace "naturopathic physician" with "naturopath"

Page 6, line 16, replace "naturopathic physicians" with "naturopaths"

Page 6, line 20, replace "43-57-07." with "43-57-06."

Page 6, line 21, replace "naturopathic physician" with "naturopath"

Page 6, line 26, replace "43-57-08." with "43-57-07."

Page 6, line 29, replace "naturopathic physician" with "naturopath"

Page 6, line 29, remove "doctor of naturopathic medicine."

Page 6, line 30, remove "doctor of naturopathy", "naturopathic doctor", "naturopathic"

Page 6, line 30, remove "physician."

Page 6, line 31, remove "and the abbreviation "N.D." when used to imply any of these titles"

Page 7, line 1, replace "these terms or initials" with "this title"

Page 7, line 3, replace "43-57-09." with "43-57-08."

Page 7, line 7, replace "43-57-10." with "43-57-09."

Page 7, line 23, replace "43-57-11." with "43-57-10."

Page 8, line 5, replace "43-57-12." with "43-57-11."

Page 8, line 8, replace "43-57-13." with "43-57-12."

Page 8, line 25, replace "43-57-14." with "43-57-13."

Page 8, line 26, replace "naturopathic physician" with "naturopath"

Page 8, line 28, replace "43-57-15." with "43-57-14."

Page 10, line 18, replace "43-57-16." with "43-57-15."

Page 11, line 11, replace "43-57-17." with "43-57-16."

Page 11, line 21, replace "43-57-18." with "43-57-17."

Renumber accordingly

Date: 2-8-2011

Roll Call Vote # 4

2011 SENATE STANDING COMMITTEE ROLL CALL VOTES

BILL/RESOLUTION NO. 2271

Senate HUMAN SERVICES Committee

Check here for Conference Committee

Legislative Council Amendment Number 11.0700.01004 Title 02000

Action Taken: Do Pass Do Not Pass Amended Adopt Amendment
 Rerefer to Appropriations Reconsider

Motion Made By Sen. Mathern Seconded By Sen. Dever

Senators	Yes	No	Senators	Yes	No
Sen. Judy Lee, Chairman	✓		Sen. Tim Mathern	✓	
Sen. Dick Dever	✓				
Sen. Gerald Uglem, V. Chair	✓				
Sen. Spencer Berry	✓				

Total (Yes) 5 No 0

Absent 0

Floor Assignment Sen. J. Lee

If the vote is on an amendment, briefly indicate intent:

JB
2-21-11
1 of 2

PROPOSED AMENDMENTS TO SENATE BILL NO. 2271

Page 1, line 2, replace "naturopathic physicians" with "naturopaths"

Page 1, line 4, replace "naturopathic physicians" with "naturopaths"

Page 1, line 8, replace "naturopathic physician" with "naturopath"

Page 1, line 13, replace "naturopathic physician" with "naturopath"

Page 2, line 6, replace "naturopathic physician" with "naturopath"

Page 3, line 1, after "means" insert "nonprescriptive"

Page 3, line 2, after the underscored period insert "The term does not include prescriptive drugs."

Page 3, line 4, after "5." insert "''Naturopath'' means an individual licensed to practice naturopathic health care under this chapter.

6."

Page 3, line 5, replace "naturopathic physicians" with "naturopaths"

Page 3, line 9, remove "naturopathic"

Page 3, line 10, replace "physician" with "naturopath"

Page 3, line 11, replace "6." with "7."

Page 3, line 11, remove "naturopathic"

Page 3, line 12, replace "physician" with "naturopath"

Page 3, remove lines 15 and 16

Page 3, line 19, replace "naturopathic physician" with "naturopath"

Page 3, line 25, replace "naturopathic physician" with "naturopath"

Page 4, line 15, after the underscored semicolon insert "and'

Page 4, line 16, remove "That contain the naturopathic formulary list created by the board."

Page 4, line 17, remove "f."

Page 5, line 2, replace "naturopathic physician" with "naturopath"

Page 5, line 3, replace "naturopathic physician" with "naturopath"

Page 5, line 5, remove "or device unless the"

Page 5, line 6, remove "drug or device is included on the naturopathic formulary list"

Page 5, line 11, after the underscored period insert "A naturopath may not hold out to the public that the naturopath is a primary care provider."

Page 5, line 12, replace "naturopathic physician" with "naturopath"

2 of 2

Page 5, line 13, after "purposes" insert "a prescriptive device and"

Page 5, line 20, replace "naturopathic physician" with "naturopath"

Page 5, remove lines 24 through 30

Page 6, remove lines 1 through 12

Page 6, line 13, replace "43-57-06." with "43-57-05."

Page 6, line 14, replace "naturopathic physician" with "naturopath"

Page 6, line 16, replace "naturopathic physicians" with "naturopaths"

Page 6, line 20, replace "43-57-07." with "43-57-06."

Page 6, line 21, replace "naturopathic physician" with "naturopath"

Page 6, line 26, replace "43-57-08." with "43-57-07."

Page 6, line 29, replace "naturopathic physician" with "naturopath"

Page 6, line 29, remove "doctor of naturopathic medicine."

Page 6, line 30, replace the first underscored comma with "or"

Page 6, line 30, remove "naturopathic doctor", "naturopathic physician."

Page 6, line 31, replace "imply any" with "reflect either"

Page 6, line 31, replace "who" with "that"

Page 7, line 3, replace "43-57-09." with "43-57-08."

Page 7, line 7, replace "43-57-10." with "43-57-09."

Page 7, line 23, replace "43-57-11." with "43-57-10."

Page 8, line 5, replace "43-57-12." with "43-57-11."

Page 8, line 8, replace "43-57-13." with "43-57-12."

Page 8, line 25, replace "43-57-14." with "43-57-13."

Page 8, line 26, replace "naturopathic physician" with "naturopath"

Page 8, line 28, replace "43-57-15." with "43-57-14."

Page 10, line 18, replace "43-57-16." with "43-57-15."

Page 11, line 11, replace "43-57-17." with "43-57-16."

Page 11, line 21, replace "43-57-18." with "43-57-17."

Renumber accordingly

Date: 9-21-2011

Roll Call Vote # 1

2011 SENATE STANDING COMMITTEE ROLL CALL VOTES

BILL/RESOLUTION NO. 2271

Senate HUMAN SERVICES Committee

Check here for Conference Committee

Legislative Council Amendment Number .01007

Action Taken: Do Pass Do Not Pass Amended Adopt Amendment

Rerefer to Appropriations Reconsider

Motion Made By Sen. Dever Seconded By Sen. Uglem

Senators	Yes	No	Senators	Yes	No
Sen. Judy Lee, Chairman	✓		Sen. Tim Mathern		✓
Sen. Dick Dever	✓				
Sen. Gerald Uglem, V. Chair	✓				
Sen. Spencer Berry	✓				

Total (Yes) 4 No 1

Absent 0

Floor Assignment _____

If the vote is on an amendment, briefly indicate intent:

Date: 2-21-2011

Roll Call Vote # 2

2011 SENATE STANDING COMMITTEE ROLL CALL VOTES

BILL/RESOLUTION NO. 2271

Senate HUMAN SERVICES Committee

Check here for Conference Committee

Legislative Council Amendment Number 11.0700.01007 Title 03000

Action Taken: Do Pass Do Not Pass Amended Adopt Amendment
 Rerefer to Appropriations Reconsider

Motion Made By Sen. Berry Seconded By Sen. Uglem

Senators	Yes	No	Senators	Yes	No
Sen. Judy Lee, Chairman	✓		Sen. Tim Mathern	✓	
Sen. Dick Dever	✓				
Sen. Gerald Uglem, V. Chair	✓				
Sen. Spencer Berry	✓				

Total (Yes) 5 No 0

Absent 0

Floor Assignment Sen. J. Lee

If the vote is on an amendment, briefly indicate intent:

REPORT OF STANDING COMMITTEE

SB 2271: Human Services Committee (Sen. J. Lee, Chairman) recommends AMENDMENTS AS FOLLOWS and when so amended, recommends DO PASS (5 YEAS, 0 NAYS, 0 ABSENT AND NOT VOTING). SB 2271 was placed on the Sixth order on the calendar.

Page 1, line 2, replace "naturopathic physicians" with "naturopaths"

Page 1, line 4, replace "naturopathic physicians" with "naturopaths"

Page 1, line 8, replace "naturopathic physician" with "naturopath"

Page 1, line 13, replace "naturopathic physician" with "naturopath"

Page 2, line 6, replace "naturopathic physician" with "naturopath"

Page 3, line 1, after "means" insert "nonprescriptive"

Page 3, line 2, after the underscored period insert "The term does not include prescriptive drugs."

Page 3, line 4, after "5." insert "''Naturopath'' means an individual licensed to practice naturopathic health care under this chapter.

6."

Page 3, line 5, replace "naturopathic physicians" with "naturopaths"

Page 3, line 9, remove "naturopathic"

Page 3, line 10, replace "physician" with "naturopath"

Page 3, line 11, replace "6." with "7."

Page 3, line 11, remove "naturopathic"

Page 3, line 12, replace "physician" with "naturopath"

Page 3, remove lines 15 and 16

Page 3, line 19, replace "naturopathic physician" with "naturopath"

Page 3, line 25, replace "naturopathic physician" with "naturopath"

Page 4, line 16, remove "That contain the naturopathic formulary list created by the board."

Page 4, line 17, remove "f."

Page 5, line 2, replace "naturopathic physician" with "naturopath"

Page 5, line 3, replace "naturopathic physician" with "naturopath"

Page 5, line 5, remove "unless the"

Page 5, line 6, replace "drug or device is included on the naturopathic formulary list" with ", except if authorized by the board, a naturopath may prescribe antibiotics and hormones that are not controlled substances"

Page 5, line 11, after the underscored period insert "A naturopath may not hold out to the public that the naturopath is a primary care provider."

Page 5, line 12, replace "naturopathic physician" with "naturopath"
Page 5, line 20, replace "naturopathic physician" with "naturopath"
Page 5, remove lines 24 through 30
Page 6, remove lines 1 through 12
Page 6, line 13, replace "43-57-06." with "43-57-05."
Page 6, line 14, replace "naturopathic physician" with "naturopath"
Page 6, line 16, replace "naturopathic physicians" with "naturopaths"
Page 6, line 20, replace "43-57-07." with "43-57-06."
Page 6, line 21, replace "naturopathic physician" with "naturopath"
Page 6, line 26, replace "43-57-08." with "43-57-07."
Page 6, line 29, replace "naturopathic physician" with "naturopath"
Page 6, line 29, remove "doctor of naturopathic medicine."
Page 6, line 30, remove "doctor of naturopathy", "naturopathic doctor", "naturopathic"
Page 6, line 30, remove "physician."
Page 6, line 31, remove "and the abbreviation 'N.D.' when used to imply any of these titles"
Page 7, line 1, replace "these terms or initials" with "this title"
Page 7, line 3, replace "43-57-09." with "43-57-08."
Page 7, line 7, replace "43-57-10." with "43-57-09."
Page 7, line 23, replace "43-57-11." with "43-57-10."
Page 8, line 5, replace "43-57-12." with "43-57-11."
Page 8, line 8, replace "43-57-13." with "43-57-12."
Page 8, line 25, replace "43-57-14." with "43-57-13."
Page 8, line 26, replace "naturopathic physician" with "naturopath"
Page 8, line 28, replace "43-57-15." with "43-57-14."
Page 10, line 18, replace "43-57-16." with "43-57-15."
Page 11, line 11, replace "43-57-17." with "43-57-16."
Page 11, line 21, replace "43-57-18." with "43-57-17."
Renumber accordingly

REPORT OF STANDING COMMITTEE

SB 2271: Human Services Committee (Sen. J. Lee, Chairman) recommends AMENDMENTS AS FOLLOWS and when so amended, recommends DO PASS (5 YEAS, 0 NAYS, 0 ABSENT AND NOT VOTING). SB 2271 was placed on the Sixth order on the calendar.

Page 1, line 2, replace "naturopathic physicians" with "naturopaths"

Page 1, line 4, replace "naturopathic physicians" with "naturopaths"

Page 1, line 8, replace "naturopathic physician" with "naturopath"

Page 1, line 13, replace "naturopathic physician" with "naturopath"

Page 2, line 6, replace "naturopathic physician" with "naturopath"

Page 3, line 1, after "means" insert "nonprescriptive"

Page 3, line 2, after the underscored period insert "The term does not include prescriptive drugs."

Page 3, line 4, after "5." insert "''Naturopath'' means an individual licensed to practice naturopathic health care under this chapter.

6."

Page 3, line 5, replace "naturopathic physicians" with "naturopaths"

Page 3, line 9, remove "naturopathic"

Page 3, line 10, replace "physician" with "naturopath"

Page 3, line 11, replace "6." with "7."

Page 3, line 11, remove "naturopathic"

Page 3, line 12, replace "physician" with "naturopath"

Page 3, remove lines 15 and 16

Page 3, line 19, replace "naturopathic physician" with "naturopath"

Page 3, line 25, replace "naturopathic physician" with "naturopath"

Page 4, line 15, after the underscored semicolon insert "and'

Page 4, line 16, remove "That contain the naturopathic formulary list created by the board."

Page 4, line 17, remove "f."

Page 5, line 2, replace "naturopathic physician" with "naturopath"

Page 5, line 3, replace "naturopathic physician" with "naturopath"

Page 5, line 5, remove "or device unless the"

Page 5, line 6, remove "drug or device is included on the naturopathic formulary list"

Page 5, line 11, after the underscored period insert "A naturopath may not hold out to the public that the naturopath is a primary care provider."

Page 5, line 12, replace "naturopathic physician" with "naturopath"

Page 5, line 13, after "purposes" insert "a prescriptive device and"

Page 5, line 20, replace "naturopathic physician" with "naturopath"

Page 5, remove lines 24 through 30

Page 6, remove lines 1 through 12

Page 6, line 13, replace "43-57-06." with "43-57-05."

Page 6, line 14, replace "naturopathic physician" with "naturopath"

Page 6, line 16, replace "naturopathic physicians" with "naturopaths"

Page 6, line 20, replace "43-57-07." with "43-57-06."

Page 6, line 21, replace "naturopathic physician" with "naturopath"

Page 6, line 26, replace "43-57-08." with "43-57-07."

Page 6, line 29, replace "naturopathic physician" with "naturopath"

Page 6, line 29, remove "doctor of naturopathic medicine."

Page 6, line 30, replace the first underscored comma with "or"

Page 6, line 30, remove "naturopathic doctor." "naturopathic physician."

Page 6, line 31, replace "imply any" with "reflect either"

Page 6, line 31, replace "who" with "that"

Page 7, line 3, replace "43-57-09." with "43-57-08."

Page 7, line 7, replace "43-57-10." with "43-57-09."

Page 7, line 23, replace "43-57-11." with "43-57-10."

Page 8, line 5, replace "43-57-12." with "43-57-11."

Page 8, line 8, replace "43-57-13." with "43-57-12."

Page 8, line 25, replace "43-57-14." with "43-57-13."

Page 8, line 26, replace "naturopathic physician" with "naturopath"

Page 8, line 28, replace "43-57-15." with "43-57-14."

Page 10, line 18, replace "43-57-16." with "43-57-15."

Page 11, line 11, replace "43-57-17." with "43-57-16."

Page 11, line 21, replace "43-57-18." with "43-57-17."

Renumber accordingly

2011 HOUSE HUMAN SERVICES

SB 2271

2011 HOUSE STANDING COMMITTEE MINUTES

House Human Services Committee
Fort Union Room, State Capitol

SB 2271
March 14, 2011
Job #15376

Conference Committee

Committee Clerk Signature

Vicky Crabtree

Explanation or reason for introduction of bill/resolution:

Regulation of Naturopaths and to provide a penalty and application.

Minutes:

See Testimonies # 1 - 8

Chairman Weisz: Opened the hearing on SB 2271.

Sen. Randel Christmann: From District 33 testified in support of the bill. There were three important reasons I got on this bill. From an economic development standpoint these are people I expect to make good incomes and can get them here and practicing and they need a licensure provision in order to get them here. The amount of money that it would probably cost to have a licensing board is probably an amount that if this were a business wanting to bring in a fair number of well paid employees and ask them for a sales tax break or something, we'd do it in a heartbeat to attract them. I think financially it is a good thing. I think this offers up an alternative for people when they are seeking health care. If a more natural route is something they want to explore, why should we deny them the availability? So I think if people want to make that choice, we have that option available. There are people who advise on this type of medicine then I think they should be licensed. So if you are seeking advice on natural solution to your health problems you would know whether this is a licensed person and has some good background in this or someone that has some good recipes from Grandma's cookie jar that you are turning to. I think it would be great to make that kind of distinction. For those reasons I signed onto the bill. I don't have a lot of expertise in it and fortunately I haven't had a lot of need for health care, natural or from physicians. I'd be glad to answer any questions.

Sen. Margaret Sitte: Sponsored and introduced the bill. (See Testimony #1)

Beth Allen: A practicing Naturopath in Bismarck testified in support of the bill. (See Testimony #2)

Rep. Porter: We as a state have always had a problem creating boards for small numbers of individuals. One that comes to mind is the Board of Podiatry where there was actually a problem that virtually bankrupted the board and drove the fees of licensing so high and we had to have special legislation to have a loan from the Bank of ND to keep the board operational. In the end even though we talked about a board that is paid for by the

individuals being licensed through it; ultimately in the end is the tax payers responsibility if something like that happens. In Sen. Sitte's first comments, I didn't quite get to 10 as far as the number of individuals were thinking that would qualify for this license. The first thing I would like for you to address are the numbers you would see practicing in the state over the long haul and why we aren't adding language to another already existing board to do what we are trying to do here.

Beth: I know there are two issues with small boards. One is the accountability which we address by putting several different types of medical professionals on there. There are several different ways we are addressing that and one is that we did not put a cap on the fees and an application fee for \$1,000. California has a \$1,000 fee. Another thing we are willing to do in terms of startup is donate our services. For example, I worked for the ND state insurance department for eight years and was hired to do administrative rules and I can help with administrative rules process. This has become a stumbling block for states that are looking at licensing naturopath. The American Association of Naturopathic Physicians has told us they will do this. In California the way they got their board up and running and could afford it was they got other naturopathic doctors in other licensed states to apply to licensure to gather a pool of money. There at least 4,000 nationwide that are willing by buying a license to practice in the state of ND in terms of getting the startup costs up and running.

Rep. Porter: Why are we not looking to in addition to podiatry, chiropractor, board of medical examiners, board of nursing or something already in existence to add a subcategory?

Beth: We did that before we put our bill in this session. We looked at the board of medical examiners and they declined, they did not want to have us, and chiropractors declined so we did look at all options, There just wasn't anyone that wanted us. I know you've heard other bills so I know you recognize that is an issue. That is one of the things that makes this board unique is that we are not intending to be just us. We are going to be an umbrella board that will allow other entities to come in under us. For example, the acupuncturists don't have a bill in this session, but they have tried the previous two session to get a licensing and came up with the same problem with a board. So by creating this integrated board we can have other health care providers that are small groups to come under this board.

Rep. Porter: Do you receive any third party reimbursement?

Beth: No, I do not and this bill does not request any insurance mandate.

Rep. Porter: Do you have hospital privileges in Bismarck right now?

Beth: No.

Rep. Paur: There are two naturopathic physicians in ND now. How many acupuncturist are in ND?

Beth: At least seven that meet the criteria that was established under the bills that were previously introduced which would be a masters degree and completion of the national exam.

Chairman Weisz: In your makeup of the board since you have prescriptive authority why do you want a pharmacist on your board?

Beth: Originally we had prescriptive authority and I think it is still valuable to leave that in there as many pharmacists have an interest and are aware of supplements and herbs and it is very helpful if there were any issues that were to come up related to that, to get some of their input as well. That would potentially affect acupuncturists. Some of them have a Chinese herbal background as well.

Rep. Porter: Talk about acupuncture component of having them listed as a member of the board. Is there any place out in the bill that spells out their duties and education requirements? How do you see them eventually being licensed under this board?

Beth: They have no bill in this session. For the purposes of putting someone on the board, I don't know who gets to make the recommendations. But, the recommendations would be to have them meet the same requirements that were under the previous bills that were put into the legislature, with a masters degree and taking the national board exam for acupuncturists. I don't know if that answers your question.

Rep. Porter: It kind of does, but that is not what it really says in the bill. It just says an acupuncturist. It doesn't spell out any minimum requirements of training that may or may not be part of who can sit on the board.

Chairman Weisz: Rep. Porter, they are on the board, but not being regulated at this time under this bill.

Rep. Porter: Correct, but there is no place saying who and what they are based on what education component they or may not have. It is just someone holding themselves out as an acupuncturist.

Chairman Weisz: I assume the Governor would have to establish some criteria of who is was going to put on the board.

Rep. Porter: Was there any discussion of being more specific or maybe even saying who must be masters trained acupuncturist or so that it just wasn't me coming in and saying a mess around with needles quite a bit, I may be your guy.

Beth: Initially when we were drafting this, we were anticipated that the acupuncturists were going to have a bill in and the bills would have been merged so they matched. They weren't able to pull something together in a timely manner. I think it said licensed eligible in the initial because of the intention to have another bill in.

Rep. Porter: I have a hard time with small boards having been through some of the hearings that have dealt with them and the problems that exist with them. I have been a

sponsor of a bill that creates a board of medicine in the state that everyone who practices in a component in medicine would be licensed under rather than keep having all of these boards who are twos and threes and fours and even having them at twenty to twenty-five just doesn't work. We have numerous occasions to show you can't have boards with two or three people on them because the only people on the board are competitors in the same business and it creates problems. Other than us forcing you with someone else, so that doesn't happen, was there any other discussion on how to deal with those small numbers?

Beth: The reason we put a number of different professionals on there rather than stacking it with naturopathic doctors is because we want that accountability. Unless there is licensing people won't come home and we won't have the numbers to have an accountable board. We are trying to create a board that would at least encompass all the integrated health care professionals.

Faye Johnson: A Naturopathic doctor from Bismarck testified in support of the bill. (See Testimony #3)

Lezlie Link: A licensed Naturopathic Doctor in the state of Arizona testified in support of this bill. (See Testimony #4)

Dr. Glen Hyland: A medical doctor practicing in ND testified in support of the bill. (See Testimony #5)

Rep. Holman: I've had back problems my whole life and when I was younger I went to a chiropractor who claimed he could cure everything. Later in life I went to one who said I can't fix it anymore and he worked well with the medical profession. What I've heard today is a coordination of activities between, but what's to keep someone who maybe moves a little too far in one direction or the other? The potential turf battle between your profession and the other profession and could you address that?

Dr. Hyland: Right now, training for medical students does not include the same type of nutritional training and other modalities they use that have been shown to be very effective. Not just in cancer patients, but chronically ill patients. I came to the point when my patients taught me when they sought alternative care for cancer outside of the state and had improvement. We measured what those were and presented three of cases to the complimentary conference of the NCI. There is growing influence by patients also in asking for these alternative modalities. I think that is where we need to go. We need to be able to support these patients if we have questions about a particular alternative care procedure and we have experts who know which ones do work and which ones do not and how best to coordinate those types of care with standard practice. This bill would allow us an access to that so we could have that expertise on board. In cancer treatment it is incredibly important that we do that. They are experts in prevention also. If we are ever going to get a head of the cost of cancer, we cannot do it the way we are doing it now. We have increased rates of cancer and we need to do a far better job of prevention, not just early detection. Many times symptoms occur when a patient already has advanced cancer. We need to be better at prevention. These people are trained to do that better than we are.

Scott Schneider: (Around 57 min) Lives in Fargo and testified in support of the bill. (See Testimony #6)

Dan Ulmer: BC/BS representative stated they are in support of the bill.

HANDED IN TESTIMONY

Kathleen Allen: (See Testimony #7)

Dr. Debra Bell: (See Testimony #8)

2011 HOUSE STANDING COMMITTEE MINUTES

House Human Services Committee
Fort Union Room, State Capitol

SB 2271
March 16, 2011
Job #15530

Conference Committee

Committee Clerk Signature *Vicky Crabtree*

Minutes:

You may make reference to "attached testimony."

Subcommittee meeting.

Rep. Porter: Called the subcommittee to order on SB 2271 and Rep. Damschen, Rep. Kilichowski and Rep. Porter are all present. This will be an overview of what this is about and where we want to go. We can pass out 2271 in its present form. Over the course of time this very bill presents the same argument I have had since the first session I have been here. We have small adjuncts of medicine that require professional licensure that the numbers aren't there to support and sustain a board. Talking with this group to get everything done it is going to cost \$20,000. I don't doubt the group can come up with the money to do it. My problem is going forward. The first time there is a rub with the board with a member and it goes to court or a lawsuit, it will be just like what happened to the podiatrist. They have 25 members and it bankrupt the board. The taxpayers of ND are responsible for the financial stability of a board. It will become a general fund obligation to the State of ND to pay that and keep them so they can do their regulatory duties. We had to float them a zero interest loan in order to keep them stable. We had a study in 07 that everybody has a copy of. It was then called Allied Health Professions Board and the bill draft 2026 which you also have a copy of was the bill draft that came out of that interim committee. That would have taken all of these allied health and brought them into one board called the Board of Allied Health; put a mechanism in place for them to be included into that board. This is homework for you to look this over and see what you think.

Rep. Kilichowski: These are all of the boards in place now?

Rep. Porter: No it is not. That sheet is the Legislative Council report from the 2007 study. We may have added boards last session that wouldn't show on that sheet.

Rep. Kilichowski: Is there someplace where a minimum side board would be functional? If all of these boards are put under one, would have they have sub-boards under it to run their own?

Rep. Porter: That mechanism is inside of this 2026 bill. I am talking about amending this bill that we have to put some of these mechanisms in place so the next time someone comes in with a 20 person membership or the music therapists want a board then that board could be then the component for adding them. You could incorporate them into what

we could do with this bill. They would have a vote on the board. The Allied Health on page 2, line 18, "for each allied health profession regulated by the board, three members who are licensed members of that profession would then also be members of the board".

Rep. Kilichowski: Is there a mechanism in there if a profession gets to 100 or more members to vote themselves out.

Rep. Porter: There is not. I refer you to page 3, starting on line 13 to the end that everything that the petition to be included if not in the original version, the petition to be included is still a legislative function as it is now and the petition to be excluded could also be added as a legislative function. They would then be able to branch out and become their own board. The inclusion and exclusion into this board is not by a vote of the board. It is a vote by the legislature.

(Rep. Weisz stopped in on the meeting.)

Rep. Weisz: Are you going to put anybody (doesn't have microphone on and is inaudible)?

Rep. Porter: At this point and time we only have the music therapists asking.

Rep. Weisz: (Inaudible)

Rep. Porter: That would be a doomsday approach. I would much rather see us put this mechanism in place and next session and look at it or put a study on it. The interpreters are another group who could go into this.

Rep. Weisz: (Inaudible)

Rep. Porter: They have a pretty good number. 312 and that was in '07. The hearing aid specialists are at 68, the marriage and family therapy licensure board, I don't have that number off hand, board of reflexology at 76, and podiatry has 26. Those are the obvious candidates with low member numbers. Athletic trainers are at 124.

Rep. Weisz: (Inaudible)

Rep. Porter: Once you started getting a little bit bigger, then you would want to do what we had talked about, that you allow having sub-boards that report back with the recommendation. The allied health would be the board that has the voting members and then inside of that structure you would have that sub-board that would be specific to that component.

Rep. Weisz: (Inaudible)

Rep. Weisz: You would have to leave all disciplinary action at the main board as a whole.

Rep. Weisz: (Inaudible)

Rep. Porter: I would keep all disciplinary action at the main level.

Rep. Weisz: (Inaudible)

Rep. Porter: In this bill that didn't survive, the board membership was at least 3 and no more than 5 members who represent the general public. From each allied health profession regulated by the board, 3 members who are licensed members of that profession. In the case of the newly regulated profession without currently licensed members, 3 members who will be licensed members of that profession.

Rep. Weisz: (Inaudible)

Rep. Porter: I wouldn't worry about that at the onset.

Rep. Weisz: (Inaudible)

Rep. Porter: The way the bill came out of the interim here was a 5.

Rep. Weisz: Inaudible)

Rep. Porter: At least 3, but no more than 5.

Rep. Kilichowski: Can we get an updated list?

Rep. Porter: Steve may be able to.

Rep. Kilichowski: If we have a couple of boards on their now that are a handful all you have to do is ask them.

Rep. Porter: You can ask them and I know what the answer is going be.

Rep. Weisz: (Inaudible)

Rep. Porter: It had to be because this is a '07 report and they already exist.

Rep. Damschen: I think we would be better off putting a provision in there that would allow them to petition in after we formed it.

Rep. Weisz: (Inaudible)

Rep. Damschen: So they know they are welcome.

Rep. Porter: It would be nice to have the petition in language though just to make it look like they aren't a burden.

Rep. Porter: The whole point of the board is to bring everybody else in.

Rep. Weisz: (Inaudible)

Rep. Porter: Talks to intern and asks him to get an updated list current numbers on boards in the report any new ones since the '07 report.

Rep. Damschen: How did this address licensure fees and requirements?

Rep. Porter: It said whatever the board needed to function.

Rep. Kilichowski: The organizations would have an easier time accumulating more funds.

Rep. Porter: Right. What we had on the last page was the funding mechanism. We gave them \$4,000 to get started and then we said the administrative services would be until the board is directed to regulate the practice and collect fees in conjunction with this regulation. The Governor shall provide the board with appropriated administrative services as may be requested by the commission.

Rep. Damschen: There has to be some different requirements for licensure for all the different professions.

Rep. Porter: They were able to put their scope of practice into administrative rules.

Rep. Weisz: (Inaudible)

Rep. Porter: Yes we did. We left that part in the amendment. We took that component out, but left passed the test in. This is all I have. I thought this would be a good opportunity to get some of these mechanisms in place so that these low number boards we can finally get our arms around.

Rep. Kilichowski: I think it is worth a shot.

Rep. Porter: Margaret is really worried that Judy is going to chase this to kill it, but I looked at the vote coming out of the Senate and once all the concerns were met of the Board of Medical Examiners and the amendments were made on the Board of Medical Examiners, it came out unanimous. So I didn't share her concerns that it can't end up in a conference committee. She likes that we could pass it. She is nervous that if it comes back to the Senate it may not be looked upon as favorably as when it first left.

Rep. Kilichowski: We could hog house it.

Rep. Porter: It doesn't need to be hog housed that much. It just has to have a few amendments to bring it to that level. It is just a matter of kind of tweaking it.

Rep. Kilichowski: I was just thinking of if there are some new boards that have come in that are small.

Rep. Porter: We will wait and see what Steve can gather for us. You guys look at this stuff that came out of the interim and the way we would merge Allied Health and this other one. We could even change it to Integrated Health and we will look at it next week and see if we can make it work.

2011 HOUSE STANDING COMMITTEE MINUTES

House Human Services Committee
Fort Union Room, State Capitol

SB 2271
March 21, 2011
Job #15756

Conference Committee

Committee Clerk Signature *Vicky Crabtree*

Minutes:

You may make reference to "attached testimony."

Rep. Porter: Called the subcommittee to order on SB 2271. All members are present.

Steven Podoll: Legislative intern for the House Human Services Committee provided information. I contacted 22 boards that were listed under the study of the interim 2005-06 and I will go through them quickly. License addiction counselors went from 308 to 361. No response from certified athletic trainers. No response from audiology and speech language pathology. Board of clinical laboratory went from 915 to 901. Board of counselor examiners went from 336 to 375. Board of dental examiners went from 1450 to 1664. No response from board of dietetic practice. Board of hearing aid specialists went from 68 to 72. Marriage and family therapy licensure board, there were no numbers because that was when it was created; went to 35 LMFTs with 1 to be certified in May and 7 LAMFTs in training. State board of medical examiners went from 2941 to 3395. The board of nursing went from 16,309 to 21,238. State board of examiners for nursing home administrators went from 151 down to 150; 138 of those were active 12 were inactive. Occupational therapists went from 488 to 596. No response from optometry. Pharmacy went from 4934 to 5093. Physical therapists went from 796 down to 750. Podiatrists went from 26 to 32. Psychologists from 186 to 209. Reflexologists from 76 to 92. Respiratory care went from 404 to 484 and part of that increase is due to 17 polysomnographic technologists. Social work examiners from 2251 to 2335. Veterinarians and technicians from 661 to 744. I couldn't find any new boards that would fall under Allied Health.

Rep. Porter: Thank you Steve for doing that for us we appreciate it. You wouldn't believe how many people came to see me worried we were thinking about forcing this new group onto them. As we take this to the next level, on what we want to do with it, we have a couple of options. We are creating a board, which is the integrated health board. With a couple of changes we can do what we did with the Allied Health Board a couple of interims ago. Any new group has to petition into the legislature to become a part of this board. If this board is in place we would have the ability to force new groups into it if we feel as a legislature they don't have the right numbers. We can write that in there if they are a board of less than and pick a number like a 100. Once membership became more than 100 they could come back to the legislature and petition and branch out and create their own board.

Rep. Kilichowski: Do we have an exclusion clause in there then to do that.

Rep. Porter: We would. We would have to change what we are doing on the petition in and out process. It is still a process that comes in front of the legislature.

Rep. Kilichowski: You said there were the music therapists and interpreters that don't have a board. Is there any way we could incorporate all three into this one?

Rep. Porter: We certainly can. I spoke to the chairman about it. Acupuncturists came to us and we turned them down. That would be more complicated for us to include this time because there were about 4 or 5 or more divisions of trainings of acupuncture. They could take a petition to the next legislative assembly to come under this board. I wouldn't have a problem making a pitch to in front of the committee as a whole on the music therapists and interpreters. As a subcommittee we should have those as two standalone issues. We do the amendments to fix the petition to the board; the inclusion process and what we want as a basic outline of how this works. Then we could pitch the two other groups we turned down to adding them to this. There would be separate amendments offered at the same time.

Chairman Weisz: If anybody wants inclusion that is already aboard, do they have to petition?

Rep. Porter: In the amendment that is spelled out. An existing occupation or professional board may ask to be included in this. It says that because they are already in the Century Code by doing the opt in part of it; they would still have to come to the legislature. You couldn't make it an automatic opt in because of the membership concerns and the movement of scope of practice inside of a century code. There is a provision in here that anyone can petition to join.

Rep. Damschen: Acupuncture the naturopaths use that in their practice as well. Would that be a conflict? I can see one group objecting if you have 15 members and 75 members; two different groups. The 75 members have a lot more invested in license fees.

Rep. Porter: We create a process that allows the bigger group to have a sub-board with a final stamp of approval on their regulations would come from the main board. There are enough checks and balances in there that I think you could make it work without someone thinking you are regulating their profession and not being involved in it. That is how I envisioned it.

Rep. Damschen: If they ended up in a situation that has been referred to like the podiatrists it will be a little stickier.

Rep. Porter: You still run into situations. As far as disciplinary actions you would have them go to the main board so the sub-board wouldn't be taking care of their own disciplinary actions. I think that is why you want the other board on top of those individual practices.

Chairman Weisz: Are you going to have one AG to represent the whole board.

Rep. Porter: That is what I prefer.

Rep. Kilichowski: You would draft this with the naturopaths and then would have a couple of amendments where the interpreters and the music therapists could go in?

Rep. Porter: I don't think they have to decide. They came with bills asking for a board. We as a legislature have to decide if we put them in.

Rep. Kilichowski: We could actually get the input from them.

(Chairman Weisz speaking without his microphone on and is inaudible.)

Rep. Porter: I don't know if you want to do it this late game, Mr. Chairman because they didn't have a hearing in the house. Those were done in the Senate. There wouldn't be a way to have the public hearing then.

Chairman Weisz: We'd have to have an informal hearing.

Rep. Porter: You would have to start over from scratch because you are revising something that didn't have a hearing. If we set the framework up then they can come in next session.

Rep. Kilichowski: If we have all three groups going into to start this we have a lot better chance of selling it. I have people coming to me and saying they want the naturopaths to go through.

Rep. Porter: I don't disagree. I think with the combination of this super board of Allied Health or Integrated Health, we can use as our selling point. From this point forward we have a place for them. I think it is a valid practice to be licensed, but unless this bill isn't changed I cannot support it. Unless you have the credentials that say you are licensed, you are not considered a professional by boards.

Rep. Kilichowski: I would agree that you should get that drawn up the way you have explained it. I'm going to talk with the music therapists and see where they are at. They might jump right in.

Rep. Damschen: I wish we would have done this before we approved the other two. This makes to me a lot more sense.

Rep. Kilichowski: We didn't approve their board; just their certification.

Rep. Porter: Eighteen months is not that longer for them to reorganize and come back with a scope of practice that they can present to join into this board.

Rep. Kilichowski: I agree with you. This came up before and it was killed. Why was it killed?

Rep. Porter: All the groups we tried to force into this board went wild. We were going after groups like the podiatrists and all of those groups that had existing boards came in and said, "We don't care what you do, not us".

Rep. Damschen: It will be mandatory from here on out for new groups, right?

Rep. Porter: We will make it that way. To create a board of less than 50 they have to petition into this board and when they get 100 or more they can petition to form their own board and get out of there.

Rep. Kilichowski: After we get this going some of the smaller boards may want to jump on board.

Rep. Porter: That would be my hope too.

(Chairman Weisz talking again without microphone mentioning something about going to conference committee.)

Rep. Kilichowski: If it gets into a conference committee and they won't do it, then we are back to the original bill.

Rep. Porter: I talked to the naturopaths and Sen. Sitte and they have concerns with what I am doing. My explanation to them was that I don't know if we can get this bill out of here unless we change it.

Rep. Kilichowski: I think the music therapists are going to jump on this.

Rep. Porter: I will work with Steve and we will get some amendments put together and we will look at it and go from there. If you want to talk to the music therapists Rep. Kilichowski and Rep. Damschen you talk to the interpreters than I am more than happy (drops sentence). You have your homework. We are done.

2011 HOUSE STANDING COMMITTEE MINUTES

House Human Services Committee
Fort Union Room, State Capitol

SB 2271
March 23, 2011
Job # 15906

Conference Committee

Committee Clerk Signature

Vicky Crabtree

Minutes:

See Attachment #1

Chairman Weisz: Called the meeting to order on SB 2271. I talked to Sen. Lee and she is going to and she would be thrilled if you wanted to add music therapists and interpreters.

Rep. Porter: (Passed out amendments. See Attachment #1). We took 2271 at the status of 4 people potentially being licensed on a board and thought while they are very deserving of being licensed as professionals in the State of ND, the difficult situation that always puts the Legislature in when we are dealing with small numbered boards. We historically looked at the '07 interim where we had a study that talked about an Allied Board of Health. Inside of that study we were going to force people out of a board smaller than a 100 and into the Allied Health Board so that would be the membership. We took the same allied health concept and the petitioning in and out of that. And then a sub-group concept to add to the existing bill. If the amendments are adopted we will have a board of integrated health and they will license naturopaths and also be set up so there can be sub-groups of those smaller membership professions that can petition to the Legislature for admission to the Board of Integrated Health. We set up a basic framework at the top so that group, we will use music therapy as an example, if we say they can be into this board then two music therapists and one member of the public would then be a member of the sub-group overseeing music therapy. Anything they do as far as their scope of practice, administrative rules, etc. is done by the board as a whole. One member out of the sub-group is also a member of the full Board of Integrated Health. They will have a voice on the whole board. The full board would have the authority over yes and no on scope of practice and authority over disciplinary action. One thing we didn't do with this amendment, but I am open to is if any new proposed board less than 50 has to join the Board of Integrated Health until their membership reaches 100 and then they can petition the Legislature and ask to be their own board. Personally I like that, but I didn't have that put onto this amendment. Rep. Kilichowski is working with the music therapists to see if they are interested in this and Rep. Damschen is going to check with interpreters to see if they were interested. My question is does anybody see any logistical problems with this part? Do we want to have Steve draft up that opt in and opt out language so they it is part of it from the start?

Rep. Kilichowski: I have no problem with putting the 50 or under in, but if someone comes up with a group of 60, would they be able to go on their own? Do we have to put the inclusion clause in right away?

Rep. Porter: The only reason I did those two numbers was just if they were coming in fresh and new and they are under 50 that they know they draft the bill without any options. There is nothing to say that during the process of the public hearings in the House and Senate that a group of 60 wouldn't be told by that committee that they have to be part of that group. There is nothing in there that would say a committee in either the House or Senate could take a 45 group and make them their own board. It only says that those are the basic rules for engagement. If you are under 50 when you draft your legislation to be licensed, you are under this board. If over 50 you can present it as a standalone, but there is nothing that says the Legislature can't do with it what they want. Once they are in and to petition to get out they have to be greater than 100.

Rep. Damschen: I'd like to see any new board less than 50 to be directed to go this route. The interpreters seem pretty gung ho about it.

Rep. Kilichowski: As far as I know the music therapists really looking at it too. Whether this new language would make them shy away, I don't know. To put the 100 in there has been bugging me a little bit.

Chairman Weisz: I have a couple of logistical questions. Most boards want would prefer to be by themselves. That doesn't mean they should be. I can support the 100 as a number. That is still a small group. My questions are, let's start with the naturopaths and nobody else comes in. How do we structure initially?

Rep. Porter: We left the original language that they brought over in there so that original board has one naturopath, one physician, one pharmacist, one (stops). So that original board of integrated health has that structure until we would change it as things get included. If we add a couple of other groups, then the board increases by two.

Chairman Weisz: Where you say it is up to the board to determine whether to prepare and request of introduction of the bill draft. Say the energy workers come in next session and want their own board. They are suppose to go through the integrated board of health and if the board says no then they in a sense out of the loop again.

Rep. Porter: That is why I brought this in front of everybody to look at. That is verbatim language from the old bill. I think you are right and we should say they have to draft the bill.

Chairman Weisz: It shouldn't be an option of the board.

Rep. Porter: Rep. Kilichowski if you could up to council and have those draft amendments created for the music therapy to fit this sub-group format and Rep. Damschen if you would go with him and do the interpreters at the same time so we have that as a standalone. Next week Monday we will be ready to go.

Rep. Paur: There are two naturopathic doctors and I think 4 music therapists. (Chairman Weisz interrupts him and corrects him that there are 3 music therapists and 4 naturopath doctors.) Anyway, is this going to be viable?

Chairman Weisz: The other option is and I have no problem with naturopaths, we leave them to flounder where they are at. I would prefer we already integrated board that had reflexologists and some of these others in and then we would already have critical mass. We don't have critical mass yet. I'd have to vote against the naturopath bill if we were going to give them their own board.

Rep. Porter: I couldn't agree more. We now have willing participants that will allow us to create this integrated board and we need to make it happen and it will fix itself over time.

Rep. Paur: Rep. Porter said we have a place to put them, but if I remember reading this right, somewhere it says it is optional, isn't it.

Chairman Weisz: No.

Rep. Paur: (Starts to read.) "may submit to" (stops)

Chairman Weisz: If they don't want to be licensed they can continue operating as they are.

Rep. Paur: Ok.

Rep. Hofstad: How about the money? The licensing fees. How does that work? Does it go into the pool of the integrated board?

Chairman Weisz: License fees all go to the integrated board.

Rep. Hofstad: Then that fee should be the same as the other boards?

Chairman Weisz: You would sure think so unless they came to an agreement that this group should have a lower or higher fee.

2011 HOUSE STANDING COMMITTEE MINUTES

House Human Services Committee
Fort Union Room, State Capitol

SB 2271
March 28, 2011
Job #16066

Conference Committee

Committee Clerk Signature *Ticky Crabtree*

Minutes:

You may make reference to "attached testimony."

Subcommittee meeting.

Rep. Porter: Called the meeting to order on SB 2271 and all members are present. Rep. Damschen passed out 04002 amendment to 2271 (See Attachment #1.) to deal with the issue of making it a more encompassing board of integrated health. It removes the acupuncturist from the board because they aren't being licensed by the board so why should they have a seat on the board. It starts talking when you get down on page 4, line 14 about the board appointments being annually. When you get on Page 4, line 15 it talks of the education provided by approved naturopathic medical colleges which must be consistent with the required education for each profession regulated by the board. That takes care of grandfathering clause one person had a concern with. Then on how the subgroups work is the language on page 5 after line 1. A subgroup for each profession regulated by the board, the board shall appoint at least three and no more than five members of the profession to serve as volunteer subgroup. Subgroup must be licensed a member of a profession accept in the case of a newly regulated one and the board may appoint a board member to serve on a subgroup representing that board member's profession. The subgroup members serve at the pleasure of the board. As subgroup established under this section shall serve in an advisory capacity to advise a board when requested by the board. The board may not take any action that impacts the profession regulated by the board as a whole or which impacts one or more licensees that profession unless the board first consults with the request the recommendations of the appropriate subgroup. Then there is a petition to be involved. And the petition to the board to ask to be licensed by this new board of integrated health. It flows with what we were talking about doing. It doesn't add (drops sentence). Rep. Kilichowski your (drops sentence).

Rep. Kilichowski: Music therapists as far as I know are going to be a go.

Rep. Porter: Were you getting the language drafted?

Rep. Kilichowski: I will.

Rep. Damschen: We are going to do that together. We thought we should address the grandfathering thing at the same time.

Rep. Porter: I just wonder on page 4, line 15, I think that covers (drops sentence). It says that rather than the education provided by approved colleges, it says that it must be consistent with the required education for each person regulated by the board. That allows them then to look at the person's education and decide if they are able to be licensed. I think that covers the grandfather.

Rep. Damschen: I think that is better and agree.

Rep. Kilichowski: When we go to get the amendments drawn up for the music therapists and interpreters and we have to have all of the licenses required and qualifications; all that has to be in and adopted right?

Rep. Porter: That is correct. It has to fit so they have one person becomes a member of this board. That would be a licensed music therapist or interpreter. Be very careful using Rep. Mock's language on the interpreters and how big of a fence he was building up around them where family members couldn't have someone do the work without being licensed by the board. Look at what we passed along the lines of certification as being the licensing requirements. The same with the music therapists.

Rep. Damschen: Should we have that language be mandatory inclusion or optional?

Rep. Porter: Once they choose a profession to be licensed, then it is mandatory. The exemptions to it are what defines their scope of practice is what you have to be careful of.

Rep. Kilichowski: As far as the music therapists, I didn't have any problems with their qualifications and certification, so I'll just take that bill up there with me.

Rep. Porter: It came to us like that and I didn't have any problem with it.

Rep. Weisz: Did you give it a name?

Rep. Porter: I thought we did. I thought we called it The Board of Integrated Health.

Rep. Weisz: It should be in this language somewhere shouldn't it?

Rep. Porter: On page 3, line 19, "the governor appoints the Board of Integrated Health.

Chairman Weisz: What about your numbers?

Rep. Porter: Right now it is at five on the board.

Rep. Damschen: Is it mandatory that they have to participate on this board in this bill?

Rep. Porter: I think if we are going to allow them to be licensed by the board that we are going to mandate them into this board to get started.

Rep. Damschen: The response I have gotten has been positive.

Rep. Porter: I think the only way that it works is to make it mandatory. The other language we have here that says, if you are under 50 you don't have a choice. You have to go into this board until you reach at least 100 and then you can ask to be taken out. We want to make that part of this too. We are adjourned.

2011 HOUSE STANDING COMMITTEE MINUTES

House Human Services Committee
Fort Union Room, State Capitol

SB 2271
March 30, 2011
Job #16164

Conference Committee

Committee Clerk Signature	<i>Vicky Crabtree</i>
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Minutes:

See Attachment #1

Chairman Weisz: Called the meeting to order on SB 2271. You have amendments before you (See Attachment #1). Jennifer would you like to explain these.

Jennifer Clark: From Legislative Council explained the amendments. We took the board that was in 2271 and changed the membership to allow more professions to join this board. You have your core professions of a physician, pharmacist and a nurse and one or two lay people depending upon how many committee members to incorporate the board member. Then you have one representative from each of those professions that you are regulating. So under this bill it would be naturopaths and a music therapist. I've got your disciplinary provision, your payment of fees and your board duties are all in the first chapter, 43-57. Which is the law that was created under 22-71. Then we created two more chapters. I've taken all the provisions of the bill that relates to naturopaths and put them in a new chapter. That is all in 43-58 All the provisions that relate to music therapists I put in the next chapter which is 43-59. The music therapists should be able to look at their chapter and the board their chapter. The music therapists, the way that bill was set up, the one you grabbed the language from, that was going to be regulation by the State Dept of Health. I had to modify the language a bit so look at music therapy and make sure I grabbed the appropriate stuff. For regulation registration by the Dept. of Health they have their fees listed in that bill. Under this board we don't list the fees. We have a provision that says because we are adding these different boards on and our core board, they are taking all the board action. But, we have three-five individuals from each profession working as a sub-group who are charged with advising the board. Anytime the board takes an action that directly or indirectly affects that profession or individuals in that profession, they have to see the consultation advise of that sub-group.

Chairman Weisz: We are adding each one of the sub-groups as one member on the board, right?

Jennifer: They maybe.

Chairman Weisz: Maybe?

Jennifer: It says you have got one member of each profession on the board. It states that your sub-group of three-five individuals; one of those members maybe that individual (Inaudible as the Chairman talking at the same time.).

Chairman Weisz: Each group has one member on the board.

Jennifer: Yes. It may or may not be a member of the sub-group. If the board chooses not to take the recommendation of that sub-board they have to put in writing why. If there is a health profession that wants to join the board they have to petition. Expectation is need to see if appropriate to add to this board. That is the intent in here. You can get out of this board and have a standalone if you petition to do so.

Chairman Weisz: The decision was made not to (inaudible)

Rep. Porter: In our discussions that as integrated health that didn't fit and we were going to leave them off as a certified group on their own. A question for Ms. Clark. On page 3 on the amendments we get into that sub a and b and those categories are open enough so the board can look at those individuals that have contacted us and said, "I didn't go to this particular college. I did my thing on line, but it is an approved course" So there is enough room in there to grandfather those individuals in?

Jennifer: It has got to be a 4 year full time resident program of academic and clinical study. If it is less than that, no. Under a and b there is a little wiggle room for the board to make some determinations.

Chairman Weisz: On which type of program that is a 4 year resident program would meet their standards.

Jennifer: Yes.

Rep. Porter: If we were to have a general discussion this morning of adding a one-time blanket grandfathering type clause, where would that fit into this?

Jennifer: I would need guidance to prepare that. I need to know the minimum requirements to be met to be grandfathered and when are you going to close that grandfather? Do they need to be licensed by August 1? If they were practicing and educated by August 1 you would grandfather them in? What is your threshold of education for that?

Rep. Porter: I think Rep. Damschen and Ms. Clark did a phenomenal job putting this together. We did remove the acupuncturists remove the acupuncturists from the board which was appropriate because they are not a regulated profession as of yet. They might ask next session to come in. On the grandfathering clause we have received e-mails from naturopaths that have on-line course that is neither accredited or regulated in the state. There are two individuals who are outside of the education component that this would stop them from continuing practicing.

Chairman Weisz: The language on the music therapy was pulled off the other bill?

Rep. Damschen: This language is from the bill we passed out of this committee. There were a half of a page of amendments from the Senate, but I told her to work off what we passed.

Chairman Weisz: This should be the language we sent out.

Rep. Kilichowski: I haven't give these amendments to the music therapists yet, but will as soon as I get back upstairs. They way it sounds they are ready to go with it.

Chairman Weisz: If we kick this out it will be in conference.

Rep. Porter: I agree there will be tweaking done in conference committee. Do we want to address the grandfathering in now?

Chairman Weisz: I think we should discuss that now. If I go on line do I have to have a doctorate degree? Do they have a doctorate that is recognized?

Rep. Porter: I don't know what their certificate says when they finish the course, but I think they do hold themselves out as a doctor of naturopath. That is why the profession comes to the state to ask for a board so you have a distinction of the education component and title that goes with it. And, whether or not you should hold yourself out to the public as a doctor of naturopath when you have done a 24 hour correspondence course on the internet per say. In comparison to a masters level or doctorate level program which we are saying you have to have in order to call yourself a doctor of naturopath.

Chairman Weisz: I don't have a problem with grandfathering with a 4 year resident program. If they are going to hold themselves out as a doctor, even on this the grandfathering; then should have an accredited doctorate degree from whatever state and not just a certificate. I don't know if on-line is accredited for a doctorate.

Rep. Porter: Rather than making it a blanket grandfathering in I suggest that we tweak this a little and allow the board to make that decision. Put an "or" in there on the bottom of page 3 in number 1. That they are approved by that college or have an accreditation or it has been determined by the board after an investigation that they meet the standards of doing it. (It was decided to put in a section c that says, "or complies with subsection a and b.)

Rep. Porter: I would recommend that we also make that date specific that it is a very limited window opportunity for that grandfathering so that it is not a forever.

Chairman Weisz: Then you can say, or complies with a and b prior to whatever date you want to throw in there.

Rep. Porter: I don't have a problem putting something in there like that.

Chairman Weisz: What does the committee think?

Rep. Porter: I would do that so the language is in there and when we go to conference to with this, it can be further tweaked and discussed.

Rep. Damschen: I felt I got a mixed message from the people who were asking. Complaining about being regulated out of it. First they seemed they wanted to be grandfathered in and then they didn't want anybody in. I feel like the state is endorsing this practice when we put it into code. I think we have to maintain some qualifications and some regulations in who we endorse. If we grandfather in we need to put some stipulations there.

Rep. Holman: What is the history on the self-regulation?

Chairman Weisz: On one hand they don't want any regulations and on the other hand they know if they don't have regulations they won't have credibility. We agreed they are professionals so this committee decided they should have a board. Then the question is, what is that line?

Rep. Porter: We have to have that value set by the board. If we allow it, the board will look at someone who is educated prior to 2013 to determine if their education component or take a written or oral examination, meets the minimum standards. That will be the board's decision.

Rep. Schmidt: I was thinking of wording for the grandfathering in. The wording to this effect, "The applicant would have to document experience equivalent to said educational requirement as determined by the board".

Chairman Weisz: Is it necessary to say, a full time resident?

Rep. Porter: Inside of this program, they want this residency so if they are working in a healthcare clinical or hospital setting with other naturopaths to further the clinical component of the course. I think that is what gives the course the actual legitimacy.

Rep. Holman: One of the debates going on in graduate programs right now is the residency requirement being replaced by technology. The internet has changed the marketing of higher ed. You can get the degree without ever going there. We see a weakening of the residency requirement.

Rep. Damschen: A question to Rep. Holman. Some professions are going to require the same old way of residency. You can't get a pilot's license on-line and then fly a 747 full of people.

Rep. Holman: The danger is that someone would try and develop a program to do just that. Like using a simulator instead of the real deal. That is the direction we are going in. That is the job of this board is to regulate that. Where do you start is the question. Wherever you start becomes the baseline.

Chairman Weisz: If you leave the language as is on the bottom of page 3 and meet the conditions of a and b and make a c that says, or someone who currently meets the

conditions of a and b prior to 2012. Anyone who wants to get a license going forward past 2012 has to get to a minimum 4 year full time resident and the program has to be accredited as the status has been approved after investigation equivalent to the standards or meets subsection a and b and we could add the language of Rep. Schmidt that says and document work experience or (stops). How did you have that worded?

Rep. Schmidt: Documented experience equivalent to said educational requirement as determined by the board.

Chairman Weisz: Does that sound acceptable?

Rep. Hofstad: Isn't that somewhat redundant to b?

Chairman Weisz: It says education standards. He just wants to add work experience with education standards. So they will take into account their work experience.

Rep. Hofstad: I like the direction this is going. It puts this back on the board and date stamps it. If we don't go down this road we will set up a conflict with those that are there already and those coming on board.

Chairman Weisz: I would suggest we give them January 1, 2012. The bill goes into effect August 1, 2011 and you can still practice.

Rep. Paur: I have a problem that the naturopath can use the title doctor.

Chairman Weisz: The will have a doctorate degree.

Rep. Paur: A 4 year degree?

Chairman Weisz: A 4 year program.

Rep. Paur: A 4 year program is not a doctorate.

Chairman Weisz: You can get a doctorate in 4 years easily. You can get a doctorate in 2 years after your BS degree.

Rep. Paur: You mean these people have a BS degree?

Chairman Weisz: Right. It is a 4 year program of naturopath.

Rep. Paur: Ok.

Rep. Holman: (Microphone is not on and inaudible.)

Chairman Weisz: Generally it would be a 3-4 year program and that is what these are.

Rep. Holman: (Inaudible)

Chairman Weisz: I can entertain a motion to adopt 4003 by itself and further amending it or we can look at one motion to cover everything.

Rep. Kilichowski: I would move adoption of the amendments including the grandfather language.

Rep. Hofstad: Second.

Voice Vote: Motion Carried

Rep. Kilichowski: I would recommend a Do Pass as amended.

Rep. Schmidt: Second.

VOTE: 12 y 0 n 1 absent – Rep. Porter
MOTION CARRIED ON DO PASS AS AMENDED

2011 HOUSE STANDING COMMITTEE MINUTES

House Human Services Committee
Fort Union Room, State Capitol

SB 2271
April 1, 2011
Job #16270

Conference Committee

Committee Clerk Signature *Zicky Crabtree*

Minutes:

See Attachment #1 and #2

Chairman Weisz: Called the meeting to order on SB 2271.

Rep. Porter: I move we reconsider our actions where we passed 2271.

Rep. Kilichowski: Second.

Chairman Weisz: (See Attachment #1) This adds into the amendments. We adopted to the amendments the grandfathering language. The actual language got to be more complicated than what we adopted. So the one you have in front of you is the grandfathering language that Legislative Council came up with. I want the committee to look at it and see if it is acceptable. We are grandfathering the ones that are here now and won't be allowing any grandfathering in the future. Are you comfortable with the language? Ok.

Rep. Devlin: I think we should let this die.

Chairman Weisz: Is the committee comfortable with the language? Look at amendments being handed out. (See Attachment #2) She's got it marked where it would come in. It will show a delay and this bill will not go into effect until January 2012. It will give them time to get up to speed. It is to give them time to get their act together so the board doesn't officially start (stops). You have got to get the legal and the bylaws and all the other language put together.

Porter: The Legislative Council said you have got people in the state working in these professions now because the board structure isn't there and we require them to have a license that there is a gray area void there without a license. We wanted to give them extra time to get the board structure going.

Chairman Weisz: The date can be changed too. Are we comfortable with January 1, 2012? Ok. There is one other issue, but I want to take these up first.

Rep. Porter: I would move to further amend SB 2271 to include the proposed date language and the grandfathering language as it has been presented.

Rep. Kilichowski: Second.

Voice Vote: Motion Carried.

Chairman Weisz: There is one other issue that came up. I'll touch on it and let Rep. Porter expand on it more. The cost of getting this board started is now cropped up and has particularly the music therapist concerned on how they are going to cover the costs. Projective costs can be anywhere between \$12,000 - \$20,000 to start a board based on the legal fees etc. There was a suggestion that since it is an integrated board that it is important to get it up and running. Do we want to give them some bucks to get started?

Rep. Porter: When we worked on this a couple of interims ago inside of the bill that came out we did have \$4,000 in there to assist in getting that Allied Health Board up and running. My personal feeling is that if we put \$4,000 into this structure to help them with their legal fees to get it up and running; that would be far the best investment that we as a committee could make into pushing this allied or integrated health board forward. So, in future years we have a mechanism in place to put those small groups rather than continually be dealing with board type legislation. We may be putting a third or as low as a fifth to get them started.

Rep. Porter: I would move that we add a section to the bill as a further amendment to appropriate up to the sum of \$4,000 from the general fund for initial startup expenses.

Rep. Kilichowski: Second.

Voice Vote: Motion Carried

Rep. Porter: I move a Do Pass as amended.

Rep. Kilichowski: Second.

VOTE: 12 y 0 n 1 absent – Rep. Paur

MOTION CARRIED ON DO PASS AS AMENDED

Bill Carrier: Rep. Porter

#1

PROPOSED AMENDMENTS TO REENGROSSED SENATE BILL NO. 2271

- Page 1, line 1, replace "chapter" with "chapters"
- Page 1, line 1, after "43-57" insert ", 43-58, and 43-59"
- Page 1, line 2, after the first "to" insert "creation of the state board of integrative health,"
- Page 1, line 2, after "naturopaths" insert ", and regulation of music therapists"
- Page 1, line 13, replace "43-57" with "43-58"
- Page 2, line 21, remove "Approved naturopathic medical college means a college and program granting the"
- Page 2, remove lines 22 through 29
- Page 2, line 30, remove "2."
- Page 3, remove lines 1 through 3
- Page 3, line 4, replace "4." with "2."
- Page 3, line 4, replace "a person" with "an individual"
- Page 3, line 4, after "chapter" insert "and under chapter 43-58 or 43-59"
- Page 3, remove lines 5 through 17
- Page 3, line 20, after the first "of" insert "at least"
- Page 3, line 20, remove ", one of whom must be a naturopath, one of whom must be an"
- Page 3, line 21, replace "acupuncturist, one of whom" with ". Each profession regulated by the board must have one member on the board representing that profession. In addition, one member"
- Page 3, line 21, replace the second "of whom" with "member"
- Page 3, line 22, after the underscored comma insert "one member must be an advance practice registered nurse."
- Page 3, line 22, after "and" insert "at least"
- Page 3, line 22, replace "of whom" with "but no more than two members"
- Page 3, line 22, replace "a layperson" with "laypersons"
- Page 3, line 25, remove "four"
- Page 3, line 26, remove "naturopath"
- Page 3, line 26, after "appointment" insert "for a newly regulated profession"
- Page 3, line 26, remove ", and except the"
- Page 3, line 27, remove "acupuncturist appointment, who needs not be licensed"

Page 4, line 1, remove "no more than two"

Page 4, line 2, replace "members appointed annually" with "appointments distributed evenly from year to year"

Page 4, line 13, after "chapter" insert "and chapters 43-58 and 43-59"

Page 4, line 14, remove "of naturopathic medicine which are consistent"

Page 4, line 15, replace "with the education provided by approved naturopathic medical colleges" with "which must be consistent with the required education for each profession regulated by the board"

Page 4, line 18, replace "approve naturopathic medical colleges" with "establish educational standards for each profession regulated by the board as appropriate"

Page 4, line 27, replace "under this chapter" with "by the board"

Page 4, line 29, after "chapter" insert ", chapter 43-58, and chapter 43-59"

Page 5, line 1, replace "licensed" with "regulated"

Page 5, remove lines 2 through 30

Page 6, remove lines 1 through 30

Page 7, replace lines 1 through 16 with:

"43-57-04. Board duties in regulating professions - Subgroups.

1. The board shall establish a subgroup for each profession regulated by the board. The board shall appoint at least three and no more than five members of the profession to serve as volunteer members of the subgroup. A subgroup member must be a licensed member of the profession, except in the case of a newly regulated profession in which case each subgroup member must be eligible for licensure. The board may appoint a board member to serve on a subgroup representing that board member's profession. The subgroup members serve at the pleasure of the board.
2. A subgroup established under this section shall serve in an advisory capacity to advise the board when requested by the board. The subgroup on its own motion may advise the board as the subgroup determines necessary.
3. The board may not take any action that impacts a profession regulated by the board as a whole or which impacts one or more licensees of that profession unless the board first consults with and requests the recommendation of the appropriate subgroup. If the board takes an action that is contrary to a subgroup's recommendation, the board shall articulate in writing why the subgroup's recommendation was not followed.

43-57-05. Petition to the board - Inclusion as a board-regulated profession - Consideration of additional health care professions.

1. An existing occupational or professional board of this state or agency of this state which regulates the practice of a health profession or a representative of a health profession that is not regulated by this state may

submit to the board a petition and proposed bill draft requesting inclusion of that health profession as a profession regulated by the board. Upon receipt of a petition and proposed bill draft submitted under this section, the board shall review the petition and may work with the person submitting the petition to provide assistance in accomplishing this requested inclusion.

2. If a committee of the legislative assembly considers a measure to regulate a health care profession with fewer than fifty likely members, the committee shall consider whether it is desirable and feasible to have the state board of integrative health, some other existing board, or an existing state agency regulate that profession rather than create a new board.
3. If the membership of a board-regulated profession increases to at least one hundred licensees, the board may introduce legislation creating an independent board to regulate that profession."

Page 7, line 17, replace "43-57-11." with "43-57-06."

Page 7, line 19, after "chapter" insert "and under chapter 43-58 or 43-59"

Page 7, line 20, replace "43-57-12." with "43-57-07."

Page 8, remove lines 6 through 8

Page 8, line 9, replace "43-57-14." with "43-57-08."

Page 10, line 1, replace "43-57-15." with "43-57-09."

Page 10, line 25, replace "43-57-16." with "43-57-10."

Page 11, line 4, replace "43-57-17." with "43-57-11."

Page 11, line 5, after "chapter" insert ", chapter 43-58, or chapter 43-59"

Page 11, line 7, after "chapter" insert ", chapter 43-58, or chapter 43-59"

Page 11, after line 8, insert:

"**SECTION 4.** Chapter 43-58 of the North Dakota Century Code is created and enacted as follows:

43-58-01. Definitions.

As used in this chapter, unless the context otherwise requires:

1. "Approved naturopathic medical college" means a college and program granting the degree of doctor of naturopathy or naturopathic medicine which must require as a minimum a four-year, full-time resident program of academic and clinical study and which:
 - a. Is accredited, or has the status of candidate for accreditation, by an organization approved by the board, such as the council on naturopathic medical education; or
 - b. Has been approved by the board after an investigation that determines that the college or program meets education standards

equivalent to those established by the accrediting agency under subdivision a and complies with the board's rules.

2. "Board" means the state board of integrative health care created under chapter 43-57.
3. "Homeopathic preparations" means nonprescriptive substances prepared according to the official homeopathic pharmacopoeia of the United States. The term does not include prescriptive drugs.
4. "Licensee" means an individual licensed by the board under this chapter.
5. "Naturopath" means an individual licensed to practice naturopathic health care under this chapter.
6. "Naturopathic health care", "naturopathic medicine", or "naturopathy" means a system of primary health care practiced by naturopaths for the prevention, diagnosis, and treatment of human health conditions, injury, and disease. The purpose of naturopathic health care, naturopathic medicine, or naturopathy is to promote or restore health by the support and stimulation of the individual's inherent self-healing processes. This is accomplished through education of the patient by a naturopath and through the use of natural therapies and therapeutic substances.
7. "Naturopathic physical application" means the therapeutic use by a naturopath of the actions or devices of electrical muscle stimulation, galvanic, diathermy, ultrasound, ultraviolet light, hydrotherapy, and naturopathic manipulative therapy. The term does not include manipulation of the spine.

43-58-02. Exemptions.

Many of the therapies used by a naturopath, such as the use of nutritional supplements, herbs, foods, homeopathic preparations, and such physical forces as heat, cold, water, touch, and light, are not the exclusive privilege of naturopaths, and their use, practice, prescription, or administration by individuals not licensed to practice naturopathic medicine is not prohibited by this chapter. This chapter does not restrict or apply to the scope of practice of any other profession licensed, certified, or registered under the laws of this state.

43-58-03. License required - Title restrictions.

1. A person may not practice naturopathy without a current naturopathic license issued by the board.
2. A naturopath may use the title "naturopath" or "doctor of naturopathic medicine" and the abbreviation "N.D." when used to reflect either of these titles. A person that uses these terms or initials as identification without having received a naturopathic license under this chapter is engaging in the practice of naturopathy without a license.

43-58-04. Qualifications for licensure.

In order to obtain a license to practice naturopathic medicine in this state, an application must be made to the board. The application must be upon the form adopted by the board and must be made in the manner prescribed by the board.

43-58-05. Application for licensure.

1. An applicant for naturopathic licensure shall file an application on forms provided by the board showing to the board's satisfaction that the applicant is of good moral character and satisfied all of the requirements of this chapter and chapter 43-57, including:
 - a. Successful graduation of an approved naturopathic medical college;
 - b. Successful completion of an examination prescribed or endorsed by the board, such as part I and part II of the naturopathic physicians licensing examinations;
 - c. Physical, mental, and professional capability for the practice of naturopathic medicine in a manner acceptable to the board; and
 - d. A history free of any finding by the board, any other state licensure board, or any court of competent jurisdiction of the commission of any act that would constitute grounds for disciplinary action under this chapter and chapter 43-57. The board may modify this restriction for cause.
2. The application must be accompanied by the board-established license fees and application fees and by the documents, affidavits, and certificates necessary to establish that the applicant possesses the necessary qualifications.

43-58-06. Licensure granted without examination to individuals licensed in other states.

1. The board may issue a naturopathic license by endorsement to an applicant who has complied with licensure requirements and who has passed an examination given by a recognized certifying agency approved by the licensing agency if the board determines the examination was equivalent in every respect to the examination required under this chapter.
2. The board may enter reciprocal agreements with licensing agencies of other states providing for reciprocal waiver of further examination or any part of the examination.
3. If an applicant is exempt from the examination required under this chapter, the applicant shall comply with the other requirements for licensure. The board may adopt rules allowing for temporary and special licensure to be in effect during the interval between board meetings.

43-58-07. Practice of naturopathic health care.

1. A naturopath may practice naturopathic medicine as a limited practice of the healing arts as exempted under section 43-17-02. A naturopath may not:

- a. Prescribe, dispense, or administer any prescription drug;
- b. Administer ionizing radioactive substances for therapeutic purposes;
- c. Perform a surgical procedure; or
- d. Claim to practice any licensed health care profession or system of treatment other than naturopathic medicine unless holding a separate license in that profession. A naturopath may not hold out to the public that the naturopath is a primary care provider.

2. A naturopath may prescribe and administer for preventive and therapeutic purposes a prescriptive device and the following nonprescriptive natural therapeutic substances, drugs, and therapies:

- a. Food, vitamins, minerals, dietary supplements, enzymes, botanical medicines, and homeopathic preparations;
- b. Topical drugs, health care counseling, nutritional counseling and dietary therapy, naturopathic physical applications, and therapeutic devices; and
- c. Barrier devices for contraception.

3. A naturopath may perform or order for diagnostic purposes a physical or orificial examination, ultrasound, phlebotomy, clinical laboratory test or examination, physiological function test, and any other noninvasive diagnostic procedure commonly used by physicians in general practice and as authorized by the board.

43-58-08. Public health duties.

A naturopath has the same powers and duties as a licensed physician with regard to public health laws, reportable diseases and conditions, communicable disease control and prevention, recording of vital statistics, health and physical examinations, and local boards of health, except that the authority and responsibility are limited to activities consistent with the scope of practice established under this chapter and chapter 43-57.

43-58-09. Employment by hospitals.

A hospital may employ a naturopath in the same manner as provided under section 43-17-42.

SECTION 5. Chapter 43-59 of the North Dakota Century Code is created and enacted as follows:

43-59-01. Definitions.

As used in this chapter, unless the context otherwise requires:

1. "Board" means the state board of integrative health care created under chapter 43-57.
2. "Licensee" means an individual licensed by the board under this chapter.
3. "Music therapist" is an individual who practices music therapy.

4. "Music therapy" is the specialized use of music and the materials of music to restore, maintain, and improve the following areas of functioning: cognitive, psychological, social or emotional, affective, physical, sensory or sensorimotor, motor, communicative, and physiological functioning. Techniques used in the practice of music therapy include the use of music to provide participatory individual and group experiences; musical improvisation; therapeutic development of verbal skills and nonverbal behavior; receptive music learning; lyric discussions; memory recall; music and imagery; self-expression through composition and songwriting; socialization and enhancement of self-esteem through music performance; relaxation to music, including stress and pain management; learning through music; cultural and spiritual expression; development of fine and gross motor skills through responses to rhythm; respiratory and speech improvements through sound production; sensory integration and stimulation; increased awareness of music for development of recreation and leisure interests; and interactive verbal techniques to help facilitate, elicit, or summarize the techniques listed in this subsection and build the therapeutic relationship.

43-59-02. Music therapy - License required - Title restrictions - Exceptions.

1. Effective August 1, 2012, a person may not hold out as practicing music therapy, hold out as being a music therapist, or use a title or other designation indicating the person is a music therapist in this state unless that person is an individual licensed under this chapter and chapter 43-57.
2. The licensure provisions of this chapter do not prevent or restrict the practice, services, or activities of any individual licensed in another profession or any individual supervised by a licensed professional from performing work incidental to the practice of that profession or occupation, if that individual does not represent the individual as a music therapist.

43-59-03. Qualifications for licensure.

1. In order to obtain a license to practice music therapy in this state, an application must be made to the board. The application must be upon the form adopted by the board and must be made in the manner prescribed by the board.
2. An applicant for licensure to practice music therapy shall file an application on forms provided by the board showing to the board's satisfaction that the applicant is an individual of good moral character, is at least eighteen years of age, and satisfied all the requirements established by the board which may include:
 - a. Successful graduation of a board-approved educational program;
 - b. Successful completion of a board-approved examination prescribed or endorsed by the board;
 - c. Hold in good standing a board-approved designation, such as:
 - (1) A music therapist board-certified credential from the certification board for music therapists; or

- (2) A professional designation from the national music therapy registry, which may include registered music therapist, certified music therapist, and advanced certified music therapist.
- c. Physical, mental, and professional capability for the practice of music therapy in a manner acceptable to the board;
- d. A history free of any finding by the board, any other state licensure board, or any court of competent jurisdiction of the commission of any act that would constitute grounds for disciplinary action under this chapter or chapter 43-57. The board may modify this restriction for cause.
3. The application must be accompanied by the board-established license fees and application fees and by the documents, affidavits, and certificates necessary to establish that the applicant possesses the necessary qualifications."

Renumber accordingly

Date: 3-30-11
Roll Call Vote # 1

2011 HOUSE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. 2271

House HUMAN SERVICES Committee

Check here for Conference Committee

Legislative Council Amendment Number _____

Action Taken: Do Pass Do Not Pass Amended Adopt Amendment
 Rerefer to Appropriations Reconsider

Motion Made By Rep. Kilichowski Seconded By Rep. Hofstad

Representatives	Yes	No	Representatives	Yes	No
CHAIRMAN WEISZ			REP. CONKLIN		
VICE-CHAIR PIETSCH			REP. HOLMAN		
REP. ANDERSON			REP. KILICHOWSKI		
REP. DAMSCHEN					
REP. DEVLIN					
REP. HOFSTAD					
REP. LOUSER					
REP. PAUR					
REP. PORTER					
REP. SCHMIDT					

Total (Yes) _____ No _____

Absent _____

Floor Assignment _____

If the vote is on an amendment, briefly indicate intent:

Voice Vote
Motion Carried
adopt amendments
and add
grandfathering
language

VR
3/30/11
1068

PROPOSED AMENDMENTS TO REENGROSSED SENATE BILL NO. 2271

- Page 1, line 1, replace "chapter" with "chapters"
- Page 1, line 1, after "43-57" insert ", 43-58, and 43-59"
- Page 1, line 2, after the first "to" insert "creation of the state board of integrative health,"
- Page 1, line 2, after "naturopaths" insert ", and regulation of music therapists"
- Page 1, line 13, replace "43-57" with "43-58"
- Page 2, line 21, remove "Approved naturopathic medical college" means a college and program granting the"
- Page 2, remove lines 22 through 29
- Page 2, line 30, remove "2."
- Page 3, remove lines 1 through 3
- Page 3, line 4, replace "4." with "2."
- Page 3, line 4, replace "a person" with "an individual"
- Page 3, line 4, after "chapter" insert "and under chapter 43-58 or 43-59"
- Page 3, remove lines 5 through 17
- Page 3, line 20, after the first "of" insert "at least"
- Page 3, line 20, remove ", one of whom must be a naturopath, one of whom must be an"
- Page 3, line 21, replace "acupuncturist, one of whom" with ". Each profession regulated by the board must have one member on the board representing that profession. In addition, one member"
- Page 3, line 21, replace the second "of whom" with "member"
- Page 3, line 22, after the underscored comma insert "one member must be an advance practice registered nurse."
- Page 3, line 22, after "and" insert "at least"
- Page 3, line 22, replace "of whom" with "but no more than two members"
- Page 3, line 22, replace "a layperson" with "laypersons"
- Page 3, line 25, remove "four"
- Page 3, line 26, remove "naturopath"
- Page 3, line 26, after "appointment" insert "for a newly regulated profession"
- Page 3, line 26, remove ", and except the"
- Page 3, line 27, remove "acupuncturist appointment, who needs not be licensed"

Page 4, line 1, remove "no more than two"

Page 4, line 2, replace "members appointed annually" with "appointments distributed evenly from year to year"

Page 4, line 13, after "chapter" insert "and chapters 43-58 and 43-59"

Page 4, line 14, remove "of naturopathic medicine which are consistent"

Page 4, line 15, replace "with the education provided by approved naturopathic medical colleges" with "which must be consistent with the required education for each profession regulated by the board"

Page 4, line 18, replace "approve naturopathic medical colleges" with "establish educational standards for each profession regulated by the board as appropriate"

Page 4, line 27, replace "under this chapter" with "by the board"

Page 4, line 29, after "chapter" insert ", chapter 43-58, and chapter 43-59"

Page 5, line 1, replace "licensed" with "regulated"

Page 5, remove lines 2 through 30

Page 6, remove lines 1 through 30

Page 7, replace lines 1 through 16 with:

"43-57-04. Board duties in regulating professions - Subgroups.

1. The board shall establish a subgroup for each profession regulated by the board. The board shall appoint at least three and no more than five members of the profession to serve as volunteer members of the subgroup. A subgroup member must be a licensed member of the profession, except in the case of a newly regulated profession in which case each subgroup member must be eligible for licensure. The board may appoint a board member to serve on a subgroup representing that board member's profession. The subgroup members serve at the pleasure of the board.
2. A subgroup established under this section shall serve in an advisory capacity to advise the board when requested by the board. The subgroup on its own motion may advise the board as the subgroup determines necessary.
3. The board may not take any action that impacts a profession regulated by the board as a whole or which impacts one or more licensees of that profession unless the board first consults with and requests the recommendation of the appropriate subgroup. If the board takes an action that is contrary to a subgroup's recommendation, the board shall articulate in writing why the subgroup's recommendation was not followed.

43-57-05. Petition to the board - Inclusion as a board-regulated profession - Consideration of additional health care professions.

1. An existing occupational or professional board of this state or agency of this state which regulates the practice of a health profession or a representative of a health profession that is not regulated by this state may

submit to the board a petition and proposed bill draft requesting inclusion of that health profession as a profession regulated by the board. Upon receipt of a petition and proposed bill draft submitted under this section, the board shall review the petition and may work with the person submitting the petition to provide assistance in accomplishing this requested inclusion.

- 2. If a committee of the legislative assembly considers a measure to regulate a health care profession with fewer than fifty likely members, the committee shall consider whether it is desirable and feasible to have the state board of integrative health, some other existing board, or an existing state agency regulate that profession rather than create a new board.
- 3. If the membership of a board-regulated profession increases to at least one hundred licensees, the board may introduce legislation creating an independent board to regulate that profession."

Page 7, line 17, replace "43-57-11." with "43-57-06."

Page 7, line 19, after "chapter" insert "and under chapter 43-58 or 43-59"

Page 7, line 20, replace "43-57-12." with "43-57-07."

Page 8, remove lines 6 through 8

Page 8, line 9, replace "43-57-14." with "43-57-08."

Page 10, line 1, replace "43-57-15." with "43-57-09."

Page 10, line 25, replace "43-57-16." with "43-57-10."

Page 11, line 4, replace "43-57-17." with "43-57-11."

Page 11, line 5, after "chapter" insert ", chapter 43-58, or chapter 43-59"

Page 11, line 7, after "chapter" insert ", chapter 43-58, or chapter 43-59"

Page 11, after line 8, insert:

"SECTION 4. Chapter 43-58 of the North Dakota Century Code is created and enacted as follows:

43-58-01. Definitions.

As used in this chapter, unless the context otherwise requires:

- 1. "Approved naturopathic medical college" means a college and program granting the degree of doctor of naturopathy or naturopathic medicine which must require as a minimum a four-year, full-time resident program of academic and clinical study and which:
 - a. Is accredited, or has the status of candidate for accreditation, by an organization approved by the board, such as the council on naturopathic medical education; or
 - b. Has been approved by the board after an investigation that determines that the college or program meets education standards

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equivalent to those established by the accrediting agency under subdivision a and complies with the board's rules.

2. "Board" means the state board of integrative health care created under chapter 43-57.
3. "Homeopathic preparations" means nonprescriptive substances prepared according to the official homeopathic pharmacopoeia of the United States. The term does not include prescriptive drugs.
4. "Licensee" means an individual licensed by the board under this chapter.
5. "Naturopath" means an individual licensed to practice naturopathic health care under this chapter.
6. "Naturopathic health care", "naturopathic medicine", or "naturopathy" means a system of primary health care practiced by naturopaths for the prevention, diagnosis, and treatment of human health conditions, injury, and disease. The purpose of naturopathic health care, naturopathic medicine, or naturopathy is to promote or restore health by the support and stimulation of the individual's inherent self-healing processes. This is accomplished through education of the patient by a naturopath and through the use of natural therapies and therapeutic substances.
7. "Naturopathic physical application" means the therapeutic use by a naturopath of the actions or devices of electrical muscle stimulation, galvanic, diathermy, ultrasound, ultraviolet light, hydrotherapy, and naturopathic manipulative therapy. The term does not include manipulation of the spine.

43-58-02. Exemptions.

Many of the therapies used by a naturopath, such as the use of nutritional supplements, herbs, foods, homeopathic preparations, and such physical forces as heat, cold, water, touch, and light, are not the exclusive privilege of naturopaths, and their use, practice, prescription, or administration by individuals not licensed to practice naturopathic medicine is not prohibited by this chapter. This chapter does not restrict or apply to the scope of practice of any other profession licensed, certified, or registered under the laws of this state.

43-58-03. License required - Title restrictions.

1. A person may not practice naturopathy without a current naturopathic license issued by the board.
2. A naturopath may use the title "naturopath" or "doctor of naturopathic medicine" and the abbreviation "N.D." when used to reflect either of these titles. A person that uses these terms or initials as identification without having received a naturopathic license under this chapter is engaging in the practice of naturopathy without a license.

43-58-04. Qualifications for licensure.

In order to obtain a license to practice naturopathic medicine in this state, an application must be made to the board. The application must be upon the form adopted by the board and must be made in the manner prescribed by the board.

43-58-05. Application for licensure.

1. An applicant for naturopathic licensure shall file an application on forms provided by the board showing to the board's satisfaction that the applicant is of good moral character and satisfied all of the requirements of this chapter and chapter 43-57, including:
 - a. Successful graduation of an approved naturopathic medical college;
 - b. Successful completion of an examination prescribed or endorsed by the board, such as part I and part II of the naturopathic physicians licensing examinations;
 - c. Physical, mental, and professional capability for the practice of naturopathic medicine in a manner acceptable to the board; and
 - d. A history free of any finding by the board, any other state licensure board, or any court of competent jurisdiction of the commission of any act that would constitute grounds for disciplinary action under this chapter and chapter 43-57. The board may modify this restriction for cause.
2. The application must be accompanied by the board-established license fees and application fees and by the documents, affidavits, and certificates necessary to establish that the applicant possesses the necessary qualifications.

43-58-06. Provisional licenses.

Notwithstanding subdivision a of subsection 1 of section 43-58-05, the board may issue a provisional license to an applicant who is otherwise qualified if the board is investigating whether the applicant's educational requirements meet the statutory requirements. The term of a provisional license issued under this section may not exceed six months.

43-58-07. Licensure granted without examination to individuals licensed in other states.

1. The board may issue a naturopathic license by endorsement to an applicant who has complied with licensure requirements and who has passed an examination given by a recognized certifying agency approved by the licensing agency if the board determines the examination was equivalent in every respect to the examination required under this chapter.
2. The board may enter reciprocal agreements with licensing agencies of other states providing for reciprocal waiver of further examination or any part of the examination.
3. If an applicant is exempt from the examination required under this chapter, the applicant shall comply with the other requirements for licensure. The

board may adopt rules allowing for temporary and special licensure to be in effect during the interval between board meetings.

43-58-08. Practice of naturopathic health care.

1. A naturopath may practice naturopathic medicine as a limited practice of the healing arts as exempted under section 43-17-02. A naturopath may not:
 - a. Prescribe, dispense, or administer any prescription drug;
 - b. Administer ionizing radioactive substances for therapeutic purposes;
 - c. Perform a surgical procedure; or
 - d. Claim to practice any licensed health care profession or system of treatment other than naturopathic medicine unless holding a separate license in that profession. A naturopath may not hold out to the public that the naturopath is a primary care provider.

2. A naturopath may prescribe and administer for preventive and therapeutic purposes a prescriptive device and the following nonprescriptive natural therapeutic substances, drugs, and therapies:
 - a. Food, vitamins, minerals, dietary supplements, enzymes, botanical medicines, and homeopathic preparations;
 - b. Topical drugs, health care counseling, nutritional counseling and dietary therapy, naturopathic physical applications, and therapeutic devices; and
 - c. Barrier devices for contraception.

3. A naturopath may perform or order for diagnostic purposes a physical or orificial examination, ultrasound, phlebotomy, clinical laboratory test or examination, physiological function test, and any other noninvasive diagnostic procedure commonly used by physicians in general practice and as authorized by the board.

43-58-09. Public health duties.

A naturopath has the same powers and duties as a licensed physician with regard to public health laws, reportable diseases and conditions, communicable disease control and prevention, recording of vital statistics, health and physical examinations, and local boards of health, except that the authority and responsibility are limited to activities consistent with the scope of practice established under this chapter and chapter 43-57.

43-58-10. Employment by hospitals.

A hospital may employ a naturopath in the same manner as provided under section 43-17-42.

SECTION 5. Chapter 43-59 of the North Dakota Century Code is created and enacted as follows:

43-59-01. Definitions.

As used in this chapter, unless the context otherwise requires:

1. "Board" means the state board of integrative health care created under chapter 43-57.
2. "Licensee" means an individual licensed by the board under this chapter.
3. "Music therapist" is an individual who practices music therapy.
4. "Music therapy" is the specialized use of music and the materials of music to restore, maintain, and improve the following areas of functioning: cognitive, psychological, social or emotional, affective, physical, sensory or sensorimotor, motor, communicative, and physiological functioning. Techniques used in the practice of music therapy include the use of music to provide participatory individual and group experiences; musical improvisation; therapeutic development of verbal skills and nonverbal behavior; receptive music learning; lyric discussions; memory recall; music and imagery; self-expression through composition and songwriting; socialization and enhancement of self-esteem through music performance; relaxation to music, including stress and pain management; learning through music; cultural and spiritual expression; development of fine and gross motor skills through responses to rhythm; respiratory and speech improvements through sound production; sensory integration and stimulation; increased awareness of music for development of recreation and leisure interests; and interactive verbal techniques to help facilitate, elicit, or summarize the techniques listed in this subsection and build the therapeutic relationship.

43-59-02. Music therapy - License required - Title restrictions - Exceptions.

1. Effective August 1, 2012, a person may not hold out as practicing music therapy, hold out as being a music therapist, or use a title or other designation indicating the person is a music therapist in this state unless that person is an individual licensed under this chapter and chapter 43-57.
2. The licensure provisions of this chapter do not prevent or restrict the practice, services, or activities of any individual licensed in another profession or any individual supervised by a licensed professional from performing work incidental to the practice of that profession or occupation, if that individual does not represent the individual as a music therapist.

43-59-03. Qualifications for licensure.

1. In order to obtain a license to practice music therapy in this state, an application must be made to the board. The application must be upon the form adopted by the board and must be made in the manner prescribed by the board.
2. An applicant for licensure to practice music therapy shall file an application on forms provided by the board showing to the board's satisfaction that the applicant is an individual of good moral character, is at least eighteen years of age, and satisfied all the requirements established by the board which may include:

- a. Successful graduation of a board-approved educational program;
 - b. Successful completion of a board-approved examination prescribed or endorsed by the board;
 - c. Hold in good standing a board-approved designation, such as:
 - (1) A music therapist board-certified credential from the certification board for music therapists; or
 - (2) A professional designation from the national music therapy registry, which may include registered music therapist, certified music therapist, and advanced certified music therapist.
 - d. Physical, mental, and professional capability for the practice of music therapy in a manner acceptable to the board;
 - e. A history free of any finding by the board, any other state licensure board, or any court of competent jurisdiction of the commission of any act that would constitute grounds for disciplinary action under this chapter or chapter 43-57. The board may modify this restriction for cause.
3. The application must be accompanied by the board-established license fees and application fees and by the documents, affidavits, and certificates necessary to establish that the applicant possesses the necessary qualifications."

Renumber accordingly

Date: 3-30-11
 Roll Call Vote # 2

2011 HOUSE STANDING COMMITTEE ROLL CALL VOTES
 BILL/RESOLUTION NO. 2271

House HUMAN SERVICES Committee

Check here for Conference Committee

Legislative Council Amendment Number _____

Action Taken: Do Pass Do Not Pass Amended Adopt Amendment
 Rerefer to Appropriations Reconsider

Motion Made By Rep. Kilichowski Seconded By Rep. Schmidt

Representatives	Yes	No	Representatives	Yes	No
CHAIRMAN WEISZ	✓		REP. CONKLIN	✓	
VICE-CHAIR PIETSCH	✓		REP. HOLMAN	✓	
REP. ANDERSON	✓		REP. KILICHOWSKI	✓	
REP. DAMSCHEN	✓				
REP. DEVLIN	✓				
REP. HOFSTAD	✓				
REP. LOUSER	✓				
REP. PAUR	✓				
REP. PORTER	A				
REP. SCHMIDT	✓				

Total (Yes) 12 No 0

Absent 1

Floor Assignment _____

If the vote is on an amendment, briefly indicate intent:

Date: 4-1-11
Roll Call Vote # 1

2011 HOUSE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. 2271

House HUMAN SERVICES Committee

Check here for Conference Committee

Legislative Council Amendment Number _____

Action Taken: Do Pass Do Not Pass Amended Adopt Amendment
 Rerefer to Appropriations Reconsider

Motion Made By Rep. Porter Seconded By Rep. Kilichowski

Representatives	Yes	No	Representatives	Yes	No
CHAIRMAN WEISZ			REP. CONKLIN		
VICE-CHAIR PIETSCH			REP. HOLMAN		
REP. ANDERSON			REP. KILICHOWSKI		
REP. DAMSCHEN					
REP. DEVLIN					
REP. HOFSTAD					
REP. LOUSER					
REP. PAUR					
REP. PORTER					
REP. SCHMIDT					

Total (Yes) _____ No _____

Absent _____

Floor Assignment _____

If the vote is on an amendment, briefly indicate intent:
no voice vote taken

PROPOSED AMENDMENTS TO REENGROSSED SENATE BILL NO. 2271

- Page 1, line 1, replace "chapter" with "chapters"
- Page 1, line 1, after "43-57" insert ", 43-58, and 43-59"
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- Page 1, line 2, after "naturopaths" insert ", and regulation of music therapists"
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- Page 2, line 30, remove "2."
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- Page 3, line 4, replace "a person" with "an individual"
- Page 3, line 4, after "chapter" insert "and under chapter 43-58 or 43-59"
- Page 3, remove lines 5 through 17
- Page 3, line 20, after the first "of" insert "at least"
- Page 3, line 20, remove ", one of whom must be a naturopath, one of whom must be an"
- Page 3, line 21, replace "acupuncturist, one of whom" with ". Each profession regulated by the board must have one member on the board representing that profession. In addition, one member"
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- Page 3, line 22, after the underscored comma insert "one member must be an advance practice registered nurse."
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- Page 3, line 22, replace "of whom" with "but no more than two members"
- Page 3, line 22, replace "a layperson" with "laypersons"
- Page 3, line 25, remove "four"
- Page 3, line 26, remove "naturopath"
- Page 3, line 26, after "appointment" insert "for a newly regulated profession"
- Page 3, line 26, remove ", and except the"
- Page 3, line 27, remove "acupuncturist appointment, who needs not be licensed"

Page 4, line 1, remove "no more than two"

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Page 4, line 18, replace "approve naturopathic medical colleges" with "establish educational standards for each profession regulated by the board as appropriate"

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Page 5, line 1, replace "licensed" with "regulated"

Page 5, remove lines 2 through 30

Page 6, remove lines 1 through 30

Page 7, replace lines 1 through 16 with:

"43-57-04. Board duties in regulating professions - Subgroups.

1. The board shall establish a subgroup for each profession regulated by the board. The board shall appoint at least three and no more than five members of the profession to serve as volunteer members of the subgroup. A subgroup member must be a licensed member of the profession, except in the case of a newly regulated profession in which case each subgroup member must be eligible for licensure. The board may appoint a board member to serve on a subgroup representing that board member's profession. The subgroup members serve at the pleasure of the board.
2. A subgroup established under this section shall serve in an advisory capacity to advise the board when requested by the board. The subgroup on its own motion may advise the board as the subgroup determines necessary.
3. The board may not take any action that impacts a profession regulated by the board as a whole or which impacts one or more licensees of that profession unless the board first consults with and requests the recommendation of the appropriate subgroup. If the board takes an action that is contrary to a subgroup's recommendation, the board shall articulate in writing why the subgroup's recommendation was not followed.

43-57-05. Petition to the board - Inclusion as a board-regulated profession - Consideration of additional health care professions.

1. An existing occupational or professional board of this state or agency of this state which regulates the practice of a health profession or a representative of a health profession that is not regulated by this state may

submit to the board a petition and proposed bill draft requesting inclusion of that health profession as a profession regulated by the board. Upon receipt of a petition and proposed bill draft submitted under this section, the board shall review the petition and may work with the person submitting the petition to provide assistance in accomplishing this requested inclusion.

2. If a committee of the legislative assembly considers a measure to regulate a health care profession with fewer than fifty likely members, the committee shall consider whether it is desirable and feasible to have the state board of integrative health, some other existing board, or an existing state agency regulate that profession rather than create a new board.
3. If the membership of a board-regulated profession increases to at least one hundred licensees, the board may introduce legislation creating an independent board to regulate that profession."

Page 7, line 17, replace "43-57-11." with "43-57-06."

Page 7, line 19, after "chapter" insert "and under chapter 43-58 or 43-59"

Page 7, line 20, replace "43-57-12." with "43-57-07."

Page 8, remove lines 6 through 8

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Page 10, line 1, replace "43-57-15." with "43-57-09."

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Page 11, line 7, after "chapter" insert ", chapter 43-58, or chapter 43-59"

Page 11, after line 8, insert:

"SECTION 4. Chapter 43-58 of the North Dakota Century Code is created and enacted as follows:

43-58-01. Definitions.

As used in this chapter, unless the context otherwise requires:

1. "Approved naturopathic medical college" means a college and program granting the degree of doctor of naturopathy or naturopathic medicine which must require as a minimum a four-year, full-time resident program of academic and clinical study and which:
 - a. Is accredited, or has the status of candidate for accreditation, by an organization approved by the board, such as the council on naturopathic medical education; or
 - b. Has been approved by the board after an investigation that determines that the college or program meets education standards

equivalent to those established by the accrediting agency under subdivision a and complies with the board's rules.

2. "Board" means the state board of integrative health care created under chapter 43-57.
3. "Homeopathic preparations" means nonprescriptive substances prepared according to the official homeopathic pharmacopoeia of the United States. The term does not include prescriptive drugs.
4. "Licensee" means an individual licensed by the board under this chapter.
5. "Naturopath" means an individual licensed to practice naturopathic health care under this chapter.
6. "Naturopathic health care", "naturopathic medicine", or "naturopathy" means a system of primary health care practiced by naturopaths for the prevention, diagnosis, and treatment of human health conditions, injury, and disease. The purpose of naturopathic health care, naturopathic medicine, or naturopathy is to promote or restore health by the support and stimulation of the individual's inherent self-healing processes. This is accomplished through education of the patient by a naturopath and through the use of natural therapies and therapeutic substances.
7. "Naturopathic physical application" means the therapeutic use by a naturopath of the actions or devices of electrical muscle stimulation, galvanic, diathermy, ultrasound, ultraviolet light, hydrotherapy, and naturopathic manipulative therapy. The term does not include manipulation of the spine.

43-58-02. Exemptions.

Many of the therapies used by a naturopath, such as the use of nutritional supplements, herbs, foods, homeopathic preparations, and such physical forces as heat, cold, water, touch, and light, are not the exclusive privilege of naturopaths, and their use, practice, prescription, or administration by individuals not licensed to practice naturopathic medicine is not prohibited by this chapter. This chapter does not restrict or apply to the scope of practice of any other profession licensed, certified, or registered under the laws of this state.

43-58-03. License required - Title restrictions.

1. A person may not practice naturopathy without a current naturopathic license issued by the board.
2. A naturopath may use the title "naturopath" or "doctor of naturopathic medicine" and the abbreviation "N.D." when used to reflect either of these titles. A person that uses these terms or initials as identification without having received a naturopathic license under this chapter is engaging in the practice of naturopathy without a license.

Effective January
1, 2012, a

43-58-04. Qualifications for licensure.

In order to obtain a license to practice naturopathic medicine in this state, an application must be made to the board. The application must be upon the form adopted by the board and must be made in the manner prescribed by the board.

43-58-05. Application for licensure.

1. An applicant for naturopathic licensure shall file an application on forms provided by the board showing to the board's satisfaction that the applicant is of good moral character and satisfied all of the requirements of this chapter and chapter 43-57, including:
 - a. Successful graduation of an approved naturopathic medical college;
 - b. Successful completion of an examination prescribed or endorsed by the board, such as part I and part II of the naturopathic physicians licensing examinations;
 - c. Physical, mental, and professional capability for the practice of naturopathic medicine in a manner acceptable to the board; and
 - d. A history free of any finding by the board, any other state licensure board, or any court of competent jurisdiction of the commission of any act that would constitute grounds for disciplinary action under this chapter and chapter 43-57. The board may modify this restriction for cause.
2. The application must be accompanied by the board-established license fees and application fees and by the documents, affidavits, and certificates necessary to establish that the applicant possesses the necessary qualifications.

insert →
new language
re: Initial applications -
Education and testing
exception

43-58-06. Licensure granted without examination to individuals licensed in other states.

1. The board may issue a naturopathic license by endorsement to an applicant who has complied with licensure requirements and who has passed an examination given by a recognized certifying agency approved by the licensing agency if the board determines the examination was equivalent in every respect to the examination required under this chapter.
2. The board may enter reciprocal agreements with licensing agencies of other states providing for reciprocal waiver of further examination or any part of the examination.
3. If an applicant is exempt from the examination required under this chapter, the applicant shall comply with the other requirements for licensure. The board may adopt rules allowing for temporary and special licensure to be in effect during the interval between board meetings.

43-58-07. Practice of naturopathic health care.

1. A naturopath may practice naturopathic medicine as a limited practice of the healing arts as exempted under section 43-17-02. A naturopath may not:

- a. Prescribe, dispense, or administer any prescription drug;
 - b. Administer ionizing radioactive substances for therapeutic purposes;
 - c. Perform a surgical procedure; or
 - d. Claim to practice any licensed health care profession or system of treatment other than naturopathic medicine unless holding a separate license in that profession. A naturopath may not hold out to the public that the naturopath is a primary care provider.
2. A naturopath may prescribe and administer for preventive and therapeutic purposes a prescriptive device and the following nonprescriptive natural therapeutic substances, drugs, and therapies:
 - a. Food, vitamins, minerals, dietary supplements, enzymes, botanical medicines, and homeopathic preparations;
 - b. Topical drugs, health care counseling, nutritional counseling and dietary therapy, naturopathic physical applications, and therapeutic devices; and
 - c. Barrier devices for contraception.
 3. A naturopath may perform or order for diagnostic purposes a physical or official examination, ultrasound, phlebotomy, clinical laboratory test or examination, physiological function test, and any other noninvasive diagnostic procedure commonly used by physicians in general practice and as authorized by the board.

43-58-08. Public health duties.

A naturopath has the same powers and duties as a licensed physician with regard to public health laws, reportable diseases and conditions, communicable disease control and prevention, recording of vital statistics, health and physical examinations, and local boards of health, except that the authority and responsibility are limited to activities consistent with the scope of practice established under this chapter and chapter 43-57.

43-58-09. Employment by hospitals.

A hospital may employ a naturopath in the same manner as provided under section 43-17-42.

SECTION 5. Chapter 43-59 of the North Dakota Century Code is created and enacted as follows:

43-59-01. Definitions.

As used in this chapter, unless the context otherwise requires:

1. "Board" means the state board of integrative health care created under chapter 43-57.
2. "Licensee" means an individual licensed by the board under this chapter.
3. "Music therapist" is an individual who practices music therapy.

4. "Music therapy" is the specialized use of music and the materials of music to restore, maintain, and improve the following areas of functioning: cognitive, psychological, social or emotional, affective, physical, sensory or sensorimotor, motor, communicative, and physiological functioning. Techniques used in the practice of music therapy include the use of music to provide participatory individual and group experiences; musical improvisation; therapeutic development of verbal skills and nonverbal behavior; receptive music learning; lyric discussions; memory recall; music and imagery; self-expression through composition and songwriting; socialization and enhancement of self-esteem through music performance; relaxation to music, including stress and pain management; learning through music; cultural and spiritual expression; development of fine and gross motor skills through responses to rhythm; respiratory and speech improvements through sound production; sensory integration and stimulation; increased awareness of music for development of recreation and leisure interests; and interactive verbal techniques to help facilitate, elicit, or summarize the techniques listed in this subsection and build the therapeutic relationship.

43-59-02. Music therapy - License required - Title restrictions - Exceptions.

1. Effective August 1, 2012, a person may not hold out as practicing music therapy, hold out as being a music therapist, or use a title or other designation indicating the person is a music therapist in this state unless that person is an individual licensed under this chapter and chapter 43-57.
2. The licensure provisions of this chapter do not prevent or restrict the practice, services, or activities of any individual licensed in another profession or any individual supervised by a licensed professional from performing work incidental to the practice of that profession or occupation, if that individual does not represent the individual as a music therapist.

43-59-03. Qualifications for licensure.

1. In order to obtain a license to practice music therapy in this state, an application must be made to the board. The application must be upon the form adopted by the board and must be made in the manner prescribed by the board.
2. An applicant for licensure to practice music therapy shall file an application on forms provided by the board showing to the board's satisfaction that the applicant is an individual of good moral character, is at least eighteen years of age, and satisfied all the requirements established by the board which may include:
 - a. Successful graduation of a board-approved educational program;
 - b. Successful completion of a board-approved examination prescribed or endorsed by the board;
 - c. Hold in good standing a board-approved designation, such as:
 - (1) A music therapist board-certified credential from the certification board for music therapists; or

Date: 4-1-11
Roll Call Vote # 3

2011 HOUSE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. 2271

House HUMAN SERVICES Committee

Check here for Conference Committee

Legislative Council Amendment Number _____

Action Taken: Do Pass Do Not Pass Amended Adopt Amendment
 Rerefer to Appropriations Reconsider

Motion Made By Rep. Porter Seconded By Rep. Kilichowski

Representatives	Yes	No	Representatives	Yes	No
CHAIRMAN WEISZ			REP. CONKLIN		
VICE-CHAIR PIETSCH			REP. HOLMAN		
REP. ANDERSON			REP. KILICHOWSKI		
REP. DAMSCHEN					
REP. DEVLIN					
REP. HOFSTAD					
REP. LOUSER					
REP. PAUR					
REP. PORTER					
REP. SCHMIDT					

Total (Yes) _____ No _____

Absent _____

Floor Assignment _____

If the vote is on an amendment, briefly indicate intent:

Voice vote
Motion Carried
further amend post date

Date: 4-1-11
Roll Call Vote # 3

2011 HOUSE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. 2271

House HUMAN SERVICES Committee

Check here for Conference Committee

Legislative Council Amendment Number _____

Action Taken: Do Pass Do Not Pass Amended Adopt Amendment
 Rerefer to Appropriations Reconsider

Motion Made By Rep. PORTER Seconded By Rep. Kilichowski

Representatives	Yes	No	Representatives	Yes	No
CHAIRMAN WEISZ			REP. CONKLIN		
VICE-CHAIR PIETSCH			REP. HOLMAN		
REP. ANDERSON			REP. KILICHOWSKI		
REP. DAMSCHEN					
REP. DEVLIN					
REP. HOFSTAD					
REP. LOUSER					
REP. PAUR					
REP. PORTER					
REP. SCHMIDT					

Total (Yes) _____ No _____

Absent _____

Floor Assignment _____

If the vote is on an amendment, briefly indicate intent:

Voice Vote

add section to bill to add the \$4,000 for start up costs

April 1, 2011

YK
4/1/11
1088

PROPOSED AMENDMENTS TO REENGROSSED SENATE BILL NO. 2271

Page 1, line 1, replace "chapter" with "chapters"

Page 1, line 1, after "43-57" insert ", 43-58, and 43-59"

Page 1, line 2, after the first "to" insert "creation of the state board of integrative health,"

Page 1, line 2, after "naturopaths" insert ", and regulation of music therapists"

Page 1, line 4, after the semicolon insert "to provide an appropriation;"

Page 1, line 13, replace "43-57" with "43-58"

Page 2, line 21, remove "Approved naturopathic medical college" means a college and program granting the"

Page 2, remove lines 22 through 29

Page 2, line 30, remove "2."

Page 3, remove lines 1 through 3

Page 3, line 4, replace "4." with "2."

Page 3, line 4, replace "a person" with "an individual"

Page 3, line 4, after "chapter" insert "and under chapter 43-58 or 43-59"

Page 3, remove lines 5 through 17

Page 3, line 20, after the first "of" insert "at least"

Page 3, line 20, remove ", one of whom must be a naturopath, one of whom must be an"

Page 3, line 21, replace "acupuncturist, one of whom" with ". Each profession regulated by the board must have one member on the board representing that profession. In addition, one member"

Page 3, line 21, replace the second "of whom" with "member"

Page 3, line 22, after the underscored comma insert "one member must be an advance practice registered nurse."

Page 3, line 22, after "and" insert "at least"

Page 3, line 22, replace "of whom" with "but no more than two members"

Page 3, line 22, replace "a layperson" with "laypersons"

Page 3, line 25, remove "four"

Page 3, line 26, remove "naturopath"

Page 3, line 26, after "appointment" insert "for a newly regulated profession"

Page 3, line 26, remove ", and except the"

Page 3, line 27, remove "acupuncturist appointment, who needs not be licensed"

Page 4, line 1, remove "no more than two"

Page 4, line 2, replace "members appointed annually" with "appointments distributed evenly from year to year"

Page 4, line 13, after "chapter" insert "and chapters 43-58 and 43-59"

Page 4, line 14, remove "of naturopathic medicine which are consistent"

Page 4, line 15, replace "with the education provided by approved naturopathic medical colleges" with ", which must be consistent with the required education for each profession regulated by the board"

Page 4, line 18, replace "approve naturopathic medical colleges" with "establish educational standards for each profession regulated by the board as appropriate"

Page 4, line 27, replace "under this chapter" with "by the board"

Page 4, line 29, after "chapter" insert ", chapter 43-58, and chapter 43-59"

Page 5, line 1, replace "licensed" with "regulated"

Page 5, remove lines 2 through 30

Page 6, remove lines 1 through 30

Page 7, replace lines 1 through 16 with:

"43-57-04. Board duties in regulating professions - Subgroups.

1. The board shall establish a subgroup for each profession regulated by the board. The board shall appoint at least three and no more than five members of the profession to serve as volunteer members of the subgroup. A subgroup member must be a licensed member of the profession, except in the case of a newly regulated profession in which case each subgroup member must be eligible for licensure. The board may appoint a board member to serve on a subgroup representing that board member's profession. The subgroup members serve at the pleasure of the board.
2. A subgroup established under this section shall serve in an advisory capacity to advise the board when requested by the board. The subgroup on its own motion may advise the board as the subgroup determines necessary.
3. The board may not take any action that impacts a profession regulated by the board as a whole or which impacts one or more licensees of that profession unless the board first consults with and requests the recommendation of the appropriate subgroup. If the board takes an action that is contrary to a subgroup's recommendation, the board shall articulate in writing why the subgroup's recommendation was not followed.

43-57-05. Petition to the board - Inclusion as a board-regulated profession - Consideration of additional health care professions.

1. An existing occupational or professional board of this state or agency of this state which regulates the practice of a health profession or a representative of a health profession that is not regulated by this state may submit to the board a petition and proposed bill draft requesting inclusion of that health profession as a profession regulated by the board. Upon receipt of a petition and proposed bill draft submitted under this section, the board shall review the petition and may work with the person submitting the petition to provide assistance in accomplishing this requested inclusion.
2. If a committee of the legislative assembly considers a measure to regulate a health care profession with fewer than fifty likely members, the committee shall consider whether it is desirable and feasible to have the state board of integrative health, some other existing board, or an existing state agency regulate that profession rather than create a new board.
3. If the membership of a board-regulated profession increases to at least one hundred licensees, the board may introduce legislation creating an independent board to regulate that profession."

Page 7, line 17, replace "43-57-11." with "43-57-06."

Page 7, line 19, after "chapter" insert "and under chapter 43-58 or 43-59"

Page 7, line 20, replace "43-57-12." with "43-57-07."

Page 8, remove lines 6 through 8

Page 8, line 9, replace "43-57-14." with "43-57-08."

Page 10, line 1, replace "43-57-15." with "43-57-09."

Page 10, line 25, replace "43-57-16." with "43-57-10."

Page 11, line 4, replace "43-57-17." with "43-57-11."

Page 11, line 5, after "chapter" insert ", chapter 43-58, or chapter 43-59"

Page 11, line 7, after "chapter" insert ", chapter 43-58, or chapter 43-59"

Page 11, after line 8, insert:

"SECTION 4. Chapter 43-58 of the North Dakota Century Code is created and enacted as follows:

43-58-01. Definitions.

As used in this chapter, unless the context otherwise requires:

1. "Approved naturopathic medical college" means a college and program granting the degree of doctor of naturopathy or naturopathic medicine which must require as a minimum a four-year, full-time resident program of academic and clinical study and which:

- a. Is accredited, or has the status of candidate for accreditation, by an organization approved by the board, such as the council on naturopathic medical education; or
 - b. Has been approved by the board after an investigation that determines that the college or program meets education standards equivalent to those established by the accrediting agency under subdivision a and complies with the board's rules.
2. "Board" means the state board of integrative health care created under chapter 43-57.
 3. "Homeopathic preparations" means nonprescriptive substances prepared according to the official homeopathic pharmacopoeia of the United States. The term does not include prescriptive drugs.
 4. "Licensee" means an individual licensed by the board under this chapter.
 5. "Naturopath" means an individual licensed to practice naturopathic health care under this chapter.
 6. "Naturopathic health care", "naturopathic medicine", or "naturopathy" means a system of primary health care practiced by naturopaths for the prevention, diagnosis, and treatment of human health conditions, injury, and disease. The purpose of naturopathic health care, naturopathic medicine, or naturopathy is to promote or restore health by the support and stimulation of the individual's inherent self-healing processes. This is accomplished through education of the patient by a naturopath and through the use of natural therapies and therapeutic substances.
 7. "Naturopathic physical application" means the therapeutic use by a naturopath of the actions or devices of electrical muscle stimulation, galvanic, diathermy, ultrasound, ultraviolet light, hydrotherapy, and naturopathic manipulative therapy. The term does not include manipulation of the spine.

43-58-02. Exemptions.

Many of the therapies used by a naturopath, such as the use of nutritional supplements, herbs, foods, homeopathic preparations, and such physical forces as heat, cold, water, touch, and light, are not the exclusive privilege of naturopaths, and their use, practice, prescription, or administration by individuals not licensed to practice naturopathic medicine is not prohibited by this chapter. This chapter does not restrict or apply to the scope of practice of any other profession licensed, certified, or registered under the laws of this state.

43-58-03. License required - Title restrictions.

1. Effective January 1, 2012, a person may not practice naturopathy without a current naturopathic license issued by the board.
2. A naturopath may use the title "naturopath" or "doctor of naturopathic medicine" and the abbreviation "N.D." when used to reflect either of these titles. Effective January 1, 2012, a person that uses these terms or initials

as identification without having received a naturopathic license under this chapter is engaging in the practice of naturopathy without a license.

43-58-04. Qualifications for licensure.

In order to obtain a license to practice naturopathic medicine in this state, an application must be made to the board. The application must be upon the form adopted by the board and must be made in the manner prescribed by the board.

43-58-05. Application for licensure.

1. An applicant for naturopathic licensure shall file an application on forms provided by the board showing to the board's satisfaction that the applicant is of good moral character and satisfied all of the requirements of this chapter and chapter 43-57, including:
 - a. Successful graduation of an approved naturopathic medical college;
 - b. Successful completion of an examination prescribed or endorsed by the board, such as part I and part II of the naturopathic physicians licensing examinations;
 - c. Physical, mental, and professional capability for the practice of naturopathic medicine in a manner acceptable to the board; and
 - d. A history free of any finding by the board, any other state licensure board, or any court of competent jurisdiction of the commission of any act that would constitute grounds for disciplinary action under this chapter and chapter 43-57. The board may modify this restriction for cause.
2. The application must be accompanied by the board-established license fees and application fees and by the documents, affidavits, and certificates necessary to establish that the applicant possesses the necessary qualifications.

43-58-06. Initial applications - Education and testing exception.

Notwithstanding the education and examination requirements for licensure under subdivisions a and b of subsection 1 of section 43-58-05, if an applicant was a bona fide resident of the state from January 1, 2011, through December 31, 2011, was practicing naturopathic medicine in this state immediately preceding January 1, 2012, was required to apply for licensure under this chapter in order to continue that practice, and does not meet the educational or examination requirements or both, the board may issue a license or limited license to that applicant if, following an examination of the applicant's education and experience, the board determines the applicant has sufficient education and experience to prepare the applicant to practice naturopathic medicine.

43-58-07. Licensure granted without examination to individuals licensed in other states.

1. The board may issue a naturopathic license by endorsement to an applicant who has complied with licensure requirements and who has passed an examination given by a recognized certifying agency approved

by the licensing agency if the board determines the examination was equivalent in every respect to the examination required under this chapter.

- 2. The board may enter reciprocal agreements with licensing agencies of other states providing for reciprocal waiver of further examination or any part of the examination.
- 3. If an applicant is exempt from the examination required under this chapter, the applicant shall comply with the other requirements for licensure. The board may adopt rules allowing for temporary and special licensure to be in effect during the interval between board meetings.

43-58-08. Practice of naturopathic health care.

- 1. A naturopath may practice naturopathic medicine as a limited practice of the healing arts as exempted under section 43-17-02. A naturopath may not:
 - a. Prescribe, dispense, or administer any prescription drug;
 - b. Administer ionizing radioactive substances for therapeutic purposes;
 - c. Perform a surgical procedure; or
 - d. Claim to practice any licensed health care profession or system of treatment other than naturopathic medicine unless holding a separate license in that profession. A naturopath may not hold out to the public that the naturopath is a primary care provider.
- 2. A naturopath may prescribe and administer for preventive and therapeutic purposes a prescriptive device and the following nonprescriptive natural therapeutic substances, drugs, and therapies:
 - a. Food, vitamins, minerals, dietary supplements, enzymes, botanical medicines, and homeopathic preparations;
 - b. Topical drugs, health care counseling, nutritional counseling and dietary therapy, naturopathic physical applications, and therapeutic devices; and
 - c. Barrier devices for contraception.
- 3. A naturopath may perform or order for diagnostic purposes a physical or official examination, ultrasound, phlebotomy, clinical laboratory test or examination, physiological function test, and any other noninvasive diagnostic procedure commonly used by physicians in general practice and as authorized by the board.

43-58-09. Public health duties.

A naturopath has the same powers and duties as a licensed physician with regard to public health laws, reportable diseases and conditions, communicable disease control and prevention, recording of vital statistics, health and physical examinations, and local boards of health, except that the authority and responsibility are limited to activities consistent with the scope of practice established under this chapter and chapter 43-57.

43-58-10. Employment by hospitals.

A hospital may employ a naturopath in the same manner as provided under section 43-17-42.

SECTION 5. Chapter 43-59 of the North Dakota Century Code is created and enacted as follows:

43-59-01. Definitions.

As used in this chapter, unless the context otherwise requires:

1. "Board" means the state board of integrative health care created under chapter 43-57.
2. "Licensee" means an individual licensed by the board under this chapter.
3. "Music therapist" is an individual who practices music therapy.
4. "Music therapy" is the specialized use of music and the materials of music to restore, maintain, and improve the following areas of functioning: cognitive, psychological, social or emotional, affective, physical, sensory or sensorimotor, motor, communicative, and physiological functioning. Techniques used in the practice of music therapy include the use of music to provide participatory individual and group experiences; musical improvisation; therapeutic development of verbal skills and nonverbal behavior; receptive music learning; lyric discussions; memory recall; music and imagery; self-expression through composition and songwriting; socialization and enhancement of self-esteem through music performance; relaxation to music, including stress and pain management; learning through music; cultural and spiritual expression; development of fine and gross motor skills through responses to rhythm; respiratory and speech improvements through sound production; sensory integration and stimulation; increased awareness of music for development of recreation and leisure interests; and interactive verbal techniques to help facilitate, elicit, or summarize the techniques listed in this subsection and build the therapeutic relationship.

43-59-02. Music therapy - License required - Title restrictions - Exceptions.

1. Effective August 1, 2012, a person may not hold out as practicing music therapy, hold out as being a music therapist, or use a title or other designation indicating the person is a music therapist in this state unless that person is an individual licensed under this chapter and chapter 43-57.
2. The licensure provisions of this chapter do not prevent or restrict the practice, services, or activities of any individual licensed in another profession or any individual supervised by a licensed professional from performing work incidental to the practice of that profession or occupation, if that individual does not represent the individual as a music therapist.

43-59-03. Qualifications for licensure.

1. In order to obtain a license to practice music therapy in this state, an application must be made to the board. The application must be upon the

form adopted by the board and must be made in the manner prescribed by the board.

- 2. An applicant for licensure to practice music therapy shall file an application on forms provided by the board showing to the board's satisfaction that the applicant is an individual of good moral character, is at least eighteen years of age, and satisfied all the requirements established by the board which may include:
 - a. Successful graduation of a board-approved educational program;
 - b. Successful completion of a board-approved examination prescribed or endorsed by the board;
 - c. Hold in good standing a board-approved designation, such as:
 - (1) A music therapist board-certified credential from the certification board for music therapists; or
 - (2) A professional designation from the national music therapy registry, which may include registered music therapist, certified music therapist, and advanced certified music therapist.
 - d. Physical, mental, and professional capability for the practice of music therapy in a manner acceptable to the board;
 - e. A history free of any finding by the board, any other state licensure board, or any court of competent jurisdiction of the commission of any act that would constitute grounds for disciplinary action under this chapter or chapter 43-57. The board may modify this restriction for cause.
- 3. The application must be accompanied by the board-established license fees and application fees and by the documents, affidavits, and certificates necessary to establish that the applicant possesses the necessary qualifications.

SECTION 6. APPROPRIATION. There is appropriated out of any moneys in the general fund in the state treasury, not otherwise appropriated, the sum of \$4,000, or so much of the sum as may be necessary, to the state board of integrative health for the purpose of assisting with costs associated with establishing the board, for the biennium beginning July 1, 2011, and ending June 30, 2013."

Renumber accordingly

Date: 4-1-11
Roll Call Vote # 46

2011 HOUSE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. 2271

House HUMAN SERVICES Committee

Check here for Conference Committee

Legislative Council Amendment Number _____

Action Taken: Do Pass Do Not Pass Amended Adopt Amendment
 Rerefer to Appropriations Reconsider

Motion Made By Rep. Porter Seconded By Reps. Kilichowski

Representatives	Yes	No	Representatives	Yes	No
CHAIRMAN WEISZ	✓		REP. CONKLIN	✓	
VICE-CHAIR PIETSCH	✓		REP. HOLMAN	✓	
REP. ANDERSON	✓		REP. KILICHOWSKI	✓	
REP. DAMSCHEN	✓				
REP. DEVLIN	✓				
REP. HOFSTAD	✓				
REP. LOUSER	✓				
REP. PAUR	A				
REP. PORTER	✓				
REP. SCHMIDT	✓				

Total (Yes) 12 No 0

Absent _____

Floor Assignment Rep. Porter

If the vote is on an amendment, briefly indicate intent:

REPORT OF STANDING COMMITTEE

SB 2271, as reengrossed: Human Services Committee (Rep. Weisz, Chairman) recommends AMENDMENTS AS FOLLOWS and when so amended, recommends DO PASS (12 YEAS, 0 NAYS, 1 ABSENT AND NOT VOTING). Reengrossed SB 2271 was placed on the Sixth order on the calendar.

Page 1, line 1, replace "chapter" with "chapters"

Page 1, line 1, after "43-57" insert ", 43-58, and 43-59"

Page 1, line 2, after the first "to" insert "creation of the state board of integrative health,"

Page 1, line 2, after "naturopaths" insert ", and regulation of music therapists"

Page 1, line 13, replace "43-57" with "43-58"

Page 2, line 21, remove "Approved naturopathic medical college" means a college and program granting the"

Page 2, remove lines 22 through 29

Page 2, line 30, remove "2."

Page 3, remove lines 1 through 3

Page 3, line 4, replace "4." with "2."

Page 3, line 4, replace "a person" with "an individual"

Page 3, line 4, after "chapter" insert "and under chapter 43-58 or 43-59"

Page 3, remove lines 5 through 17

Page 3, line 20, after the first "of" insert "at least"

Page 3, line 20, remove ", one of whom must be a naturopath, one of whom must be an"

Page 3, line 21, replace "acupuncturist, one of whom" with ". Each profession regulated by the board must have one member on the board representing that profession. In addition, one member"

Page 3, line 21, replace the second "of whom" with "member"

Page 3, line 22, after the underscored comma insert "one member must be an advance practice registered nurse."

Page 3, line 22, after "and" insert "at least"

Page 3, line 22, replace "of whom" with "but no more than two members"

Page 3, line 22, replace "a layperson" with "laypersons"

Page 3, line 25, remove "four"

Page 3, line 26, remove "naturopath"

Page 3, line 26, after "appointment" insert "for a newly regulated profession"

Page 3, line 26, remove ", and except the"

Page 3, line 27, remove "acupuncturist appointment, who needs not be licensed"

Page 4, line 1, remove "no more than two"

Page 4, line 2, replace "members appointed annually" with "appointments distributed evenly from year to year"

Page 4, line 13, after "chapter" insert "and chapters 43-58 and 43-59"

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Page 4, line 15, replace "with the education provided by approved naturopathic medical colleges" with "which must be consistent with the required education for each profession regulated by the board"

Page 4, line 18, replace "approve naturopathic medical colleges" with "establish educational standards for each profession regulated by the board as appropriate"

Page 4, line 27, replace "under this chapter" with "by the board"

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Page 5, line 1, replace "licensed" with "regulated"

Page 5, remove lines 2 through 30

Page 6, remove lines 1 through 30

Page 7, replace lines 1 through 16 with:

"43-57-04. Board duties in regulating professions - Subgroups.

1. The board shall establish a subgroup for each profession regulated by the board. The board shall appoint at least three and no more than five members of the profession to serve as volunteer members of the subgroup. A subgroup member must be a licensed member of the profession, except in the case of a newly regulated profession in which case each subgroup member must be eligible for licensure. The board may appoint a board member to serve on a subgroup representing that board member's profession. The subgroup members serve at the pleasure of the board.
2. A subgroup established under this section shall serve in an advisory capacity to advise the board when requested by the board. The subgroup on its own motion may advise the board as the subgroup determines necessary.
3. The board may not take any action that impacts a profession regulated by the board as a whole or which impacts one or more licensees of that profession unless the board first consults with and requests the recommendation of the appropriate subgroup. If the board takes an action that is contrary to a subgroup's recommendation, the board shall articulate in writing why the subgroup's recommendation was not followed.

43-57-05. Petition to the board - Inclusion as a board-regulated profession - Consideration of additional health care professions.

1. An existing occupational or professional board of this state or agency of this state which regulates the practice of a health profession or a representative of a health profession that is not regulated by this state may submit to the board a petition and proposed bill draft requesting inclusion of that health profession as a profession regulated by the board.

Upon receipt of a petition and proposed bill draft submitted under this section, the board shall review the petition and may work with the person submitting the petition to provide assistance in accomplishing this requested inclusion.

2. If a committee of the legislative assembly considers a measure to regulate a health care profession with fewer than fifty likely members, the committee shall consider whether it is desirable and feasible to have the state board of integrative health, some other existing board, or an existing state agency regulate that profession rather than create a new board.
3. If the membership of a board-regulated profession increases to at least one hundred licensees, the board may introduce legislation creating an independent board to regulate that profession."

Page 7, line 17, replace "43-57-11." with "43-57-06."

Page 7, line 19, after "chapter" insert "and under chapter 43-58 or 43-59"

Page 7, line 20, replace "43-57-12." with "43-57-07."

Page 8, remove lines 6 through 8

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Page 11, line 4, replace "43-57-17." with "43-57-11."

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Page 11, line 7, after "chapter" insert ", chapter 43-58, or chapter 43-59"

Page 11, after line 8, insert:

"SECTION 4. Chapter 43-58 of the North Dakota Century Code is created and enacted as follows:

43-58-01. Definitions.

As used in this chapter, unless the context otherwise requires:

1. "Approved naturopathic medical college" means a college and program granting the degree of doctor of naturopathy or naturopathic medicine which must require as a minimum a four-year, full-time resident program of academic and clinical study and which:
 - a. Is accredited, or has the status of candidate for accreditation, by an organization approved by the board, such as the council on naturopathic medical education; or
 - b. Has been approved by the board after an investigation that determines that the college or program meets education standards equivalent to those established by the accrediting agency under subdivision a and complies with the board's rules.
2. "Board" means the state board of integrative health care created under chapter 43-57.

3. "Homeopathic preparations" means nonprescriptive substances prepared according to the official homeopathic pharmacopoeia of the United States. The term does not include prescriptive drugs.
4. "Licensee" means an individual licensed by the board under this chapter.
5. "Naturopath" means an individual licensed to practice naturopathic health care under this chapter.
6. "Naturopathic health care", "naturopathic medicine", or "naturopathy" means a system of primary health care practiced by naturopaths for the prevention, diagnosis, and treatment of human health conditions, injury, and disease. The purpose of naturopathic health care, naturopathic medicine, or naturopathy is to promote or restore health by the support and stimulation of the individual's inherent self-healing processes. This is accomplished through education of the patient by a naturopath and through the use of natural therapies and therapeutic substances.
7. "Naturopathic physical application" means the therapeutic use by a naturopath of the actions or devices of electrical muscle stimulation, galvanic, diathermy, ultrasound, ultraviolet light, hydrotherapy, and naturopathic manipulative therapy. The term does not include manipulation of the spine.

43-58-02. Exemptions.

Many of the therapies used by a naturopath, such as the use of nutritional supplements, herbs, foods, homeopathic preparations, and such physical forces as heat, cold, water, touch, and light, are not the exclusive privilege of naturopaths, and their use, practice, prescription, or administration by individuals not licensed to practice naturopathic medicine is not prohibited by this chapter. This chapter does not restrict or apply to the scope of practice of any other profession licensed, certified, or registered under the laws of this state.

43-58-03. License required - Title restrictions.

1. A person may not practice naturopathy without a current naturopathic license issued by the board.
2. A naturopath may use the title "naturopath" or "doctor of naturopathic medicine" and the abbreviation "N.D." when used to reflect either of these titles. A person that uses these terms or initials as identification without having received a naturopathic license under this chapter is engaging in the practice of naturopathy without a license.

43-58-04. Qualifications for licensure.

In order to obtain a license to practice naturopathic medicine in this state, an application must be made to the board. The application must be upon the form adopted by the board and must be made in the manner prescribed by the board.

43-58-05. Application for licensure.

1. An applicant for naturopathic licensure shall file an application on forms provided by the board showing to the board's satisfaction that the applicant is of good moral character and satisfied all of the requirements of this chapter and chapter 43-57, including:
 - a. Successful graduation of an approved naturopathic medical college;

- b. Successful completion of an examination prescribed or endorsed by the board, such as part I and part II of the naturopathic physicians licensing examinations;
 - c. Physical, mental, and professional capability for the practice of naturopathic medicine in a manner acceptable to the board; and
 - d. A history free of any finding by the board, any other state licensure board, or any court of competent jurisdiction of the commission of any act that would constitute grounds for disciplinary action under this chapter and chapter 43-57. The board may modify this restriction for cause.
2. The application must be accompanied by the board-established license fees and application fees and by the documents, affidavits, and certificates necessary to establish that the applicant possesses the necessary qualifications.

43-58-06. Provisional licenses.

Notwithstanding subdivision a of subsection 1 of section 43-58-05, the board may issue a provisional license to an applicant who is otherwise qualified if the board is investigating whether the applicant's educational requirements meet the statutory requirements. The term of a provisional license issued under this section may not exceed six months.

43-58-07. Licensure granted without examination to individuals licensed in other states.

1. The board may issue a naturopathic license by endorsement to an applicant who has complied with licensure requirements and who has passed an examination given by a recognized certifying agency approved by the licensing agency if the board determines the examination was equivalent in every respect to the examination required under this chapter.
2. The board may enter reciprocal agreements with licensing agencies of other states providing for reciprocal waiver of further examination or any part of the examination.
3. If an applicant is exempt from the examination required under this chapter, the applicant shall comply with the other requirements for licensure. The board may adopt rules allowing for temporary and special licensure to be in effect during the interval between board meetings.

43-58-08. Practice of naturopathic health care.

1. A naturopath may practice naturopathic medicine as a limited practice of the healing arts as exempted under section 43-17-02. A naturopath may not:
 - a. Prescribe, dispense, or administer any prescription drug;
 - b. Administer ionizing radioactive substances for therapeutic purposes;
 - c. Perform a surgical procedure; or
 - d. Claim to practice any licensed health care profession or system of treatment other than naturopathic medicine unless holding a separate license in that profession. A naturopath may not hold out to the public that the naturopath is a primary care provider.

2. A naturopath may prescribe and administer for preventive and therapeutic purposes a prescriptive device and the following nonprescriptive natural therapeutic substances, drugs, and therapies:
 - a. Food, vitamins, minerals, dietary supplements, enzymes, botanical medicines, and homeopathic preparations;
 - b. Topical drugs, health care counseling, nutritional counseling and dietary therapy, naturopathic physical applications, and therapeutic devices; and
 - c. Barrier devices for contraception.
3. A naturopath may perform or order for diagnostic purposes a physical or orificial examination, ultrasound, phlebotomy, clinical laboratory test or examination, physiological function test, and any other noninvasive diagnostic procedure commonly used by physicians in general practice and as authorized by the board.

43-58-09. Public health duties.

A naturopath has the same powers and duties as a licensed physician with regard to public health laws, reportable diseases and conditions, communicable disease control and prevention, recording of vital statistics, health and physical examinations, and local boards of health, except that the authority and responsibility are limited to activities consistent with the scope of practice established under this chapter and chapter 43-57.

43-58-10. Employment by hospitals.

A hospital may employ a naturopath in the same manner as provided under section 43-17-42.

SECTION 5. Chapter 43-59 of the North Dakota Century Code is created and enacted as follows:

43-59-01. Definitions.

As used in this chapter, unless the context otherwise requires:

1. "Board" means the state board of integrative health care created under chapter 43-57.
2. "Licensee" means an individual licensed by the board under this chapter.
3. "Music therapist" is an individual who practices music therapy.
4. "Music therapy" is the specialized use of music and the materials of music to restore, maintain, and improve the following areas of functioning: cognitive, psychological, social or emotional, affective, physical, sensory or sensorimotor, motor, communicative, and physiological functioning. Techniques used in the practice of music therapy include the use of music to provide participatory individual and group experiences; musical improvisation; therapeutic development of verbal skills and nonverbal behavior; receptive music learning; lyric discussions; memory recall; music and imagery; self-expression through composition and songwriting; socialization and enhancement of self-esteem through music performance; relaxation to music, including stress and pain management; learning through music; cultural and spiritual expression; development of fine and gross motor skills through responses to rhythm; respiratory and speech improvements through

sound production; sensory integration and stimulation; increased awareness of music for development of recreation and leisure interests; and interactive verbal techniques to help facilitate, elicit, or summarize the techniques listed in this subsection and build the therapeutic relationship.

43-59-02. Music therapy - License required - Title restrictions - Exceptions.

1. Effective August 1, 2012, a person may not hold out as practicing music therapy, hold out as being a music therapist, or use a title or other designation indicating the person is a music therapist in this state unless that person is an individual licensed under this chapter and chapter 43-57.
2. The licensure provisions of this chapter do not prevent or restrict the practice, services, or activities of any individual licensed in another profession or any individual supervised by a licensed professional from performing work incidental to the practice of that profession or occupation, if that individual does not represent the individual as a music therapist.

43-59-03. Qualifications for licensure.

1. In order to obtain a license to practice music therapy in this state, an application must be made to the board. The application must be upon the form adopted by the board and must be made in the manner prescribed by the board.
2. An applicant for licensure to practice music therapy shall file an application on forms provided by the board showing to the board's satisfaction that the applicant is an individual of good moral character, is at least eighteen years of age, and satisfied all the requirements established by the board which may include:
 - a. Successful graduation of a board-approved educational program;
 - b. Successful completion of a board-approved examination prescribed or endorsed by the board;
 - c. Hold in good standing a board-approved designation, such as:
 - (1) A music therapist board-certified credential from the certification board for music therapists; or
 - (2) A professional designation from the national music therapy registry, which may include registered music therapist, certified music therapist, and advanced certified music therapist.
 - d. Physical, mental, and professional capability for the practice of music therapy in a manner acceptable to the board;
 - e. A history free of any finding by the board, any other state licensure board, or any court of competent jurisdiction of the commission of any act that would constitute grounds for disciplinary action under this chapter or chapter 43-57. The board may modify this restriction for cause.
3. The application must be accompanied by the board-established license fees and application fees and by the documents, affidavits, and

certificates necessary to establish that the applicant possesses the necessary qualifications."

Renumber accordingly

REPORT OF STANDING COMMITTEE

SB 2271, as reengrossed: Human Services Committee (Rep. Weisz, Chairman) recommends AMENDMENTS AS FOLLOWS and when so amended, recommends DO PASS (12 YEAS, 0 NAYS, 1 ABSENT AND NOT VOTING). Reengrossed SB 2271 was placed on the Sixth order on the calendar.

Page 1, line 1, replace "chapter" with "chapters"

Page 1, line 1, after "43-57" insert ", 43-58, and 43-59"

Page 1, line 2, after the first "to" insert "creation of the state board of integrative health,"

Page 1, line 2, after "naturopaths" insert ", and regulation of music therapists"

Page 1, line 4, after the semicolon insert "to provide an appropriation;"

Page 1, line 13, replace "43-57" with "43-58"

Page 2, line 21, remove "Approved naturopathic medical college" means a college and program granting the"

Page 2, remove lines 22 through 29

Page 2, line 30, remove "2."

Page 3, remove lines 1 through 3

Page 3, line 4, replace "4." with "2."

Page 3, line 4, replace "a person" with "an individual"

Page 3, line 4, after "chapter" insert "and under chapter 43-58 or 43-59"

Page 3, remove lines 5 through 17

Page 3, line 20, after the first "of" insert "at least"

Page 3, line 20, remove ", one of whom must be a naturopath, one of whom must be an"

Page 3, line 21, replace "acupuncturist, one of whom" with ". Each profession regulated by the board must have one member on the board representing that profession. In addition, one member"

Page 3, line 21, replace the second "of whom" with "member"

Page 3, line 22, after the underscored comma insert "one member must be an advance practice registered nurse."

Page 3, line 22, after "and" insert "at least"

Page 3, line 22, replace "of whom" with "but no more than two members"

Page 3, line 22, replace "a layperson" with "laypersons"

Page 3, line 25, remove "four"

Page 3, line 26, remove "naturopath"

Page 3, line 26, after "appointment" insert "for a newly regulated profession"

Page 3, line 26, remove ", and except the"

Page 3, line 27, remove "acupuncturist appointment, who needs not be licensed"

Page 4, line 1, remove "no more than two"

Page 4, line 2, replace "members appointed annually" with "appointments distributed evenly from year to year"

Page 4, line 13, after "chapter" insert "and chapters 43-58 and 43-59"

Page 4, line 14, remove "of naturopathic medicine which are consistent"

Page 4, line 15, replace "with the education provided by approved naturopathic medical colleges" with ", which must be consistent with the required education for each profession regulated by the board"

Page 4, line 18, replace "approve naturopathic medical colleges" with "establish educational standards for each profession regulated by the board as appropriate"

Page 4, line 27, replace "under this chapter" with "by the board"

Page 4, line 29, after "chapter" insert ", chapter 43-58, and chapter 43-59"

Page 5, line 1, replace "licensed" with "regulated"

Page 5, remove lines 2 through 30

Page 6, remove lines 1 through 30

Page 7, replace lines 1 through 16 with:

43-57-04. Board duties in regulating professions - Subgroups.

1. The board shall establish a subgroup for each profession regulated by the board. The board shall appoint at least three and no more than five members of the profession to serve as volunteer members of the subgroup. A subgroup member must be a licensed member of the profession, except in the case of a newly regulated profession in which case each subgroup member must be eligible for licensure. The board may appoint a board member to serve on a subgroup representing that board member's profession. The subgroup members serve at the pleasure of the board.
2. A subgroup established under this section shall serve in an advisory capacity to advise the board when requested by the board. The subgroup on its own motion may advise the board as the subgroup determines necessary.
3. The board may not take any action that impacts a profession regulated by the board as a whole or which impacts one or more licensees of that profession unless the board first consults with and requests the recommendation of the appropriate subgroup. If the board takes an action that is contrary to a subgroup's recommendation, the board shall articulate in writing why the subgroup's recommendation was not followed.

43-57-05. Petition to the board - Inclusion as a board-regulated profession - Consideration of additional health care professions.

1. An existing occupational or professional board of this state or agency of this state which regulates the practice of a health profession or a representative of a health profession that is not regulated by this state

may submit to the board a petition and proposed bill draft requesting inclusion of that health profession as a profession regulated by the board. Upon receipt of a petition and proposed bill draft submitted under this section, the board shall review the petition and may work with the person submitting the petition to provide assistance in accomplishing this requested inclusion.

2. If a committee of the legislative assembly considers a measure to regulate a health care profession with fewer than fifty likely members, the committee shall consider whether it is desirable and feasible to have the state board of integrative health, some other existing board, or an existing state agency regulate that profession rather than create a new board.
3. If the membership of a board-regulated profession increases to at least one hundred licensees, the board may introduce legislation creating an independent board to regulate that profession."

Page 7, line 17, replace "43-57-11." with "43-57-06."

Page 7, line 19, after "chapter" insert "and under chapter 43-58 or 43-59"

Page 7, line 20, replace "43-57-12." with "43-57-07."

Page 8, remove lines 6 through 8

Page 8, line 9, replace "43-57-14." with "43-57-08."

Page 10, line 1, replace "43-57-15." with "43-57-09."

Page 10, line 25, replace "43-57-16." with "43-57-10."

Page 11, line 4, replace "43-57-17." with "43-57-11."

Page 11, line 5, after "chapter" insert ", chapter 43-58, or chapter 43-59"

Page 11, line 7, after "chapter" insert ", chapter 43-58, or chapter 43-59"

Page 11, after line 8, insert:

"**SECTION 4.** Chapter 43-58 of the North Dakota Century Code is created and enacted as follows:

43-58-01. Definitions.

As used in this chapter, unless the context otherwise requires:

1. "Approved naturopathic medical college" means a college and program granting the degree of doctor of naturopathy or naturopathic medicine which must require as a minimum a four-year, full-time resident program of academic and clinical study and which:
 - a. Is accredited, or has the status of candidate for accreditation, by an organization approved by the board, such as the council on naturopathic medical education; or
 - b. Has been approved by the board after an investigation that determines that the college or program meets education standards equivalent to those established by the accrediting agency under subdivision a and complies with the board's rules.

2. "Board" means the state board of integrative health care created under chapter 43-57.
3. "Homeopathic preparations" means nonprescriptive substances prepared according to the official homeopathic pharmacopoeia of the United States. The term does not include prescriptive drugs.
4. "Licensee" means an individual licensed by the board under this chapter.
5. "Naturopath" means an individual licensed to practice naturopathic health care under this chapter.
6. "Naturopathic health care", "naturopathic medicine", or "naturopathy" means a system of primary health care practiced by naturopaths for the prevention, diagnosis, and treatment of human health conditions, injury, and disease. The purpose of naturopathic health care, naturopathic medicine, or naturopathy is to promote or restore health by the support and stimulation of the individual's inherent self-healing processes. This is accomplished through education of the patient by a naturopath and through the use of natural therapies and therapeutic substances.
7. "Naturopathic physical application" means the therapeutic use by a naturopath of the actions or devices of electrical muscle stimulation, galvanic, diathermy, ultrasound, ultraviolet light, hydrotherapy, and naturopathic manipulative therapy. The term does not include manipulation of the spine.

43-58-02. Exemptions.

Many of the therapies used by a naturopath, such as the use of nutritional supplements, herbs, foods, homeopathic preparations, and such physical forces as heat, cold, water, touch, and light, are not the exclusive privilege of naturopaths, and their use, practice, prescription, or administration by individuals not licensed to practice naturopathic medicine is not prohibited by this chapter. This chapter does not restrict or apply to the scope of practice of any other profession licensed, certified, or registered under the laws of this state.

43-58-03. License required - Title restrictions.

1. Effective January 1, 2012, a person may not practice naturopathy without a current naturopathic license issued by the board.
2. A naturopath may use the title "naturopath" or "doctor of naturopathic medicine" and the abbreviation "N.D." when used to reflect either of these titles. Effective January 1, 2012, a person that uses these terms or initials as identification without having received a naturopathic license under this chapter is engaging in the practice of naturopathy without a license.

43-58-04. Qualifications for licensure.

In order to obtain a license to practice naturopathic medicine in this state, an application must be made to the board. The application must be upon the form adopted by the board and must be made in the manner prescribed by the board.

43-58-05. Application for licensure.

1. An applicant for naturopathic licensure shall file an application on forms provided by the board showing to the board's satisfaction that the applicant is of good moral character and satisfied all of the requirements of this chapter and chapter 43-57, including:

- a. Successful graduation of an approved naturopathic medical college;
 - b. Successful completion of an examination prescribed or endorsed by the board, such as part I and part II of the naturopathic physicians licensing examinations;
 - c. Physical, mental, and professional capability for the practice of naturopathic medicine in a manner acceptable to the board; and
 - d. A history free of any finding by the board, any other state licensure board, or any court of competent jurisdiction of the commission of any act that would constitute grounds for disciplinary action under this chapter and chapter 43-57. The board may modify this restriction for cause.
2. The application must be accompanied by the board-established license fees and application fees and by the documents, affidavits, and certificates necessary to establish that the applicant possesses the necessary qualifications.

43-58-06. Initial applications - Education and testing exception.

Notwithstanding the education and examination requirements for licensure under subdivisions a and b of subsection 1 of section 43-58-05, if an applicant was a bona fide resident of the state from January 1, 2011, through December 31, 2011, was practicing naturopathic medicine in this state immediately preceding January 1, 2012, was required to apply for licensure under this chapter in order to continue that practice, and does not meet the educational or examination requirements or both, the board may issue a license or limited license to that applicant if, following an examination of the applicant's education and experience, the board determines the applicant has sufficient education and experience to prepare the applicant to practice naturopathic medicine.

43-58-07. Licensure granted without examination to individuals licensed in other states.

1. The board may issue a naturopathic license by endorsement to an applicant who has complied with licensure requirements and who has passed an examination given by a recognized certifying agency approved by the licensing agency if the board determines the examination was equivalent in every respect to the examination required under this chapter.
2. The board may enter reciprocal agreements with licensing agencies of other states providing for reciprocal waiver of further examination or any part of the examination.
3. If an applicant is exempt from the examination required under this chapter, the applicant shall comply with the other requirements for licensure. The board may adopt rules allowing for temporary and special licensure to be in effect during the interval between board meetings.

43-58-08. Practice of naturopathic health care.

1. A naturopath may practice naturopathic medicine as a limited practice of the healing arts as exempted under section 43-17-02. A naturopath may not:
 - a. Prescribe, dispense, or administer any prescription drug;
 - b. Administer ionizing radioactive substances for therapeutic purposes;

- c. Perform a surgical procedure; or
 - d. Claim to practice any licensed health care profession or system of treatment other than naturopathic medicine unless holding a separate license in that profession. A naturopath may not hold out to the public that the naturopath is a primary care provider.
2. A naturopath may prescribe and administer for preventive and therapeutic purposes a prescriptive device and the following nonprescriptive natural therapeutic substances, drugs, and therapies:
 - a. Food, vitamins, minerals, dietary supplements, enzymes, botanical medicines, and homeopathic preparations;
 - b. Topical drugs, health care counseling, nutritional counseling and dietary therapy, naturopathic physical applications, and therapeutic devices; and
 - c. Barrier devices for contraception.
 3. A naturopath may perform or order for diagnostic purposes a physical or official examination, ultrasound, phlebotomy, clinical laboratory test or examination, physiological function test, and any other noninvasive diagnostic procedure commonly used by physicians in general practice and as authorized by the board.

43-58-09. Public health duties.

A naturopath has the same powers and duties as a licensed physician with regard to public health laws, reportable diseases and conditions, communicable disease control and prevention, recording of vital statistics, health and physical examinations, and local boards of health, except that the authority and responsibility are limited to activities consistent with the scope of practice established under this chapter and chapter 43-57.

43-58-10. Employment by hospitals.

A hospital may employ a naturopath in the same manner as provided under section 43-17-42.

SECTION 5. Chapter 43-59 of the North Dakota Century Code is created and enacted as follows:

43-59-01. Definitions.

As used in this chapter, unless the context otherwise requires:

1. "Board" means the state board of integrative health care created under chapter 43-57.
2. "Licensee" means an individual licensed by the board under this chapter.
3. "Music therapist" is an individual who practices music therapy.
4. "Music therapy" is the specialized use of music and the materials of music to restore, maintain, and improve the following areas of functioning: cognitive, psychological, social or emotional, affective, physical, sensory or sensorimotor, motor, communicative, and physiological functioning. Techniques used in the practice of music therapy include the use of music to provide participatory individual and group experiences; musical improvisation; therapeutic development of

verbal skills and nonverbal behavior; receptive music learning; lyric discussions; memory recall; music and imagery; self-expression through composition and songwriting; socialization and enhancement of self-esteem through music performance; relaxation to music, including stress and pain management; learning through music; cultural and spiritual expression; development of fine and gross motor skills through responses to rhythm; respiratory and speech improvements through sound production; sensory integration and stimulation; increased awareness of music for development of recreation and leisure interests; and interactive verbal techniques to help facilitate, elicit, or summarize the techniques listed in this subsection and build the therapeutic relationship.

43-59-02. Music therapy - License required - Title restrictions - Exceptions.

1. Effective August 1, 2012, a person may not hold out as practicing music therapy, hold out as being a music therapist, or use a title or other designation indicating the person is a music therapist in this state unless that person is an individual licensed under this chapter and chapter 43-57.
2. The licensure provisions of this chapter do not prevent or restrict the practice, services, or activities of any individual licensed in another profession or any individual supervised by a licensed professional from performing work incidental to the practice of that profession or occupation, if that individual does not represent the individual as a music therapist.

43-59-03. Qualifications for licensure.

1. In order to obtain a license to practice music therapy in this state, an application must be made to the board. The application must be upon the form adopted by the board and must be made in the manner prescribed by the board.
2. An applicant for licensure to practice music therapy shall file an application on forms provided by the board showing to the board's satisfaction that the applicant is an individual of good moral character, is at least eighteen years of age, and satisfied all the requirements established by the board which may include:
 - a. Successful graduation of a board-approved educational program;
 - b. Successful completion of a board-approved examination prescribed or endorsed by the board;
 - c. Hold in good standing a board-approved designation, such as:
 - (1) A music therapist board-certified credential from the certification board for music therapists; or
 - (2) A professional designation from the national music therapy registry, which may include registered music therapist, certified music therapist, and advanced certified music therapist.
 - d. Physical, mental, and professional capability for the practice of music therapy in a manner acceptable to the board;
 - e. A history free of any finding by the board, any other state licensure board, or any court of competent jurisdiction of the commission of

any act that would constitute grounds for disciplinary action under this chapter or chapter 43-57. The board may modify this restriction for cause.

3. The application must be accompanied by the board-established license fees and application fees and by the documents, affidavits, and certificates necessary to establish that the applicant possesses the necessary qualifications.

SECTION 6. APPROPRIATION. There is appropriated out of any moneys in the general fund in the state treasury, not otherwise appropriated, the sum of \$4,000, or so much of the sum as may be necessary, to the state board of integrative health for the purpose of assisting with costs associated with establishing the board, for the biennium beginning July 1, 2011, and ending June 30, 2013."

Renumber accordingly

2011 SENATE HUMAN SERVICES

CONFERENCE COMMITTEE

SB 2271

2011 SENATE STANDING COMMITTEE MINUTES

Senate Human Services Committee

Red River Room, State Capitol

SB 2271

4-13-2011

Job Number

Conference Committee

Committee Clerk Signature

REYNOLDS

Explanation or reason for introduction of bill/resolution:

Relating to regulation of naturopathic physicians.

Minutes:

Senator Dick Dever brought the conference committee meeting on SB 2271 to order.

All members were present: Senator Dick Dever, Senator Spencer Berry, Senator Tim Mathern, Rep. Chuck Damschen, Rep. Todd Porter, and Rep. Robert Kilichowski.

Rep. Damschen explained that the House made some substantial changes. The main purpose was that often they are approached to help set up boards for different professions and practices that are emerging. Often there is such a small number of people that it is difficult to set up a working board that can survive. This was seen as an opportunity to set up what you might call an umbrella or master board to include these fledgling boards.

When they grow to a higher number to become self sustaining they could come to the legislature and request their own board.

Under this legislation there would still be a sub board that would oversee their licensing requirements and individual practice.

Music therapists are included under this as well as the naturopaths – the bill originated with the naturopaths. Some of the practicing naturopaths were grandfathered in.

Discussion – The basic terms of the naturopath bill didn't change from the Senate version other than the addition of the ability to grandfather based on experience and education. That ability goes to the board. There is a date associated with that. Page 13 is the grandfather language.

Page 8, lines 20-27, was discussed. Rep. Porter explained how the House came up with the language. The House intent was to have this as the basic format so it gave guidance to the smaller groups that this is where they belong until they get bigger.

Sen. Mathern liked the wording – it seems to be flexible.

Including other groups was discussed. There will already be a process in place and all they would have to do is outline their scope of practice and they would be part of that integrated board.

The appropriation of \$4000 was to simplify the process. There needs to be an existing state agency for the flow of the money to establish the Board of Integrated Health.

Rep. Porter explained how groups could be added to the Integrated Board and the purpose of sub groups.

A criterion for grandfathering was discussed. The grandfathering process would be done in such a way that it would meet equivalent standards as established by the accrediting agency. It was the understanding that the qualifications would be reviewed by the specific sub boards who would advise the deciding board what would be credible qualifications.

From a legislative standpoint the job of the legislature is to set up the basic framework. One of the responsibilities of the board is to establish the criteria and conditions in the rules process.

Clarification and discussion followed on the addition of professional groups into the Integrated Board. Legislative approval is needed.

Senator Tim Mathern recommended wording to make sure the money gets properly appropriated to a state agency – either OMB or the Department of Health.

Rep. Porter pointed out that the only real change the House made with the exception of adding the Music Therapists was the grandfathering piece.

Senator Tim Mathern moved that the House recede from their amendments and amend using the House amendments and changing Section 6 to appropriate the money to OMB for the purpose of providing a grant to the state board of integrative health for assisting with the costs of establishing the board.

Seconded by **Rep. Porter**.

Roll call vote 5-1-0 – **Motion carried**.

Carriers: Senator Mathern and Rep. Porter

April 13, 2011

JB
4-13-11
1 of 8

PROPOSED AMENDMENTS TO REENGROSSED SENATE BILL NO. 2271

That the House recede from its amendments as printed on pages 1153-1160 of the Senate Journal and pages 1336-1342 of the House Journal and that Reengrossed Senate Bill No. 2271 be amended as follows:

Page 1, line 1, replace "chapter" with "chapters"

Page 1, line 1, after "43-57" insert ", 43-58, and 43-59"

Page 1, line 2, after the first "to" insert "creation of the state board of integrative health,"

Page 1, line 2, after "naturopaths" insert ", and regulation of music therapists"

Page 1, line 4, after the semicolon insert "to provide an appropriation;"

Page 1, line 13, replace "43-57" with "43-58"

Page 2, line 21, remove "Approved naturopathic medical college means a college and program granting the"

Page 2, remove lines 22 through 29

Page 2, line 30, remove "2."

Page 3, remove lines 1 through 3

Page 3, line 4, replace "4." with "2."

Page 3, line 4, replace "a person" with "an individual"

Page 3, line 4, after "chapter" insert "and under chapter 43-58 or 43-59"

Page 3, remove lines 5 through 17

Page 3, line 20, after the first "of" insert "at least"

Page 3, line 20, remove ", one of whom must be a naturopath, one of whom must be an"

Page 3, line 21, replace "acupuncturist, one of whom" with ". Each profession regulated by the board must have one member on the board representing that profession. In addition, one member"

Page 3, line 21, replace the second "of whom" with "member"

Page 3, line 22, after the underscored comma insert "one member must be an advanced practice registered nurse."

Page 3, line 22, after "and" insert "at least"

Page 3, line 22, replace "of whom" with "but no more than two members"

Page 3, line 22, replace "a layperson" with "laypersons"

Page 3, line 25, remove "four"

Page 3, line 26, remove "naturopath"

Page 3, line 26, after "appointment" insert "for a newly regulated profession"

Page 3, line 26, remove ", and except the"

Page 3, line 27, remove "acupuncturist appointment, who needs not be licensed"

Page 4, line 1, remove "no more than two"

Page 4, line 2, replace "members appointed annually" with "appointments distributed evenly from year to year"

Page 4, line 13, after "chapter" insert "and chapters 43-58 and 43-59"

Page 4, line 14, remove "of naturopathic medicine which are consistent"

Page 4, line 15, replace "with the education provided by approved naturopathic medical colleges" with ", which must be consistent with the required education for each profession regulated by the board"

Page 4, line 18, replace "approve naturopathic medical colleges" with "establish educational standards for each profession regulated by the board as appropriate"

Page 4, line 27, replace "under this chapter" with "by the board"

Page 4, line 29, after "chapter" insert ", chapter 43-58, and chapter 43-59"

Page 5, line 1, replace "licensed" with "regulated"

Page 5, remove lines 2 through 30

Page 6, remove lines 1 through 30

Page 7, replace lines 1 through 16 with:

"43-57-04. Board duties in regulating professions - Subgroups.

1. The board shall establish a subgroup for each profession regulated by the board. The board shall appoint at least three and no more than five members of the profession to serve as volunteer members of the subgroup. A subgroup member must be a licensed member of the profession, except in the case of a newly regulated profession in which case each subgroup member must be eligible for licensure. The board may appoint a board member to serve on a subgroup representing that board member's profession. The subgroup members serve at the pleasure of the board.
2. A subgroup established under this section shall serve in an advisory capacity to advise the board when requested by the board. The subgroup on its own motion may advise the board as the subgroup determines necessary.
3. The board may not take any action that impacts a profession regulated by the board as a whole or which impacts one or more licensees of that profession unless the board first consults with and requests the recommendation of the appropriate subgroup. If the board takes an action that is contrary to a subgroup's recommendation, the board shall articulate in writing why the subgroup's recommendation was not followed.

43-57-05. Petition to the board - Inclusion as a board-regulated profession - Consideration of additional health care professions.

1. An existing occupational or professional board of this state or agency of this state which regulates the practice of a health profession or a representative of a health profession that is not regulated by this state may submit to the board a petition and proposed bill draft requesting inclusion of that health profession as a profession regulated by the board. Upon receipt of a petition and proposed bill draft submitted under this section, the board shall review the petition and may work with the person submitting the petition to provide assistance in accomplishing this requested inclusion.

2. If a committee of the legislative assembly considers a measure to regulate a health care profession with fewer than fifty likely members, the committee shall consider whether it is desirable and feasible to have the state board of integrative health, some other existing board, or an existing state agency regulate that profession rather than create a new board.

3. If the membership of a board-regulated profession increases to at least one hundred licensees, the board may introduce legislation creating an independent board to regulate that profession."

Page 7, line 17, replace "43-57-11." with "43-57-06."

Page 7, line 19, after "chapter" insert "and under chapter 43-58 or 43-59"

Page 7, line 20, replace "43-57-12." with "43-57-07."

Page 8, remove lines 6 through 8

Page 8, line 9, replace "43-57-14." with "43-57-08."

Page 10, line 1, replace "43-57-15." with "43-57-09."

Page 10, line 25, replace "43-57-16." with "43-57-10."

Page 11, line 4, replace "43-57-17." with "43-57-11."

Page 11, line 5, after "chapter" insert ", chapter 43-58, or chapter 43-59"

Page 11, line 7, after "chapter" insert ", chapter 43-58, or chapter 43-59"

Page 11, after line 8, insert:

"**SECTION 4.** Chapter 43-58 of the North Dakota Century Code is created and enacted as follows:

43-58-01. Definitions.

As used in this chapter, unless the context otherwise requires:

1. "Approved naturopathic medical college" means a college and program granting the degree of doctor of naturopathy or naturopathic medicine which must require as a minimum a four-year, full-time resident program of academic and clinical study and which:

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- a. Is accredited, or has the status of candidate for accreditation, by an organization approved by the board, such as the council on naturopathic medical education; or
- b. Has been approved by the board after an investigation that determines that the college or program meets education standards equivalent to those established by the accrediting agency under subdivision a and complies with the board's rules.
2. "Board" means the state board of integrative health care created under chapter 43-57.
3. "Homeopathic preparations" means nonprescriptive substances prepared according to the official homeopathic pharmacopoeia of the United States. The term does not include prescriptive drugs.
4. "Licensee" means an individual licensed by the board under this chapter.
5. "Naturopath" means an individual licensed to practice naturopathic health care under this chapter.
6. "Naturopathic health care", "naturopathic medicine", or "naturopathy" means a system of primary health care practiced by naturopaths for the prevention, diagnosis, and treatment of human health conditions, injury, and disease. The purpose of naturopathic health care, naturopathic medicine, or naturopathy is to promote or restore health by the support and stimulation of the individual's inherent self-healing processes. This is accomplished through education of the patient by a naturopath and through the use of natural therapies and therapeutic substances.
7. "Naturopathic physical application" means the therapeutic use by a naturopath of the actions or devices of electrical muscle stimulation, galvanic, diathermy, ultrasound, ultraviolet light, hydrotherapy, and naturopathic manipulative therapy. The term does not include manipulation of the spine.

43-58-02. Exemptions.

Many of the therapies used by a naturopath, such as the use of nutritional supplements, herbs, foods, homeopathic preparations, and such physical forces as heat, cold, water, touch, and light, are not the exclusive privilege of naturopaths, and their use, practice, prescription, or administration by individuals not licensed to practice naturopathic medicine is not prohibited by this chapter. This chapter does not restrict or apply to the scope of practice of any other profession licensed, certified, or registered under the laws of this state.

43-58-03. License required - Title restrictions.

1. Effective January 1, 2012, a person may not practice naturopathy without a current naturopathic license issued by the board.
2. A naturopath may use the title "naturopath" or "doctor of naturopathic medicine" and the abbreviation "N.D." when used to reflect either of these titles. Effective January 1, 2012, a person that uses these terms or initials

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as identification without having received a naturopathic license under this chapter is engaging in the practice of naturopathy without a license.

43-58-04. Qualifications for licensure.

In order to obtain a license to practice naturopathic medicine in this state, an application must be made to the board. The application must be upon the form adopted by the board and must be made in the manner prescribed by the board.

43-58-05. Application for licensure.

1. An applicant for naturopathic licensure shall file an application on forms provided by the board showing to the board's satisfaction that the applicant is of good moral character and satisfied all of the requirements of this chapter and chapter 43-57, including:
 - a. Successful graduation of an approved naturopathic medical college;
 - b. Successful completion of an examination prescribed or endorsed by the board, such as part I and part II of the naturopathic physicians licensing examinations;
 - c. Physical, mental, and professional capability for the practice of naturopathic medicine in a manner acceptable to the board; and
 - d. A history free of any finding by the board, any other state licensure board, or any court of competent jurisdiction of the commission of any act that would constitute grounds for disciplinary action under this chapter and chapter 43-57. The board may modify this restriction for cause.
2. The application must be accompanied by the board-established license fees and application fees and by the documents, affidavits, and certificates necessary to establish that the applicant possesses the necessary qualifications.

43-58-06. Initial applications - Education and testing exception.

Notwithstanding the education and examination requirements for licensure under subdivisions a and b of subsection 1 of section 43-58-05, if an applicant was a bona fide resident of the state from January 1, 2011, through December 31, 2011, was practicing naturopathic medicine in this state immediately preceding January 1, 2012, was required to apply for licensure under this chapter in order to continue that practice, and does not meet the educational or examination requirements or both, the board may issue a license or limited license to that applicant if, following an examination of the applicant's education and experience, the board determines the applicant has sufficient education and experience to prepare the applicant to practice naturopathic medicine.

43-58-07. Licensure granted without examination to individuals licensed in other states.

1. The board may issue a naturopathic license by endorsement to an applicant who has complied with licensure requirements and who has passed an examination given by a recognized certifying agency approved

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by the licensing agency if the board determines the examination was equivalent in every respect to the examination required under this chapter.

- 2. The board may enter reciprocal agreements with licensing agencies of other states providing for reciprocal waiver of further examination or any part of the examination.
- 3. If an applicant is exempt from the examination required under this chapter, the applicant shall comply with the other requirements for licensure. The board may adopt rules allowing for temporary and special licensure to be in effect during the interval between board meetings.

43-58-08. Practice of naturopathic health care.

- 1. A naturopath may practice naturopathic medicine as a limited practice of the healing arts as exempted under section 43-17-02. A naturopath may not:
 - a. Prescribe, dispense, or administer any prescription drug;
 - b. Administer ionizing radioactive substances for therapeutic purposes;
 - c. Perform a surgical procedure; or
 - d. Claim to practice any licensed health care profession or system of treatment other than naturopathic medicine unless holding a separate license in that profession. A naturopath may not hold out to the public that the naturopath is a primary care provider.
- 2. A naturopath may prescribe and administer for preventive and therapeutic purposes a prescriptive device and the following nonprescriptive natural therapeutic substances, drugs, and therapies:
 - a. Food, vitamins, minerals, dietary supplements, enzymes, botanical medicines, and homeopathic preparations;
 - b. Topical drugs, health care counseling, nutritional counseling and dietary therapy, naturopathic physical applications, and therapeutic devices; and
 - c. Barrier devices for contraception.
- 3. A naturopath may perform or order for diagnostic purposes a physical or orificial examination, ultrasound, phlebotomy, clinical laboratory test or examination, physiological function test, and any other noninvasive diagnostic procedure commonly used by physicians in general practice and as authorized by the board.

43-58-09. Public health duties.

A naturopath has the same powers and duties as a licensed physician with regard to public health laws, reportable diseases and conditions, communicable disease control and prevention, recording of vital statistics, health and physical examinations, and local boards of health, except that the authority and responsibility are limited to activities consistent with the scope of practice established under this chapter and chapter 43-57.

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43-58-10. Employment by hospitals.

A hospital may employ a naturopath in the same manner as provided under section 43-17-42.

SECTION 5. Chapter 43-59 of the North Dakota Century Code is created and enacted as follows:

43-59-01. Definitions.

As used in this chapter, unless the context otherwise requires:

1. "Board" means the state board of integrative health care created under chapter 43-57.
2. "Licensee" means an individual licensed by the board under this chapter.
3. "Music therapist" is an individual who practices music therapy.
4. "Music therapy" is the specialized use of music and the materials of music to restore, maintain, and improve the following areas of functioning: cognitive, psychological, social or emotional, affective, physical, sensory or sensorimotor, motor, communicative, and physiological functioning. Techniques used in the practice of music therapy include the use of music to provide participatory individual and group experiences; musical improvisation; therapeutic development of verbal skills and nonverbal behavior; receptive music learning; lyric discussions; memory recall; music and imagery; self-expression through composition and songwriting; socialization and enhancement of self-esteem through music performance; relaxation to music, including stress and pain management; learning through music; cultural and spiritual expression; development of fine and gross motor skills through responses to rhythm; respiratory and speech improvements through sound production; sensory integration and stimulation; increased awareness of music for development of recreation and leisure interests; and interactive verbal techniques to help facilitate, elicit, or summarize the techniques listed in this subsection and build the therapeutic relationship.

43-59-02. Music therapy - License required - Title restrictions - Exceptions.

1. Effective August 1, 2012, a person may not hold out as practicing music therapy, hold out as being a music therapist, or use a title or other designation indicating the person is a music therapist in this state unless that person is an individual licensed under this chapter and chapter 43-57.
2. The licensure provisions of this chapter do not prevent or restrict the practice, services, or activities of any individual licensed in another profession or any individual supervised by a licensed professional from performing work incidental to the practice of that profession or occupation, if that individual does not represent the individual as a music therapist.

43-59-03. Qualifications for licensure.

1. In order to obtain a license to practice music therapy in this state, an application must be made to the board. The application must be upon the

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form adopted by the board and must be made in the manner prescribed by the board.

2. An applicant for licensure to practice music therapy shall file an application on forms provided by the board showing to the board's satisfaction that the applicant is an individual of good moral character, is at least eighteen years of age, and satisfied all the requirements established by the board which may include:
 - a. Successful graduation of a board-approved educational program;
 - b. Successful completion of a board-approved examination prescribed or endorsed by the board;
 - c. Hold in good standing a board-approved designation, such as:
 - (1) A music therapist board-certified credential from the certification board for music therapists; or
 - (2) A professional designation from the national music therapy registry, which may include registered music therapist, certified music therapist, and advanced certified music therapist.
 - d. Physical, mental, and professional capability for the practice of music therapy in a manner acceptable to the board;
 - e. A history free of any finding by the board, any other state licensure board, or any court of competent jurisdiction of the commission of any act that would constitute grounds for disciplinary action under this chapter or chapter 43-57. The board may modify this restriction for cause.
3. The application must be accompanied by the board-established license fees and application fees and by the documents, affidavits, and certificates necessary to establish that the applicant possesses the necessary qualifications.

SECTION 6. APPROPRIATION. There is appropriated out of any moneys in the general fund in the state treasury, not otherwise appropriated, the sum of \$4,000, or so much of the sum as may be necessary, to the office of management and budget for the purpose of providing a grant to the state board of integrative health for assisting with costs associated with establishing the board, for the biennium beginning July 1, 2011, and ending June 30, 2013."

Renumber accordingly

2011 SENATE CONFERENCE COMMITTEE ROLL CALL VOTES

Committee: Senate Human Services

Bill/Resolution No. 2271 as (re) engrossed

Date: 4-13-2011

Roll Call Vote #: _____

- Action Taken**
- SENATE accede to House amendments
 - SENATE accede to House amendments and further amend
 - HOUSE recede from House amendments
 - HOUSE recede from House amendments and amend as follows

~~Senate~~/House Amendments on (S)J/HJ page(s) 115.3 - 1160

- Unable to agree, recommends that the committee be discharged and a new committee be appointed

(Re) Engrossed 2271 was placed on the Seventh order of business on the calendar

Motion Made by: Mather Seconded by: Porter

Senators	4-13		Yes	No		Representatives	4-13		Yes	No
Sen. Dever	✓		✓			Rep. Damschen	✓		✓	
Sen. Berry	✓			✓		Rep. Porter	✓		✓	
Sen. Mather	✓		✓			Rep. Kilichowski	✓		✓	

Vote Count: Yes 5 No 1 Absent 0

Senate Carrier Sen. Mather House Carrier Rep. Porter

LC Number _____ of amendment

LC Number _____ of engrossment

Emergency clause added or deleted

Statement of purpose of amendment

REPORT OF CONFERENCE COMMITTEE

SB 2271, as reengrossed: Your conference committee (Sens. Dever, Berry, Mathern and Reps. Damschen, Porter, Kilichowski) recommends that the **HOUSE RECEDE** from the House amendments as printed on SJ pages 1153-1160, adopt amendments as follows, and place SB 2271 on the Seventh order:

That the House recede from its amendments as printed on pages 1153-1160 of the Senate Journal and pages 1336-1342 of the House Journal and that Reengrossed Senate Bill No. 2271 be amended as follows:

Page 1, line 1, replace "chapter" with "chapters"

Page 1, line 1, after "43-57" insert ", 43-58, and 43-59"

Page 1, line 2, after the first "to" insert "creation of the state board of integrative health,"

Page 1, line 2, after "naturopaths" insert ", and regulation of music therapists"

Page 1, line 4, after the semicolon insert "to provide an appropriation;"

Page 1, line 13, replace "43-57" with "43-58"

Page 2, line 21, remove ""Approved naturopathic medical college" means a college and program granting the

Page 2, remove lines 22 through 29

Page 2, line 30, remove "2."

Page 3, remove lines 1 through 3

Page 3, line 4, replace "4." with "2."

Page 3, line 4, replace "a person" with "an individual"

Page 3, line 4, after "chapter" insert "and under chapter 43-58 or 43-59"

Page 3, remove lines 5 through 17

Page 3, line 20, after the first "of" insert "at least"

Page 3, line 20, remove ", one of whom must be a naturopath, one of whom must be an"

Page 3, line 21, replace "acupuncturist, one of whom" with ". Each profession regulated by the board must have one member on the board representing that profession. In addition, one member"

Page 3, line 21, replace the second "of whom" with "member"

Page 3, line 22, after the underscored comma insert "one member must be an advanced practice registered nurse."

Page 3, line 22, after "and" insert "at least"

Page 3, line 22, replace "of whom" with "but no more than two members"

Page 3, line 22, replace "a layperson" with "laypersons"

Page 3, line 25, remove "four"

Page 3, line 26, remove "naturopath"

- Page 3, line 26, after "appointment" insert "for a newly regulated profession"
- Page 3, line 26, remove "and except the"
- Page 3, line 27, remove "acupuncturist appointment, who needs not be licensed"
- Page 4, line 1, remove "no more than two"
- Page 4, line 2, replace "members appointed annually" with "appointments distributed evenly from year to year"
- Page 4, line 13, after "chapter" insert "and chapters 43-58 and 43-59"
- Page 4, line 14, remove "of naturopathic medicine which are consistent"
- Page 4, line 15, replace "with the education provided by approved naturopathic medical colleges" with "which must be consistent with the required education for each profession regulated by the board"
- Page 4, line 18, replace "approve naturopathic medical colleges" with "establish educational standards for each profession regulated by the board as appropriate"
- Page 4, line 27, replace "under this chapter" with "by the board"
- Page 4, line 29, after "chapter" insert "chapter 43-58, and chapter 43-59"
- Page 5, line 1, replace "licensed" with "regulated"
- Page 5, remove lines 2 through 30
- Page 6, remove lines 1 through 30
- Page 7, replace lines 1 through 16 with:

"43-57-04. Board duties in regulating professions - Subgroups.

1. The board shall establish a subgroup for each profession regulated by the board. The board shall appoint at least three and no more than five members of the profession to serve as volunteer members of the subgroup. A subgroup member must be a licensed member of the profession, except in the case of a newly regulated profession in which case each subgroup member must be eligible for licensure. The board may appoint a board member to serve on a subgroup representing that board member's profession. The subgroup members serve at the pleasure of the board.
2. A subgroup established under this section shall serve in an advisory capacity to advise the board when requested by the board. The subgroup on its own motion may advise the board as the subgroup determines necessary.
3. The board may not take any action that impacts a profession regulated by the board as a whole or which impacts one or more licensees of that profession unless the board first consults with and requests the recommendation of the appropriate subgroup. If the board takes an action that is contrary to a subgroup's recommendation, the board shall articulate in writing why the subgroup's recommendation was not followed.

43-57-05. Petition to the board - Inclusion as a board-regulated profession - Consideration of additional health care professions.

1. An existing occupational or professional board of this state or agency of this state which regulates the practice of a health profession or a representative of a health profession that is not regulated by this state may submit to the board a petition and proposed bill draft requesting inclusion of that health profession as a profession regulated by the board. Upon receipt of a petition and proposed bill draft submitted under this section, the board shall review the petition and may work with the person submitting the petition to provide assistance in accomplishing this requested inclusion.
2. If a committee of the legislative assembly considers a measure to regulate a health care profession with fewer than fifty likely members, the committee shall consider whether it is desirable and feasible to have the state board of integrative health, some other existing board, or an existing state agency regulate that profession rather than create a new board.
3. If the membership of a board-regulated profession increases to at least one hundred licensees, the board may introduce legislation creating an independent board to regulate that profession."

Page 7, line 17, replace "43-57-11." with "43-57-06."

Page 7, line 19, after "chapter" insert "and under chapter 43-58 or 43-59"

Page 7, line 20, replace "43-57-12." with "43-57-07."

Page 8, remove lines 6 through 8

Page 8, line 9, replace "43-57-14." with "43-57-08."

Page 10, line 1, replace "43-57-15." with "43-57-09."

Page 10, line 25, replace "43-57-16." with "43-57-10."

Page 11, line 4, replace "43-57-17." with "43-57-11."

Page 11, line 5, after "chapter" insert ", chapter 43-58, or chapter 43-59"

Page 11, line 7, after "chapter" insert ", chapter 43-58, or chapter 43-59"

Page 11, after line 8, insert:

"**SECTION 4.** Chapter 43-58 of the North Dakota Century Code is created and enacted as follows:

43-58-01. Definitions.

As used in this chapter, unless the context otherwise requires:

1. "Approved naturopathic medical college" means a college and program granting the degree of doctor of naturopathy or naturopathic medicine which must require as a minimum a four-year, full-time resident program of academic and clinical study and which:
 - a. Is accredited, or has the status of candidate for accreditation, by an organization approved by the board, such as the council on naturopathic medical education; or

- b. Has been approved by the board after an investigation that determines that the college or program meets education standards equivalent to those established by the accrediting agency under subdivision a and complies with the board's rules.
2. "Board" means the state board of integrative health care created under chapter 43-57.
3. "Homeopathic preparations" means nonprescriptive substances prepared according to the official homeopathic pharmacopoeia of the United States. The term does not include prescriptive drugs.
4. "Licensee" means an individual licensed by the board under this chapter.
5. "Naturopath" means an individual licensed to practice naturopathic health care under this chapter.
6. "Naturopathic health care", "naturopathic medicine", or "naturopathy" means a system of primary health care practiced by naturopaths for the prevention, diagnosis, and treatment of human health conditions, injury, and disease. The purpose of naturopathic health care, naturopathic medicine, or naturopathy is to promote or restore health by the support and stimulation of the individual's inherent self-healing processes. This is accomplished through education of the patient by a naturopath and through the use of natural therapies and therapeutic substances.
7. "Naturopathic physical application" means the therapeutic use by a naturopath of the actions or devices of electrical muscle stimulation, galvanic, diathermy, ultrasound, ultraviolet light, hydrotherapy, and naturopathic manipulative therapy. The term does not include manipulation of the spine.

43-58-02. Exemptions.

Many of the therapies used by a naturopath, such as the use of nutritional supplements, herbs, foods, homeopathic preparations, and such physical forces as heat, cold, water, touch, and light, are not the exclusive privilege of naturopaths, and their use, practice, prescription, or administration by individuals not licensed to practice naturopathic medicine is not prohibited by this chapter. This chapter does not restrict or apply to the scope of practice of any other profession licensed, certified, or registered under the laws of this state.

43-58-03. License required - Title restrictions.

1. Effective January 1, 2012, a person may not practice naturopathy without a current naturopathic license issued by the board.
2. A naturopath may use the title "naturopath" or "doctor of naturopathic medicine" and the abbreviation "N.D." when used to reflect either of these titles. Effective January 1, 2012, a person that uses these terms or initials as identification without having received a naturopathic license under this chapter is engaging in the practice of naturopathy without a license.

43-58-04. Qualifications for licensure.

In order to obtain a license to practice naturopathic medicine in this state, an application must be made to the board. The application must be upon the form adopted by the board and must be made in the manner prescribed by the board.

43-58-05. Application for licensure.

1. An applicant for naturopathic licensure shall file an application on forms provided by the board showing to the board's satisfaction that the applicant is of good moral character and satisfied all of the requirements of this chapter and chapter 43-57, including:
 - a. Successful graduation of an approved naturopathic medical college;
 - b. Successful completion of an examination prescribed or endorsed by the board, such as part I and part II of the naturopathic physicians licensing examinations;
 - c. Physical, mental, and professional capability for the practice of naturopathic medicine in a manner acceptable to the board; and
 - d. A history free of any finding by the board, any other state licensure board, or any court of competent jurisdiction of the commission of any act that would constitute grounds for disciplinary action under this chapter and chapter 43-57. The board may modify this restriction for cause.
2. The application must be accompanied by the board-established license fees and application fees and by the documents, affidavits, and certificates necessary to establish that the applicant possesses the necessary qualifications.

43-58-06. Initial applications - Education and testing exception.

Notwithstanding the education and examination requirements for licensure under subdivisions a and b of subsection 1 of section 43-58-05, if an applicant was a bona fide resident of the state from January 1, 2011, through December 31, 2011, was practicing naturopathic medicine in this state immediately preceding January 1, 2012, was required to apply for licensure under this chapter in order to continue that practice, and does not meet the educational or examination requirements or both, the board may issue a license or limited license to that applicant if, following an examination of the applicant's education and experience, the board determines the applicant has sufficient education and experience to prepare the applicant to practice naturopathic medicine.

43-58-07. Licensure granted without examination to individuals licensed in other states.

1. The board may issue a naturopathic license by endorsement to an applicant who has complied with licensure requirements and who has passed an examination given by a recognized certifying agency approved by the licensing agency if the board determines the examination was equivalent in every respect to the examination required under this chapter.
2. The board may enter reciprocal agreements with licensing agencies of other states providing for reciprocal waiver of further examination or any part of the examination.
3. If an applicant is exempt from the examination required under this chapter, the applicant shall comply with the other requirements for licensure. The board may adopt rules allowing for temporary and special licensure to be in effect during the interval between board meetings.

43-58-08. Practice of naturopathic health care.

1. A naturopath may practice naturopathic medicine as a limited practice of the healing arts as exempted under section 43-17-02. A naturopath may not:
 - a. Prescribe, dispense, or administer any prescription drug;
 - b. Administer ionizing radioactive substances for therapeutic purposes;
 - c. Perform a surgical procedure; or
 - d. Claim to practice any licensed health care profession or system of treatment other than naturopathic medicine unless holding a separate license in that profession. A naturopath may not hold out to the public that the naturopath is a primary care provider.
2. A naturopath may prescribe and administer for preventive and therapeutic purposes a prescriptive device and the following nonprescriptive natural therapeutic substances, drugs, and therapies:
 - a. Food, vitamins, minerals, dietary supplements, enzymes, botanical medicines, and homeopathic preparations;
 - b. Topical drugs, health care counseling, nutritional counseling and dietary therapy, naturopathic physical applications, and therapeutic devices; and
 - c. Barrier devices for contraception.
3. A naturopath may perform or order for diagnostic purposes a physical or orificial examination, ultrasound, phlebotomy, clinical laboratory test or examination, physiological function test, and any other noninvasive diagnostic procedure commonly used by physicians in general practice and as authorized by the board.

43-58-09. Public health duties.

A naturopath has the same powers and duties as a licensed physician with regard to public health laws, reportable diseases and conditions, communicable disease control and prevention, recording of vital statistics, health and physical examinations, and local boards of health, except that the authority and responsibility are limited to activities consistent with the scope of practice established under this chapter and chapter 43-57.

43-58-10. Employment by hospitals.

A hospital may employ a naturopath in the same manner as provided under section 43-17-42.

SECTION 5. Chapter 43-59 of the North Dakota Century Code is created and enacted as follows:

43-59-01. Definitions.

As used in this chapter, unless the context otherwise requires:

1. "Board" means the state board of integrative health care created under chapter 43-57.
2. "Licensee" means an individual licensed by the board under this chapter.

3. "Music therapist" is an individual who practices music therapy.
4. "Music therapy" is the specialized use of music and the materials of music to restore, maintain, and improve the following areas of functioning: cognitive, psychological, social or emotional, affective, physical, sensory or sensorimotor, motor, communicative, and physiological functioning. Techniques used in the practice of music therapy include the use of music to provide participatory individual and group experiences; musical improvisation; therapeutic development of verbal skills and nonverbal behavior; receptive music learning; lyric discussions; memory recall; music and imagery; self-expression through composition and songwriting; socialization and enhancement of self-esteem through music performance; relaxation to music, including stress and pain management; learning through music; cultural and spiritual expression; development of fine and gross motor skills through responses to rhythm; respiratory and speech improvements through sound production; sensory integration and stimulation; increased awareness of music for development of recreation and leisure interests; and interactive verbal techniques to help facilitate, elicit, or summarize the techniques listed in this subsection and build the therapeutic relationship.

43-59-02. Music therapy - License required - Title restrictions - Exceptions.

1. Effective August 1, 2012, a person may not hold out as practicing music therapy, hold out as being a music therapist, or use a title or other designation indicating the person is a music therapist in this state unless that person is an individual licensed under this chapter and chapter 43-57.
2. The licensure provisions of this chapter do not prevent or restrict the practice, services, or activities of any individual licensed in another profession or any individual supervised by a licensed professional from performing work incidental to the practice of that profession or occupation, if that individual does not represent the individual as a music therapist.

43-59-03. Qualifications for licensure.

1. In order to obtain a license to practice music therapy in this state, an application must be made to the board. The application must be upon the form adopted by the board and must be made in the manner prescribed by the board.
2. An applicant for licensure to practice music therapy shall file an application on forms provided by the board showing to the board's satisfaction that the applicant is an individual of good moral character, is at least eighteen years of age, and satisfied all the requirements established by the board which may include:
 - a. Successful graduation of a board-approved educational program;
 - b. Successful completion of a board-approved examination prescribed or endorsed by the board;
 - c. Hold in good standing a board-approved designation, such as:
 - (1) A music therapist board-certified credential from the certification board for music therapists; or

- (2) A professional designation from the national music therapy registry, which may include registered music therapist, certified music therapist, and advanced certified music therapist.
- d. Physical, mental, and professional capability for the practice of music therapy in a manner acceptable to the board;
- e. A history free of any finding by the board, any other state licensure board, or any court of competent jurisdiction of the commission of any act that would constitute grounds for disciplinary action under this chapter or chapter 43-57. The board may modify this restriction for cause.
3. The application must be accompanied by the board-established license fees and application fees and by the documents, affidavits, and certificates necessary to establish that the applicant possesses the necessary qualifications.

SECTION 6. APPROPRIATION. There is appropriated out of any moneys in the general fund in the state treasury, not otherwise appropriated, the sum of \$4,000, or so much of the sum as may be necessary, to the office of management and budget for the purpose of providing a grant to the state board of integrative health for assisting with costs associated with establishing the board, for the biennium beginning July 1, 2011, and ending June 30, 2013."

Renumber accordingly

Reengrossed SB 2271 was placed on the Seventh order of business on the calendar.

2011 TESTIMONY

SB 2271

1

Testimony on SB 2271
Senate Human Services
10 a.m., January 31, 2011

Madame Chairman and members of the Committee. I am Margaret Sitte, Senator from District 35, Bismarck.

Let me begin with a story. My mother lived alone in her own home until the age of 95, never missing one of her grandchildren's in-town or out-of-town basketball games. She routinely saw her medical doctor for her Type II diabetes and heart condition. She also saw an ophthalmologist for cataract surgery and regular checkups. But sometimes modern medicine didn't have all the answers.

For instance, at about age 88, she was told that macular degeneration was setting in. Never one to sit idly by, she went to a local health food store and started taking lutein esthers. When she returned to her ophthalmologist six months later, he couldn't believe her eyes and said, "I've never seen anyone improve from macular degeneration. What have you done?" When she told him, he said, "Keep doing it."

In her early 90s, Mother's carotid artery was getting plugged with plaque, and her doctor warned her of an impending stroke, telling her she was just too risky a case to consider surgery. Again she talked to the owner of the health food store and started taking cayenne pepper tablets. Six months later, her internist told her he couldn't believe the strong pulse in her carotid artery, saying no one's artery gets unplugged on its own.

These stories and others like it could fill volumes. We all know of people who have tried alternative therapies and have experienced healing. We also know that we would prefer to get information on nutrition and supplements from someone who has studied them in four years of post-graduate school. We don't want just anyone to be able to claim the title of "naturopath," resulting in unqualified people treating patients. For this reason, this bill proposes a new Board of Integrative Health Care to license naturopathic doctors.

So just what is a naturopathic doctor? Let's look at Attachment 1.

Why do we need naturopathic doctors? Let's turn to Attachment 2, an article in the UND Medicine magazine.

While Dr. Fischer was planning a multi-million dollar gift to the School of Medicine, the latest I've heard is that the gift is on hold, but I don't have details as to why.

The profession of naturopathic doctors is growing, especially in rural areas where doctors are hard to come by. In Montana, there were ten naturopathic doctors twenty years ago when they first began to license them. Today Montana has 70 practicing naturopathic physicians.

North Dakota's numbers are small. Currently, we have two practicing naturopathic doctors in the state, but ^{Three} ~~four~~ others are looking to come within the next year. Next, I want you to hear from Beth Allen, one of the naturopathic doctors, who will walk you through the bill. Many others have also come to testify, so I will conclude by asking for your favorable recommendation on SB 2271.

Taken from the American Association of Naturopathic Physicians
www.naturopathic.org

What is a Naturopathic Doctor? Naturopathic physicians combine the wisdom of nature with the rigors of modern science. Steeped in traditional healing methods, principles and practices, naturopathic medicine focuses on holistic, proactive prevention and comprehensive diagnosis and treatment. By using protocols that minimize the risk of harm, naturopathic physicians help facilitate the body's inherent ability to restore and maintain optimal health. It is the naturopathic physician's role to identify and remove barriers to good health by helping to create a healing internal and external environment.

Naturopathic physicians work in private practices, hospitals, clinics and community health centers. NDs practice throughout the United States and Canada. Qualified naturopathic physicians undergo rigorous training before they become licensed healthcare practitioners. Visit our Professional Education page to learn about naturopathic education.

NDs treat all medical conditions and can provide both individual and family healthcare. Among the most common ailments they treat are allergies, chronic pain, digestive issues, hormonal imbalances, obesity, respiratory conditions, heart disease, fertility problems, menopause, adrenal fatigue, cancer, fibromyalgia and chronic fatigue syndrome. NDs can perform minor surgeries, such as removing cysts or stitching up superficial wounds. However, they do not practice major surgery. NDs are trained to utilize prescription drugs, although the emphasis of naturopathic medicine is the use of natural healing agents.

Your First Visit A naturopathic physician will take time with you. During your first appointment, your doctor will take your health history, find out about your diet, stress levels, use of tobacco and alcohol, and discuss why you're there. He or she may perform an examination and order diagnostic tests. Naturopathic physicians keep themselves up-to-date on the latest scientific research and incorporate this evidence into their treatments. The naturopathic physician will work with you to set up a customized health management strategy. If necessary, your doctor will refer you to other health care practitioners.

A first visit with a patient may last one to two hours and follow-up visits range from 30 to 60 minutes, although this varies depending on the ND. Naturopathic physicians need sufficient time to ask questions and understand the patient's health goals. NDs also need time to gather information, do an appropriate examination and teach his or her patients about managing their condition and improving their health. An ND may also use diagnostic tests to fully understand their patient's health status. Besides taking the time to carefully and fully assess a patient's root problem, NDs speak and understand the language of conventional medicine. They can diagnose the way MDs do—yet, they bring to the patient a whole new arsenal of treatments and insights. Instead of waiting for a disease to emerge, NDs work to head it off before it happens.

Your Health *The below articles provide a wonderful introduction to the preventive, natural, and holistic perspective of naturopathic health care. Watch this page for regularly-added new articles.*

Nutrition, Weight Loss, and Diabetes

Another Reason for the Terrible Twos
Back to School: Healthy Eating for Kids
Create a Healthier Halloween
The Dirt on Supplements
A Healthy Balance: Food vs. Supplements
Healing the Aging Metabolism
Losing Weight the Natural Way
Naturopathic Diagnosis and Treatment of Diabetes and Prediabetes
What to Look for in a Vitamin
What We Know About Losing Fat and Keeping It Off
What You Need to Know About Type II Diabetes

Allergies and Respiratory Illness

Allergies: Natural Solutions
Do You Have a Toxic Workplace?
Don't Let Food Allergies Get You Down
Gluten: A Lurking Danger in the Pantry
Natural Treatments for Your Seasonal Allergies

Cold and Flu

Preparing Yourself for the Flu Season Naturally

Heart Health

Treating High Blood Pressure Naturally
Naturopathic Approaches to Managing Your Cholesterol

Digestive Health

Natural Elimination of IBS Symptoms
Probiotics and Our Children's Health
Good Bugs - Good Health!

Natural Medicine

Adrenal Fatigue Explained
Cheating on Your Doc?
Homeopathy – A Primer
Health Plans Less Traveled: Natural Medicine
Mind-body Integrative Medicine: Treating the Whole Person
Natural Remedies for Summertime First Aid
Two Hundred And Six Bones, One Important Mission!
Staying Healthy On Vacation

Mental Health

Beat the Winter Blues! Seasonal Affective Disorder
Common Migraine Triggers and Prevention Techniques
Sleep Checklist: Six Tips for a Good Night's Sleep
Sleep Naturally
Staying Healthy and Reducing Stress During the Holidays
The Unmedicated Mind

Men's Health

Naturopathic Treatments for Common Pelvic and Abdominal Problems

Women's Health

Estrogen Dominance: Too Much of a Good Thing Can Certainly Be BAD!
An Integrative Prevention Plan for Breast Cancer

Licensed States & Licensing Authorities Currently, 15 states, the District of Columbia, and the United States territories of Puerto Rico and the United States Virgin Islands have licensing laws for naturopathic doctors. In these states, naturopathic doctors are required to graduate from an accredited four-year residential naturopathic medical school and pass an extensive postdoctoral board examination (NPLEX) in order to receive a license. For information about the Naturopathic Physicians Licensing Examination Board (NPLEX) and the North American Board of Naturopathic Examiners (NABNE), please see our Education page.

Licensed naturopathic physicians must fulfill state-mandated continuing education requirements annually, and will have a specific scope of practice defined by their state's law. The states that currently have licensing laws for naturopathic physicians are:

- Alaska
- Arizona
- California
- Connecticut
- District of Columbia
- Hawaii
- Idaho
- Kansas
- Maine
- Minnesota
- Montana
- New Hampshire
- Oregon
- Utah
- Vermont
- Washington
- United States Territories: Puerto Rico and Virgin Islands

Professional Education A licensed naturopathic physician (N.D.) attends a four-year graduate-level naturopathic medical school and is educated in all of the same basic sciences as an M.D., but also studies holistic and nontoxic approaches to therapy with a strong emphasis on disease prevention and optimizing wellness. In addition to a standard medical curriculum, the naturopathic physician is required to complete four years of training in clinical nutrition, acupuncture, homeopathic medicine, botanical medicine, psychology, and counseling (to encourage people to make lifestyle changes in support of their personal health). A naturopathic physician takes rigorous professional board exams so that he or she may be licensed by a state or jurisdiction as a primary care general practice physician. Please see the AANMC's Professional Competency Profile for more information.

National Organizations

Federation of Naturopathic Physicians Licensing Authorities

President: Craig Runbeck, NMD
Phone: (602) 542-8242
Email: craigrunbeck@npbomex.az.gov
344 SW 7th St.
Suite B
Newport, OR 97365-4915
Phone & Fax: (541) 265-6378
Email: fnplaorg@hotmail.com
www.fnpla.org

The federation is an organization of members of state licensing boards.

United States Licensing Organizations

Alaska Department of Community and Economic Development

Division of Occupational Licensing Naturopathic Section
P.O. Box 110806
Juneau, AK 99811-0806
Phone: (907) 465-2695
Email: stacie.johnston@alaska.gov
www.dced.state.ak.us/occ/pnat.htm

Arizona Naturopathic Board of Medical Examiners

Executive Director: Craig Runbeck, NMD
1400 W. Washington Ave, #230
Phoenix, AZ 85007
Phone: (602) 542-8242
www.npbomex.az.gov

Osteopathic Medical Board of California

Naturopathic Medicine Committee

Contact: Francine Davies
1300 National Drive, Suite 150
Sacramento, CA 95834
Mailing Address: PO Box 980490
West Sacramento, CA 95798-0490
Phone: (916) 928-4785
Fax: (916) 928-4787
Email: naturopathic@dca.ca.gov
www.naturopathic.ca.gov/

Connecticut Board of Naturopathic Examiners

410 Capitol Avenue, MS#12APP
P.O. Box 340308
Hartford, CT 06134-0308
Phone: (860) 509-7562
Email: oplc.dph@ct.gov
www.dph.state.ct.us

District of Columbia Department of Health Advisory Committee on Naturopathic Physicians

Licensing Specialist: Antoinette Stokes
717 14th Street, NW, Suite 600
Washington, DC 20005
Phone: (877) 672-2174
Fax: (202) 727-8471
Web site: <http://hpla.doh.dc.gov/hpla/cwp/view,a,1195,q,494455.asp>

Hawaii Board of Examiners in Naturopathy

Executive Officer: Candace Ito
DCCA-PVL, Attn: NAT
P.O. Box 3469
Honolulu, HI 96801
Phone: (808) 586-2704
Email: naturopathy@dcca.hawaii.gov
<http://hawaii.gov/dcca/areas/pvl/boards/naturopathy/>

Kansas State Board of Healing Arts

235 S. Topeka Blvd
Topeka, KS 66603-3068
Phone: (785) 296-7413
Toll Free: (888) 886-7205
Fax: (785) 296-0852
www.ksbha.org

Maine Board of Complementary Health Care Providers

Contact: Geraldine Betts
35 State House Station
Augusta, ME 04333-0035
Phone: (207) 624-8689
Email: comphealth.board@maine.gov
http://maine.gov/pfr/professionallicensing/professions/complementary/naturopathic_doctor.htm

Minnesota Board of Medical Practice

Naturopathic Advisory Council
Chair: Helen Healy, ND
University Park Plaza
2829 University Avenue, S.E., Suite 500
Minneapolis, MN 55414-3246
Phone: (612) 617-2130
<http://www.state.mn.us/portal/mn/jsp/home.do?agency=BMP>

Montana Alternative Health Care Board

301 S. Park, 4th Floor
P.O. Box 200513
Helena, MT 59620-0513
Phone: (406) 841-2394
Email: dlibsdahc@mt.gov
http://www.mt.gov/dli/ahc/licenses/ahc/npp_license.asp

New Hampshire Department of Health and Human Services

Licensing & Regulative Services
129 Pleasant Street
Concord, NH 03301-3857
Phone: (603) 271-0853
Toll-Free: (800) 852-3345 x4814
<http://www.dhhs.nh.gov/DHHS/LRS/ELIGIBILITY/naturopathic-license.htm>

Oregon Board of Naturopathic Examiners

800 NE Oregon Street, Suite 407
Portland, OR 97232
Phone: (971) 673-0193
Email: obne.info@state.or.us
<http://www.oregon.gov/OBNE/index.shtml>

Utah Naturopathic Physicians Licensing Board

160 East 300 South
Salt Lake City, UT 84111
Phone: (80) 530-6628
<http://www.dopl.utah.gov/licensing/naturopathy.html>

Vermont Office of the Secretary of State

Office of Professional Regulation Naturopathic Physicians Advisors

Contact: Kristy Kemp

National Life Building

North FL2

Montpelier, VT 05620-3402

Phone: (802) 828-2373

<http://vtprofessionals.org/opr1/naturopaths/>

Washington State Department of Health Naturopathy Program

Health Professions Quality Assurance

PO Box 47865

Olympia, WA 98504-7865

Phone: (360) 236-4700

Fax: (360) 236-4818

<http://www.doh.wa.gov/hsqa/Professions/Naturopathy/default.htm>

Unexpected Reformer: Alumnus Supports Integrative Medicine

by Pamela D. Knudson Photography: provided by John Fischer, MD
Taken from North Dakota Medicine



An avid outdoorsman, John Fischer, MD (BS Med '65), of Gunnison, CO, is supremely health-conscious; since 1976, his diet has been derived almost entirely from what he has hunted, caught or trapped. Through his major gift to establish an integrative medicine program at UND, he wants to see medical students "exposed, at a very practical level," to basic modalities of complementary and alternative treatment, he says, that are "equally efficacious, safer and better for the patient than drugs."

As a Harvard-trained neuroradiologist and interventional radiologist, John Fischer, MD (BS Med '65), has "climbed to the top of the high-tech medical mountain," he says.

"There is no good health at the top of the mountain; only disease. Disease and enormous costs."

The physician who spent his career performing the most sophisticated, high-tech procedures is an unlikely, yet passionate, advocate for a growing movement in medicine

that emphasizes a broad, holistic approach to patient care, focusing on wellness and encompassing a wide variety of proven and even ancient practices that American doctors have been reluctant or unwilling to adopt.

In the United States, "we don't have a health care system; we have a disease care system," he maintains. "We focus on disease care; there is little interest in health."

Fischer has come "full circle," he says, back to the opposite end of medicine which espouses less reliance on expensive high-tech procedures, surgeries and medications and embraces the fundamentals of good health: basic nutrition, exercise and a good, healthy lifestyle.

Ineffective, expensive, potentially dangerous

The use of "high-tech medicine has rarely made anyone healthy," he says, acknowledging that, with it, "we've been able to ameliorate some disease, extend a few lives. But it certainly doesn't give you good health."

He's deeply concerned about the American health care system and that, as a country, "we can't afford this high-tech medicine that produces so few benefits. The runaway cost of health care is financially catastrophic. It is time to focus on good health instead of disease. We need to keep people out of the disease care system."

Further, "physicians are slaves to drug companies. If you take away our prescription pads, we're impotent," he asserts. "There's more to medicine than peddling pharmaceuticals, some of which are very toxic, even lethal... Others do more harm than good."

When society surveys the alarming evidence of medical errors and the serious side effects of the drugs physicians prescribe, he observes, "doctors are dangerous to your health."

He notes that 89 percent of people over 60 years old are taking at least one prescription medication, and most are taking several. "The good physician of the future will be judged by the number of drugs they get people off of."

While not condemning drug companies, Fischer recognizes that their "sole motive is profit," and that physicians' dependence on pharmaceuticals is rooted in their medical training.

"I want to change that," he says. "Medical students should be exposed to alternative treatment methods early on, so they become comfortable with them and knowledgeable in their use. Then, they will be able to combine the best of pharmaceutical medicine and alternative medicine in their treatment of patients. It does not have to be 'either/or.' It can be 'both.'"

The goal is to "naturally incorporate alternative medicine into their practices," he says. "There's so much more out there that physicians can use -- good therapies that would help them in their practice and that patients would love to use" instead of drugs.

Gentler, more benign approach

Fischer is convinced that part of creating a health care system in our country includes patient care that encompasses naturopathy, homeopathy, biological approaches such as herbs, vitamins and supplements, therapeutic massage and manipulation, traditional Chinese medicine, Ayurveda as well as mind-body medicine involving patient support groups and meditation.

"There are gentler, more benign ways of treating disease than they learn in medical

school," he says. "I want to blend the best of both worlds – the allopathic with the alternative."

"We don't have drug deficiencies, we have lifestyle deficiencies," he says. "People have to take control of their own health. The two pillars of good health are diet and exercise. Doctors cannot give you good health. They can point the direction, but only you can give yourself good health. It is not a gift; it is a choice."

Charles Christianson, MD, associate dean for clinical education and associate professor of family and community medicine, Grand Forks, who is spearheading the school's efforts concerning integrative medicine, echoes this viewpoint, noting, "Our students need familiarity with these modalities.

"Students who understand these modalities are non-judgmental and comfortable getting history from patients" that includes their use of alternative treatments, he says. Studies show that Americans make more visits to complementary and alternative health providers than to primary care physicians.

"We intend to take what's proven in the field of complementary and alternative medicine and integrate it into the practice of allopathic medicine."

Christianson is also keenly interested in "the mechanisms, the biologically active agents, that make something work in the body," and foresees that aspect as part of a potential research prong in the school's incorporation of integrative medicine.

"It will really impact teaching in the clinical setting," he says. "We will be engaging our faculty, in a positive way, around how we teach our students."

Major financial commitment

Fischer is so passionate about the need for complementary and alternative medical education that he's made a major contribution to the UND medical school to establish the **John R. Fischer, M.D., Professorship in Integrative Medicine**. He's committed to encouraging young doctors to leave behind their dependency on the drug industry and gain exposure, early on, to integrative medicine.

The UND medical school's orientation to family medicine and primary care is "a good setting" for this initiative, he says. Its "patient-centered learning" approach to medical education is "the perfect way to introduce alternative methods that are equally efficacious, safer and better for the patient than drugs.

"The sooner they're exposed to it, the more comfortable they'll be."

Fischer, who attended medical school at Harvard with **Andrew Weil, MD**, has sought his classmate's advice on prospects to fill the Professorship in Integrative Medicine. A prolific author, Weil is considered a pioneer in the progression toward a naturalistic approach to health and wellness. He established the Arizona Center for Integrative Medicine at the University of Arizona, the first in the country to offer training in integrative medicine.

"We don't have to re-invent the wheel," Fischer affirms, "but we can change the shape of the wheel, and personalize the program in North Dakota to fit North Dakota.

"Students will benefit in the short run. The people of North Dakota will benefit in the long run."

Madam Chairman and Members of the Committee,

My name is Beth Allen. I am a Naturopathic Doctor from Bismarck. I am registered as a lobbyist (#218) for the North Dakota Association of Naturopathic Doctors. Senate Bill 2271 has been introduced on our behalf, and I have been asked to explain the bill.

Senate Bill 2271 is a licensing bill for naturopathic doctors. The three major objectives of this bill are to: outline the criteria for licensing, define our scope of practice and establish a Board of Integrative Health Care to issue licenses and address any complaints. Some sections are written to apply to just naturopathic doctors, and others are written to apply to all professions that may come under this board in the future. The section titles stipulate when it applies to just naturopathic doctors.

Page 1

- (Line 6) Section 1 exempts naturopathic doctors from NDCC chapter 43-17 which regulates Physicians. An exception is necessary in order to create a new section of code specific to naturopathic doctors.
- (Line 10) Section 2 creates an amendment to the Physicians chapter. It clarifies that naturopathic doctors must comply with reporting requirements when a patient's wound appears to be related to a crime and must provide referral information to a patient that is a victim of domestic violence or sexual assault.

Page 2

- (line 17) Section 3 begins the creation of a new century code chapter, 43-57 for naturopathic doctors, starting with 43-57-01 Definitions. It defines several important terms, most importantly, what is an approved

naturopathic medical college. Naturopathic medical schools must be nationally accredited, 4 year, on-site, graduate level medical schools.

Page 3

- (Line 17) 43-57-02 creates a new Board of Integrative Health Care. This board will regulate naturopathic doctors. We anticipate that it may also regulate other providers of integrative care in the future, such as acupuncturists. The board will include 4 medical professionals and one consumer. The 4 medical professionals will include 1 naturopathic doctor, 1 medical or osteopathic doctor, 1 pharmacist and 1 acupuncturist.

Page 4

- (Line 8) 43-57-03 lists the powers and duties of the board, such as establishing licensing exams, licensing fees and continuing education requirements. Subsections 1b, 1d, and 1e apply specifically to naturopathic doctors. The rest of the sections apply to all potential professional licensees of the board.

Page 5

- (Line 1) 45-57-04 outlines the scope of practice of a naturopathic doctor. It defines what we can and cannot do. In subsection 1 (line 2) naturopathic doctors are only allowed to prescribe drugs that are listed in a formulary to be developed. We also may not do radiation treatments and may not perform surgery. In, subsection 2 (line 12) naturopathic doctors may use each of the 5 major natural treatment therapies from our training: nutrition and supplements, herbal medicine, homeopathic remedies, patient education and counseling, and physical medicine.

In subsection 3 (line 20) naturopathic doctors may conduct exams and tests necessary to diagnose a patient. This is a significant point in this bill.

By law only physicians can diagnose, and it is the policy of labs to only allow licensed physicians to order tests. Without a licensing law, we cannot diagnose or order labs. Subsection 4 (line 24) clarifies that a naturopathic doctor can only sell formulary prescription drugs to a patient if there is no pharmacy selling that particular drug within 10 miles.

Page 6

- (Line 3) 43-57-05 enables the board to establish a prescription drug formulary list that limits which prescription drugs a naturopathic doctor can prescribe.
- (Line 13) 43-57-06 clarifies that when the naturopathic scope of practice overlaps with other licensed professionals, this law would not infringe on other licensed professionals (e.g. chiropractors, physical therapists).
- (Line 20) 43-57-07 requires that naturopathic doctors follow all state and local public health requirements that apply to our scope of practice, such as communicable disease reporting.
- (Line 26) 43-57-08 prevents anyone who does not have a license from practicing naturopathic medicine or advertising that they are a naturopathic doctor. This does not affect health food stores since they only sell products to consumers, they are not diagnosing and treating patients. It does not prevent family members or friends from giving advice, since they are not claiming to be naturopathic doctors. But it does prevent someone who lacks credentials from advertising that they are a naturopathic doctor and charging money for their services.

Page 7

- (Line 3) 43-57-09 requires filing an application for licensure.

- (Line 7) 43-57-10 lists the requirements necessary to obtain a naturopathic doctor's license. In addition to the standard requirements of good moral character, mental and physical capacity, and a history free of criminal or ethical violations, subsection 1a (line 11) requires graduation from an approved college and subsection 1b (line 12) requires passing a competency exam deemed by the board. The NPLEX part 1 and 2 listed as an example is the national board exam required in all licensed states at this time.

- (Line 23) 43-57-11 allows the board to waive exam requirements and develop reciprocity agreements if a naturopathic doctor has already been licensed in another state, provided that the other state's requirements are deemed equivalent by the board. For example, if our board requires a prescription formulary exam and the other state also has the same formulary test, the board could choose to waive that requirement.

Page 8

- (Line 5) 43-57-12 requires the board to issue a license when all requirements have been met.

- (Line 8) 43-57-13 establishes the criteria to renew a license for all professions under this board. All licenses renew every 2 years and require a renewal fee, plus the number of continuing education credits established by the board. Failure to renew means the license has expired and the individual must reapply for a new license.

- (Line 25) 43-57-14 allows hospitals to hire a naturopathic doctor.

- (Line 28) 43-57-15 outlines the disciplinary powers of the board for all professionals licensed under this board. (Line 29) Subsection 1 lists the

actions that can be taken: revocation, suspension, probation, limitations, censure, charitable service and fines.

Page 9

- (Line 11) 43-57-15 continued. Subsection 2 outlines all of the grounds for action, such as fraud, deception, criminal conviction, chemical dependency, disability that affects competency, violating confidentiality, negligence, sexual misconduct, inappropriate care and lack of pertinent patient documentation.

Page 10

- (Line 18) 43-57-16 outlines the procedures to investigate a complaint and to appeal a decision.

Page 11

- (Line 11) 43-57-17 allows the board to pass the costs of investigation and prosecution on to the licensee. It also allows the licensee to appeal the costs to an administrative law judge.
- (Line 21) 43-57-18 establishes the ability to enforce this chapter by declaring violations a class B misdemeanor and allowing a civil injunction.
- (Page 11, line 26) Section 4 is an application provision necessary to set up staggered terms for board members.

As you work on this bill in committee, I would be happy to attend the sessions and will be available to do any research or answer questions.



RiverView

**Family Practice &
Integrative Medicine Center**

323 South Minnesota Street
Crookston, MN 56716-1600
218-281-9515
Fax: 218-281-9518
www.riverviewhealth.org

January 24, 2011

To The Members of the North Dakota Legislature:

I am writing this letter to encourage you to support licensure for Naturopathic doctors in North Dakota, Bill #SB2271. This is a bill that would give licensure in North Dakota to graduates of an accredited Doctor of Naturopathy program.

I am a physician, board certified in family medicine. I also am a diplomate of the American Board of Integrative Holistic Medicine. I practice in Northwest Minnesota and am medical director of Riverview Family Practice and Integrative Medicine Center in Crookston, MN. Many of my patients live in North Dakota and my colleagues practice in North Dakota. I also have an appointment as Clinical Assistant Professor in the Department of Family and Community Medicine at University of North Dakota School of Health Sciences. This letter is a personal statement and does not reflect any opinion of the University or its faculty and administration.

Integrative medicine integrates natural therapies with conventional medicine. This is a field of medicine that has been growing in the United States over the last 10-15 years. With help from scientific research, much of which has been funded by the National Institutes of Health National Center for Complementary and Alternative Medicine (NCCAM), we have learned how nutrition, certain vitamins, herbs and supplements and other treatment modalities have a positive impact on our health.

As Complementary and Alternative Medicine has become more popular, a multi-billion dollar industry has developed offering products and treatments. Some of these are legitimate and others are not. It is important to have well trained professionals in Integrative Medicine such as Doctors of Naturopathic Medicine, available to educate, guide and treat patients rather than receiving health care advice from the clerk at the health food store or Wal-Mart, someone who got an on-line certificate or even someone who just claims they know about natural medicine. In addition, those patients that do ask their medical provider advice about dietary supplements often do not get the information they need because their physicians have not been trained in the field. Having licensure for Naturopathic doctors in North Dakota will help to assure North Dakotan patients that they are receiving health care from providers who have been educated at legitimate accredited institutions who are licensed, and hence regulated, professionals.

Doctors of Naturopathic Medicine, (N.D.s) are legitimate, integrative medicine practitioners who provide valuable health care and health education. Most allopathic (conventional) medical doctors have not received training in the fields that are taught to naturopathic physicians. In addition there are many complex syndromes and health problems (i.e. fibromyalgia, chronic fatigue syndrome, irritable bowel syndrome, PMS, chronic headaches) for which N.D.s treat quite effectively while conventional medicine and its pharmaceuticals do not have much to offer. Having N.D.s available to help patients with this kind of care is not only welcomed, but vital to the public health of our communities. This is where the word "complementary" fits in; N.D.s can complement the care that conventional M.D.s provide.

I have worked closely with many different N.D.s during my 25 years of practice. There are times that N.D.s have referred patients to me for a diagnostic work up to rule out (or in) a medical problem, or for continuing or initiating conventional care (such as for diabetes or heart disease) to use in conjunction with the therapeutic modalities offered by the N.D. Most of the national conferences I attend are also attended by NDs and often there are presenters who are NDs. If N.D.s are licensed in North Dakota, M.D.s in the state will have a reliable group of professionals to whom they can refer those patients who express interest in complementary therapies or who have a problem for which conventional medicine has not provided them any relief from their suffering. One example of how physicians and N.D.s work together is demonstrated by hospitals and clinics, many of which are affiliated with esteemed medical education institutions, that have Integrative Medicine Clinics for which Doctors of Naturopathic Medicine, are part of the health care team.

As we learn more about health and illness, we recognize that it takes many different kinds of providers to offer comprehensive care. Licensing Naturopathic doctors will provide North Dakotans with safe access to another important field of health care. I strongly encourage members of the legislature to support Bill #SB2271.


Debra G. Bell, M.D.

Many of you might not be aware that North Dakota has a major medical dilemma brewing. I am concerned that there is an alarming number of people claiming to be naturopathic doctors having had no supervised medical training. Part of what we hope to accomplish with this bill is to set the standards for education and reserve title of doctor. Two weeks ago I was made aware of a "Naturopath" telling a young woman that the lesion in her liver was not cancerous based on this "Doctor's" assessment. This young woman placed her trust in this so called "Doctor" and is no longer seeking traditional medical care because she was told it "wasn't a big deal". This should not be allowed to happen in our great state.

I am an advocate for all individuals to be in charge of their healthcare decisions. I encourage clients to learn as much as they can about their condition as possible. They are aware when talking to family/friends, going on the internet, or visiting a health food store they can expect to get some great ideas. However, when you seek out the advice of a doctor the public should to be assured of a basic standard of knowledge and code of ethics.

North Dakotans deserve the same standards as those upheld by our neighboring states. Montana and Minnesota both have passed bills to ensure public safety. As you talk to your constituents I am certain you will find many of them already use some form of alternative medicine. All we are asking for a way to distinguish between the people who have legitimate degrees and people who do not.

North Dakotans are hungry for this type of medicine. I am starting my eighth year of practice here in Bismarck and am booked a solid three months in advance. Last year the Coalition for Autism sponsored a day where I saw as many families as their budget allowed because there was an overwhelming request for alternative services. I see people from all corners of North

Dakota that previously traveled outside of our state to receive this type of service. 95% of the clients I see have been through the traditional medical model and are still in need of help.

Some have lost faith in the current medical model so it becomes my job to defend the medical community and educate the client that it's not a turf war, it isn't Us vs. Them, we need to have all types of healthcare providers working together to achieve the best care possible. The beauty and the trick is for all of the practitioners to know the limits of their medicine. I do receive referrals from MDs, Nurse Practitioners, Psychologists, OTs, PTs, Chiropractors ect. One gal came after being slipped my card in the middle of the night by a nurse in the hospital.

I want to let you know what goes on during an actual visit. The first visit is an hour and a half. During that time the client tells their story. They reveal all of their symptoms like high blood pressure, fatigue, insomnia, constipation, anxiety, depression. These are not diagnoses in our minds these are just clues to what the body is doing to compensate for a deficiency or genetic malfunction. It is our job to dig deeper to find out why the body decided to react in the manner it did. Recommendations are tailored to the individual and typically include diet/lifestyle changes, nutrient/ herbal/ homeopathic remedies, specific physical medicine modalities, and referrals when necessary. Our principles guide our medicine with first do no harm(insomnia), educate the client (bag of pills), treat the whole person (body, mind, and spirit)(abortion), identify and treat the cause (mastectomy), give the body the right building blocks and it will heal itself(ADHD/glasses), and prevention (cancer/stroke). Naturopathic Medicine shines in cases of the chronically ill.

Jean Klein
804 Sixth Avenue NE
Mandan, ND 58554
January 12, 2011

Dear ND State Senators and Representatives,

My name is Jean Klein. I am writing this letter in support of licensing naturopathic physicians in the state of North Dakota. If it wasn't for naturopath, Dr. Faye Johnson from Dakota Natural Health Center in Bismarck and other naturopaths, I would not be writing this letter—I would be dead.

I was diagnosed with gangrene in my leg in 1991. This disease was caused due to physician error. The prognosis was to cut off the leg to stop the disease from spreading. To save my leg and ultimately my life, I sought out natural alternatives. I still have my leg and my life, thanks to naturopathic medicine.

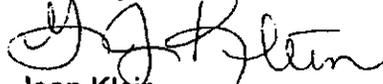
My daughter's spleen quit working after a trauma to her body. Many thousands of dollars in test found nothing conclusive. Thanks to naturopathic medicine, she still has her spleen and regained her health.

Dr. Faye Johnson has helped my son-in-law when other doctors couldn't figure out why his feet hurt. Dr. Johnson took five minutes to determine that the pain in his feet was caused by stomach issues. By cutting out certain foods from his diet, the excruciating pain he felt for months stopped.

Naturopaths have helped me, my daughters, my son-in-law and my granddaughters feel better. In some cases, dis-eases have been stopped before they got too serious thanks to naturopathic interventions.

Please support the licensing of naturopathic doctors in North Dakota. Our state is on the leading edge in many areas. I hope that with your support, North Dakota can be on the leading edge of naturopathic medicine as well. I hope that with your help, citizens of our state can get healthy and stay healthy naturally.

Sincerely,


Jean Klein

Dawn Ueckert
PO Box 12
Beach, ND 58621
January 21, 2011

Dear ND State Senators and Representatives,

My name is Dawn Ueckert, a 41 year old resident of western North Dakota. I am writing this letter in support of licensing naturopathic physicians in the state of North Dakota. I don't want to imagine what my life would be like without the naturopathic physicians that have crossed my path over the last two decades.

I was diagnosed with chronic mononucleosis in the spring of 1986. This debilitating disease has struck my body nine separate times, leaving me lethargic, tired, achy and bed-ridden. Because mononucleosis is caused by a virus, there is no medical treatment for the disease. My physician told me to rest and time would make it go away. Resting is very hard to do when you run a business, have two children and your community counts on you as an EMT on the ambulance squad. And time did not make it go away. The virus just went dormant until another stressful period in my life came along and I got the mononucleosis back again. Thankfully, I was put in contact with a naturopathic physician, Dr. Faye Johnson, in Bismarck and through supplements and other natural therapies, I am virus free. I feel like I have my life back.

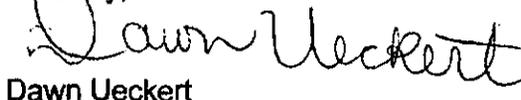
When my spleen quit working after a trauma to my body after childbirth, doctors and many thousands of dollars in testing found nothing conclusive. Thanks to naturopathic medicine, I still have my spleen and regained my health.

Dr. Faye Johnson has helped my husband when other doctors couldn't figure out why his feet hurt. Dr. Johnson took five minutes to determine that the pain in his feet was caused by stomach issues. By cutting out certain foods from his diet, the excruciating pain he felt for months stopped.

The body can heal itself in many circumstances. It needs proper support, not necessarily medication, which in many cases causes more harm than good. Doctors from other states will tell you that in North Dakota, we are a bunch of "pill poppers". If something hurts we immediately get a pill. I feel that if naturopaths can be licensed in our state, we can get healthy in a healthier way and stay healthy longer.

Please support the licensing of naturopathic doctors in North Dakota.

Sincerely,



Dawn Ueckert

TESTIMONY ON SB 2271
SENATE HUMAN SERVICES COMMITTEE
January 31, 2011

Mr. Chairman and Members of the Committee:

My name is Doris Ott and I am a private citizen concerned with the prevention as well as the cure of any illness I may encounter.

I am here today to ask for your support on SB 2271 which deals with the licensing of Naturopathic Medicine. Licensing would help ensure the public safety of North Dakota citizens, like myself.

First and foremost, professional regulation by a board of medical examiners would assure us that the practicing person has attended a nationally accredited school, has taken the recognized board exams, and has the necessary training. Fourteen (14) other states have licensing including Montana and registration in Minnesota and over 30 states have legislation in process. North Dakota definitely needs to take this step in order to protect our citizens.

Secondly, Licensing of Naturopathic Medicine will not put anyone out of business. I will continue to see my General Practitioner and my Specialists just like I am now doing. Seeing a qualified, licensed Naturopathic Doctor would simply add another level to my health care and hopefully would allow me to live a longer, healthier life.

Third, I am a very big proponent of the growth and success of North Dakota. I am one of those people who moved out-of-state and came back. Twenty-four (24) years ago, I intentionally searched for a job in North Dakota so that I could move back here. I was successful in securing one at the State Library from which I retired on November 30, 2010. I have no intention of leaving this state again.

I think that we all know that there is lack of professional, higher salaried jobs in North Dakota. We want and need to draw intelligent, professional people to this

state. Having a licensed Naturopathic Medicine profession available in North Dakota would help our economy, improve our image, and keep the money and more of our young people in North Dakota.

Passing SB 2271 would offer the young people we want to keep another professional option to pursue in North Dakota instead of moving to other states – states that do give this profession the recognition it deserves. This can be accomplished through regulation and licensure by a board of medical examiners.

Thank you for allowing me to testify and I would be pleased to answer any questions you might have.

#4

To: Senate Human Services Committee

From: Elizabeth Allmendinger, 2011 ND/Lac 2011 Candidate

January 31, 2011

Testimony in Support of SB 2271 pertaining to Naturopathic Physician Licensure in North Dakota

I would like to thank the Human Services committee for this opportunity to testify in support of Naturopathic Physician Licensing in North Dakota. As a 5th year student studying Naturopathic Medicine and Acupuncture at Bastyr University in Seattle, WA, I have a very personal attachment to this bill. Naturopathic licensure in ND is a large deciding factor on whether or not I move back to ND after I graduate in June. I grew up in ND, went to high school in Hazen, undergrad at NDSU and I would love to come back to ND to practice and live. ND being unlicensed in naturopathic medicine makes it challenging for me to do this. I've spent five years training to become a naturopathic doctor and I would like to utilize all of the skills I've learned. Coming back to North Dakota and being restricted in how I could practice makes licensed states like Montana and Minnesota more appealing.

As the committee is more than likely aware of, one of North Dakota's challenges is retaining young professionals. According to the 2009 Census Bureau North Dakota's percentage of HS graduates still living in the state is 3.5% higher than national average while the percentage of those with a bachelor's degree or higher education is 4.4% lower than the national average¹. This is a large loss to the state. Out migration of residents in their twenties and thirties has increased significantly in the last two decades, which has a powerful impact on the state's population². Licensing naturopathic physicians would be one way to bring young professionals back into the state. Currently there are two naturopaths practicing in ND, and we are aware of four or five more interested in coming back in the next two years. On average two to three North Dakotans graduate from Naturopathic schools yearly. Licensure would help bring these young professionals back to the state and help guarantee that they stay here.

Along with bringing young professionals back to the state, licensing naturopathic medicine would also bring a unique set of skills to the people of North Dakota. Aside from training in basic sciences and conventional medicine, we are also extensively trained in botanical medicine, clinical nutrition, homeopathy, physical medicine and counseling both in a classroom and clinical setting. There are few medical practitioners with such thorough training in all of these areas of medicine. With the more recent shift towards complementary and alternative medicine (CAM) in the US, this combination is invaluable. For example, many medical practitioners are seeing patients who are taking herbal medicines. Most conventional doctors and pharmacists don't have formal training in this area unless it's an introductory class or an elective they chose to take, and may not be prepared to advise a patient in the safety and efficacy of herbs. Naturopathic doctors have 5 quarters (approx 1.5 years) of medicinal herbal classes.

Together with the extensive training in CAM, naturopathic physicians training in conventional medicine is comparable to medical schools across the US. You have received a handout

comparing the curriculum of some of the naturopathic schools to top medical schools in the US. As you can see, the training is similar. So similar in fact, the Department of Education recognizes naturopath's accrediting body and considers naturopathic students eligible for Federal loans reserved for medical school and graduate programs. Naturopathic physicians are also eligible for some of the Federal Loan Repayment Programs offered to medical doctors through the NIH and CDC.

Though the Department of Education is supportive of naturopathic medicine training, many people still have the question, does naturopathic medicine work? While studies on naturopathic medicine's efficacy are difficult to design, they have been done. In Canada, a series of four studies was done on the Cost & Effectiveness of the Whole Practice of Naturopathic Doctors in Preventing Cardiovascular Disease³. This randomized controlled study evaluated Canadian postal employees with elevated cardiovascular risk. Taking into account direct cost measures including naturopathic visits, MD visits, medication, supplements, absenteeism and presenteeism at the work place, the study calculated total societal cost savings. The average savings per participant was \$1025. This studying was just focusing on cardiovascular diseases, imagine what the savings could be if it was applied to all conditions? Just imagine the cost savings for the state if each person saved \$1025 in health costs per year?

In summary, I believe licensure of naturopathic physicians would benefit residents of North Dakota by offering them access to a unique form of medicine that is proven to be beneficial and cost effective, by practitioners that are comprehensively trained and regulated. Personally, it would allow me to practice the style of medicine I am passionate about in a state that I am excited to return to.

1. US Census Bureau Quick Facts 2009 - <http://quickfacts.census.gov/qfd/states/38000.html>
2. North Dakota State Data Center - <http://www.ndsu.nodak.edu/sdc/>
3. Cost & Effectiveness of the Whole Practice of Naturopathic Doctors in Preventing Cardiovascular Disease - Preliminary Findings. Study led by Dugald Seely, BSc, ND, MSc & Patricia Herman, ND, PhD. http://theintegratorblog.com/index.php?option=com_content&task=view&id=682&Itemid=1

Naturopathic Medical Education Comparative Curricula

Comparing Curricula of Naturopathic Medical Schools,
Conventional Medical Schools, and Non-accredited "N.D." Programs

National College of Naturopathic Medicine	Bastyr University-Naturopathic Medicine	Yale University	Johns Hopkins	Medical College of Wisconsin	Trinity College of Natural Health	Clayton College of Natural Health
Federally & Regionally Accredited Naturopathic Medical School	Federally & Regionally Accredited Naturopathic Medical School	Federally & Regionally Accredited Conventional Medical School	Federally & Regionally Accredited Conventional Medical School	Federally & Regionally Accredited Conventional Medical School	Non-accredited Naturopathic Medical Training	Non-accredited Naturopathic Medical Training

Basic and Clinical Sciences:

Anatomy, Cell biology, Physiology, Histology, Pathology, Biochemistry, Pharmacology, Lab diagnosis, Neurosciences, Clinical physical diagnosis, Genetics, Pharmacognosy, Bio-statistics, Epidemiology, Public Health, History and philosophy, Ethics, and other coursework.

1548	1639	1420	1771	1363	272	100
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Clerkships and Allopathic Therapeutics:

including lecture and clinical instruction in Dermatology, Family Medicine, Psychiatry, Medicine, Radiology, Pediatrics, Obstetrics, Gynecology, Neurology, Surgery, Ophthalmology, and clinical electives.

2244	1925	2891(+thesis)	3391	2311	0	0
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Naturopathic Therapeutics:

Including Botanical medicine, Homeopathy, Oriental medicine, Hydrotherapy, Naturopathic manipulative therapy, Ayurvedic medicine, Naturopathic Case Analysis/Management, Naturopathic Philosophy, Advanced Naturopathic Therapeutics.

588	633	0	0	0	336	300
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Therapeutic Nutrition

144	132	0	0	0	176	50
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Counseling

144	143	Included in psychiatry (see above)	Included in psychiatry (see above)	Included in psychiatry (see above)	0	25
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TOTAL HOURS OF TRAINING

4668	4472	4311+thesis	5162	3674	784+dissertation	475+dissertation
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Sources:

Curriculum Directory of the Association of American Medical Colleges
www.trinityschool.org/nd.php

#5

NATUROPATHIC LICENSING BILL SB 2271. MONDAY, JANUARY 31, 2011

My name is Glen Hyland. I am a medical doctor with specialties in Internal Medicine and Radiation Oncology. I have practiced in North Dakota for nearly 35 years. (1976-2011). I am board certified in Radiation Oncology ABR and Holistic (Integrative) Medicine ABHM. I am a proponent of SB 2271.

My personal perspective regarding the practice differences between Naturopathic and Allopathic (traditional USA) are as follows:

1. Allopathic physicians Focus on determining a Disease Diagnosis, Documenting many levels of Evidence which support this Diagnosis, and Prescribing a Standard Treatment.
2. Naturopathic physicians Focus on Wellness, Document many levels of Evidence that reveal Why the patient is Not at a level of Optimum Health.

3. Allopathic physicians mainly use a Diagnosis-Treatment plan approach model.
4. Naturopathic physicians mainly use Prevention of Disease approach model.

5. Patients of Allopathic Physicians benefit from being good historians of their illness, and cooperative in completing the Therapy Prescription to obtain the best results.
6. Patients of Naturopathic Physicians benefit if they partner with their physician by taking the responsibility for changing their Lifestyle under the guidance of their Naturopath.

7. The Allopathic Disease-Treatment model excels for rapid onset aggressive diseases and Trauma.
8. The Naturopathic Prevention-Wellness model excels in treatment of chronic diseases, and in the prevention of disease, while improving Human performance and function.

9. Both Allopathic and Naturopathic models are important for health care. Integrating the two models I believe will be the best way of decreasing Health Care cost while preserving a superior health care system.

#6

Testimony of Scott J. Schneider
P.O. Box 1092
Fargo, ND 58107

In support of SB2271 ("A BILL for an act...relating to the regulation of naturopathic physicians....")

Senate Human Services Committee, Senator Judy Lee, Chairperson
North Dakota Legislature
January 31, 2011

Chairperson Lee, members of the Senate Human Services Committee. My name is Scott Schneider. I live in Fargo. I am here today to testify in support of SB2271, which, if passed, would license and regulate naturopathic physicians in the State of North Dakota.

I am testifying here today as a private individual and resident of North Dakota. My testimony contains solely my own thoughts and opinions. Because I am employed by the Federal Government, I am required to advise you that my testimony does not constitute, and must not to be construed as constituting, the position of the United States Government, or of any of its elected or appointed officials, or agencies, or employees. I am here in Bismarck to testify today on my own time and at my own expense.

I support the passage of SB2271 because I believe that naturopathic medicine is a legitimate school of medicine which can complement the conventional practice of medicine in our state; and it can provide North Dakota's health care consumers with additional safe choices for health care.

We have excellent conventional medical care available to us here in North Dakota. I have lived most of the past 25 years in Bismarck where I have been cared for by excellent M.D.s, several of whom are also personal friends. My son-in-law is also an M.D. Notwithstanding my lifelong excellent care by M.D.s practicing conventional medicine, I first experienced naturopathic medicine five years ago when a serious health problem did not respond well to the conventional medical treatment, which was the prescription of a pharmaceutical drug. Fortunately, a naturopathic treatment approach did work for me over a period of time, and I was able to regain my health.

In late June 2005, I was returning to Bismarck from vacation and stopped in Jamestown for a 20 ounce cup of coffee, my second of the morning. By the time I reached Bismarck I was feeling fairly severe chest pain. Although I thought it was just some kind of heartburn, I called my family doctor to ask what I should do. Because of my continuing chest pain, his nurse directed me to go to the Emergency Room to get checked out. After two hours of testing in the ER, the ER doctor advised me that I had not had a heart attack, my heart and all major systems were in fine shape, and that the problem appeared to have been acid reflux, or G.E.R.D. (gastroesophageal reflux disease). He prescribed an acid-

blocking pharmaceutical drug and advised me to make an appointment with my family doctor as soon as possible.

Within a week, or so, I met with my own doctor, an M.D., who concurred in the GERD/acid reflux diagnosis and prescribed a different acid blocker drug, which I immediately began taking on a daily basis. By early August I was experiencing further digestive problems, which I assumed were related to the acid reflux problem. By mid-September, I was having even worse digestive problems, and began experiencing serious difficulty when consuming dairy products. After follow-up visits to my family doctor and allergy M.D. during the Fall, I was given a series of standard medical tests to determine the cause of my continuing digestive difficulties, including a colonoscopy in early November, but nothing unusual was found to be the cause of my digestive discomfort.

In early January 2006, because my digestive problems were continuing, I went to my allergy doctor and took some expensive food allergy tests, which were not covered by my health insurance, to determine if a food allergy was the partial cause of my digestive problems. The food allergy test results showed a strong sensitivity to gliadin, a protein similar to gluten found in wheat, rye, barley, and sometimes oats, and casein, which is found in dairy products. I severely limited my consumption of wheat and other gliadin-containing products and dairy products, but my digestive problems did not resolve, even though they abated somewhat. I then ceased taking the acid blocking drug as I believed it to be the major cause of my continuing digestive problems. Things improved, but my digestive system was still not functioning properly.

In February 2006, I met a naturopathic doctor (N.D.) for the first time following the recommendation of a friend, who is very knowledgeable about a variety of the healing arts. I described to the N.D. my GERD medical diagnosis, acid blocker drug treatment, resulting digestive problems which had not been resolved, and recent food allergy testing. The N.D. suggested that I could try some lifestyle changes, over-the-counter (OTC) supplements and vitamins to support the areas of the body that were experiencing difficulty, and an allergy reduction technique using acupuncture. Fortunately, the acupuncture treatment and supplements worked over time and, within 4-5 months, my digestive problems were eliminated and I was able to fully regain my health. I can now eat all of the dairy products I wish, and am able to eat wheat and other foods containing gliadin and/or gluten, even though it is better if I restrict their intake to 2-3 times per week rather than daily. I know the naturopathic-based treatment combined with the cessation of acid blocker drugs saved my health, and my wife believes it saved my life.

I have no criticism whatsoever of my medical doctors in the above-described diagnosis and treatment of my GERD. I understand that the mainstream medical treatment for GERD, an acid blocker drug, works for many people. If the acid blocker had worked for me, I would have gone on my merry way taking one pill a day and eating pizza and chili to my heart's content. Unfortunately, my body could not tolerate the prescribed acid blocker drug, it made my digestive problems worse, and I needed to find a better way to resolve the problem.

I strongly support conventional medicine as practiced by M.D.s and D.O.s (doctors of osteopathy) here in North Dakota, and elsewhere. I also strongly support the practice of naturopathic medicine as a branch of medicine which can provide healing to people facing many maladies and diseases. I do not consider conventional medicine and naturopathic medicine to be alternatives to each other because the term "alternative" suggests the two are "mutually exclusive." I consider conventional medicine and naturopathic medicine to be complementary because each respective branch of medicine has a different perspective, focus, emphasis and area of expertise, which complement one another in the treatment of health problems. Although there is an area of overlap involving certain health problems which both disciplines seek to treat, and within that area they use different treatment modalities, the existence of multiple treatment methods for the same problem provides health care consumers with more treatment choices. Patients who may not respond well to one type of treatment should be given the opportunity to try something else, such as a person who cannot tolerate serious prescription drugs which have potential serious side effects, but wishes to try a more basic health approach to solve their health problems.

Competent, qualified naturopathic doctors should be licensed, regulated and allowed to practice naturopathic medicine in North Dakota, as they already are in several other states. This is a win-win situation because it will ensure that only qualified N.D.s are practicing naturopathic medicine, and health care consumers will have more safe choices of treatments. M.D.s will continue to focus on the areas of medical care they are so well trained and qualified to provide.

I strongly recommend that this Committee give SB 2271 a "Do Pass" recommendation, and pass the bill in the Senate.

Thank you.

Scott J. Schneider

7

Testimony on SB 2271

Senate Human Services Committee 1/31/11 .

Madam Chair and members of the committee I'm Dan Ulmer representing Blue Cross Blue Shield of North Dakota and after discussing this with our medical management team we decided that we have to oppose this bill.

SB 2271 creates a new board of Alternative Medicine similar to the Board of Medical Examiners that will allow for the licensure of Naturopaths who will, within their licensure and scope of practice, be able to order testing and imaging on par with a medical doctor and we may have to reimburse for those services unless we are able to successfully advocate that this is a non payable provider type.

Our fears are further founded in that our experience shows that once a new group/type of provider licensure gets created by the legislature the next step is to mandate their reimbursement thus increasing costs for care that may not be evidence based clinical care and has the potential of eroding the quality of care we have all come to expect from North Dakota's providers. Therefore we oppose SB2271.

Madam Chair and members of the committee I would be happy to answer any questions you may have.

Dan Ulmer AVP Government Relations BCBSND



Testimony on SB 2271
Senate Human Services Committee
January 31, 2011

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Annette Weigel
Administrative Assistant

Madam Chairman Lee and Committee Members, I'm Bruce Levi and I serve as executive director of the North Dakota Medical Association. The North Dakota Medical Association is the professional membership organization for North Dakota physicians, residents and medical students.

The North Dakota Medical Association has many concerns with the establishment of a board to recognize and regulate "naturopathic physicians."

Licensure of naturopaths would be interpreted by the public as an endorsement of the field by the ND Legislative Assembly, and as a self-regulating profession would allow naturopaths to determine their own standards of practice.

Many of the concerns of NDMA are articulated well in the attached document on naturopaths prepared in 2009 by the American Medical Association for national and state medical societies [AMA Scope of Practice Data Series, *Naturopaths*, July 2009]. Physicians are concerned with the provision of care by naturopaths, including many naturopathic treatment modalities, not premised on scientific evidence.

In addition, there is concern over the use of the title naturopathic "physician." Education and training matter when it comes to who provides health care services, but many patients are confused about the education and training of their health care provider, and the use of the title "naturopathic physician" only serves to confuse and mislead the public. There is the need to insist on transparency in health care, particularly when confusing titles can put patient safety at risk.

Thank you for the opportunity to express our NDMA views on SB 2271.

AMA Scope of Practice Data Series

*A resource compendium for
state medical associations and
national medical specialty societies*

demographics

education and training

licensure and regulation

professional organization

current literature

Naturopaths

American Medical Association
September 2009

Disclaimer: This module is intended for informational purposes only, may not be used in credentialing decisions of individual practitioners, and it does not constitute a limitation or expansion of the lawful scope of practice applicable to practitioners in any state. The only content that the AMA endorses within this module is its policies. All information gathered from outside sources does not reflect the official policy of the AMA.

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AMA Scope of Practice Data Series module distribution policy

The modules are advocacy tools used to educate legislators, regulatory bodies and other governmental decision-makers on the education and training of physician and nonphysician health care providers. As such, the AMA will distribute the modules to the following parties:

- (1) State medical associations
- (2) State medical boards
- (3) National medical specialty societies
- (4) National medical organizations

In line with the express purpose of the modules being governmentally directed advocacy, it will not be the policy of the AMA to provide the modules to individual physicians. Organizations supplied with the module shall mirror the intent, purpose and standards of the AMA distribution guidelines.

Acknowledgments

Many people have contributed to the compilation of information contained within this module. The American Medical Association (AMA) gratefully acknowledges the contributions of the Alaska State Medical Association, the Maine Medical Association, the Missouri State Medical Association and the American Osteopathic Association.

I. Overview

The American Medical Association (AMA) Advocacy Resource Center has created this information module on naturopaths to serve as a resource for state medical associations, national medical specialty societies and policymakers. This guide is one of 10 separate modules collectively comprising the AMA Scope of Practice Data Series, each covering a specific nonphysician health care profession.

Without a doubt, limited licensure providers play an integral role in the delivery of health care in this country. Efficient delivery of care requires a team-based approach that cannot exist without inter-professional collaboration between physicians, nurses and other limited licensure health care providers. With the appropriate education, training and licensing, such providers can and do provide safe and essential health care to patients. The health and safety of patients are threatened, however, when limited licensure providers are permitted to perform services that are not commensurate with their education or training.

Each year in nearly every state and at times on the federal level, limited licensure health care providers lobby legislatures and regulatory boards to expand their scope(s) of practice. While some scope expansions may be appropriate, others definitely are not. It is important, therefore, to be able to explain to legislators and regulators the limitations in the education and/or training of limited licensure health care providers that can result in substandard or potentially harmful care of patients. Those limitations are brought clearly into focus when compared with the comprehensiveness and depth of the medical education and training of physicians.

Issues of access to qualified physicians in rural or underserved areas give limited licensure providers what, at first glance, seems to be a legitimate rationale for lobbying for expanded scope of practice. However, solutions to actual or perceived work force shortages simply cannot justify practice expansions that expose patients to unnecessary health risks.

Disclaimer

This module is intended for informational purposes only, may not be used in credentialing decisions of individual practitioners, and does not constitute a limitation or expansion of the lawful scope of practice applicable to practitioners in any state. The only content that the AMA endorses within this module is its policies. All information gathered from outside sources does not reflect the official policy of the AMA.

In November 2005 the AMA House of Delegates approved Resolution 814, which called for the study of the qualifications, education, academic requirements, licensure, certification, independent governance, ethical standards, disciplinary processes and peer review of limited licensure health care providers. By surveying the type and frequency of bills introduced in state legislatures, and in consultation with state medical associations and national medical specialty societies, the AMA identified 10 distinct limited licensure professions that are currently seeking scope of practice expansions that may be potentially harmful to the public.

Each module in the AMA Scope of Practice Data Series is intended to assist in educating policymakers on the qualifications of a particular limited licensure health care profession, as well as on the qualifications physicians possess that prepare them to accept the responsibility for full, unrestricted licensure to practice medicine in all its branches. It is within the framework of education and training that health care professionals are best prepared to deliver safe, quality care under legislatively authorized state scopes of practice.

It is the AMA's intention that these Scope of Practice Data Series modules provide background information for state- and federal-based advocacy campaigns where the health and safety of patients may be threatened as a result of unwarranted scope-of-practice expansions sought by limited licensure providers.



Michael D. Maves, MD, MBA
Executive Vice President, Chief Executive Officer
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II. Introduction

The American Medical Association (AMA) is pleased to offer this informative module to assist physicians in countering the advocacy efforts of naturopaths seeking licensure and/or expansion of their current scope of practice to include privileges or procedures unwarranted by their education and training.

This module examines the background, education and training of those practitioners who have earned a doctor of naturopathy or doctor of medical naturopathy degree, and who refer to themselves as “naturopathic physicians” or “naturopathic doctors.” Through their state chapters and their national professional organization, the American Association of Naturopathic Physicians, these practitioners seek to establish licensure in the 50 states, as well as liberal prescribing authority, “primary care physician” status and, in many cases, mandated insurance coverage for services. This stands in contrast to the beliefs of “traditional” naturopaths—providers of natural health care who do not seek state recognition or regulation through licensure.

Naturopaths frequently argue that licensure allows patients the freedom to choose them as primary health care providers. At the same time they are looking to distinguish themselves from and assert privileges over their colleagues, the traditional naturopaths. A wide schism separates these two factions, which have a long, documented history of philosophical differences culminating in the divergence of the “naturopathic physician” (and the corresponding quest for state licensure) from the non-medical practice of traditional naturopathy.

Currently, 14 states and the District of Columbia license naturopaths. However, naturopaths may practice without a license in states where naturopathy is not expressly prohibited. In a few such states, this has provoked concern over whether naturopathic practitioners treating patients should be subject to some sort of state regulation (in the form of limited licensure, certification or registration) as a mean to protect the public. Official legislative reports from several states have unearthed specific shortcomings in the education, training and competency testing of naturopaths, and several of these recommend against licensure for naturopaths.

Naturopathy involves the application of natural (non-pharmaceutical and non-surgical) treatment modalities to encourage and facilitate the body's healing of itself. The practice of naturopathy involves the application of a number of healing systems or physical, nutritional or natural agent regimens. Common naturopathic care includes treatments of botanical medicine/herbology, conventional nutritional counseling, homeopathy, acupuncture and/or traditional Chinese medicine, massage and manipulative bodywork, mind/body treatments, hydrotherapy, as well as physical treatments such as ozone therapy, air and light therapy, and ultraviolet, ultrasound and electro-stimulation therapies.

Such treatment modalities are collectively known as complementary and alternative medicine (CAM), and their usage has significantly increased in popularity within the last decade. In 1998 the federal government created the National Center for Complementary and Alternative Medicine (NCCAM), an arm of the National Institutes of Health (NIH), to study the efficacy of CAM in the treatment of chronic and acute diseases. Its mission is to apply accepted scientific principles to CAM by providing funding and grants to support CAM clinical trials and research, in order to objectively assess the efficacy of CAM treatments as compared to conventional medical treatments and placebo.

Consumers use CAM as either a complete treatment or as an adjunct to conventional medical care. Typically categorized as therapies not widely taught in U.S. medical schools, proponents of CAM broadly extend its definition to include common patient self-help strategies such as low-fat, low-sodium diets, stretching and exercise, daily vitamins and minerals, and prayer. In 2004 the NCCAM reported the results of a survey indicating that 36 percent of U.S. adults use some form of CAM. According to this survey, when megavitamin therapy and prayer specifically for health reasons are included in the definition of CAM, that number rose to 62 percent.¹ With such a broad definition, it is little wonder CAM usage statistics are so high.

For medical professionals and policymakers alike, the naturopathic profession's reluctance and/or inability to apply evidence-based principles and scientific study its

1. Web. National Center for Complementary and Alternative Medicine. The use of CAM in the United States. http://nccam.nih.gov/news/camsurvey_fs1.htm#use. Retrieved December 5, 2007.

treatment modalities is of great concern. For example, naturopaths' longstanding opposition to childhood vaccination has been demonstrated as recently as 1999, well after the remarkable decreases in childhood disease as a result of widespread vaccination had been documented (see page 17 for more information).

The mechanism of action and the efficacy of many naturopathic treatment modalities are not scientifically supported; yet practitioners of naturopathy continue to offer patients such treatments. Such behavior would not be tolerated in the practice of medicine. Care that is not premised on scientific evidence, and for which the patient is not informed of its experimental nature, would be considered unethical by the standards of the medical profession. Specifically, AMA Ethical Opinion E-3.01 states:

It is unethical to engage in or to aid and abet in treatment which has no scientific basis and is dangerous, is calculated to deceive the patient by giving false hope, or which may cause the patient to delay in seeking proper care²

Some naturopathic treatments are blatantly unsafe and place the health of the patient at great risk for additional health complications. The *Textbook of Natural Medicine*,³ the foremost textbook used in schools of naturopathy, discusses naturopathic treatments that defy medical knowledge or, incredulously, omit discourse on the therapeutic benefits of pharmaceutical or surgical interventions. For example, the second edition of the book called for St. John's wort in the treatment of HIV-positive individuals. Results of an NIH-funded study published in February 2000—just months after the September 1999 release of the textbook—found that St. John's wort interacts with protease inhibitors commonly used in treating patients with HIV and significantly decreases their concentration in the blood.

Compared to medical school and residency training, a naturopathic education consists of relatively few contact hours of study on pharmacological treatment of disease, and provides virtually no clinical reinforcement of pharmaceutical intervention on patients during clinical

rotations or optional post-graduate training. Most drugs are considered toxic by naturopaths, so alternative treatments are instead prescribed. One important component to consider in the debate over naturopath licensure is whether a practitioner with such limited exposure to pharmaceuticals can appropriately treat patients who take prescription medicines regularly or who would likely benefit from pharmacological intervention.

When faced with the claims of naturopaths that the rigors of their education and licensing exams parallel those of physicians, legislators should recognize that graduates of campus-based, four-year naturopathic programs who have passed a standardized examination may demonstrate consistency from one naturopathic practitioner to the next. But that says nothing about the *validity* of their practice, which can be determined only by reference to the laws of science or nature, and by rigorous testing of biologically plausible claims.⁴ By failing to rigorously study all the treatments they provide, naturopaths may place patients' safety at risk.

According to a 2003 article in *MedScape General Medicine*, "without licensing standards, individuals with little or no formal education may proclaim themselves naturopathic physicians without medical school education or board testing. ... [T]he clear message is that such licensing implies competence. There is, however, no evidence that 'educated' naturopaths—i.e., the NDs or naturopathic 'physicians'—are more competent than others. If anything, 'traditional naturopaths' (i.e., those who did not attend the 'approved' schools) may be less of a threat to public health because they do not pretend to be primary care physicians."⁵

We hope the information contained in this module provides the tools necessary to help physicians present relevant facts in response to naturopaths' efforts to enact state licensure laws or expand their current scopes of practice. The AMA stands ready to assist state and specialty societies in their efforts to protect and preserve the health and safety of patients.

Advocacy Resource Center
American Medical Association

2. Web. American Medical Association. Ethical Opinion E-3.01 Nonscientific Practitioners. www.ama-assn.org. Retrieved December 5, 2007.

3. Web. Pizzomo JE, Murray MT, eds. *Textbook of Natural Medicine*. Pub. Churchill Livingstone, 1999. p. 803, 1292. As quoted on Quackwatch. www.quackwatch.org. Retrieved December 5, 2007.

4. Web. Atwood KC. Naturopathy: A critical appraisal. *Medscape General Medicine*. December 30, 2003. www.medscape.com/viewarticle/465994. Retrieved November 19, 2007. As attributed to Ernst E. The role of complementary and alternative medicine. *BMJ*. 2000;321:1133-1135.

5. Web. Atwood KC. Naturopathy: A critical appraisal. *Medscape General Medicine*. December 30, 2003. www.medscape.com/viewarticle/465994. Retrieved November 19, 2007.

III. Naturopathy as a profession

Definition(s) of naturopathy

Webster's dictionary defines naturopathy as a system of treatment of disease that avoids drugs and surgery, and emphasizes the use of natural agents (such as air, water and herbs) and physical means (such as tissue manipulation and electrotherapy).⁶ The National Center for Complementary and Alternative Medicine, a bureau of the National Institutes of Health, notes that naturopathy is a system of healing originating from Europe that views disease as a manifestation of alterations in the processes by which the body naturally heals itself. It emphasizes health restoration as well as disease treatment. The term naturopathy literally translates as "nature disease."⁷

Although the most visible professional organizations of naturopaths do not provide a formal definition of a naturopath, the American Association of Naturopathic Physicians (AANP) notes:

[A] licensed naturopathic physician [ND] attends a four-year graduate level naturopathic medical school and is educated in all of the same basic sciences as an [MD] but also studies holistic and non-toxic approaches to therapy with a strong emphasis on disease prevention and optimizing wellness. In addition to a standard medical curriculum, the naturopathic physician is required to complete four years of training in clinical nutrition, acupuncture, homeopathic medicine, botanical medicine, psychology, and counseling (to encourage people to make lifestyle changes in support of their personal health). A naturopathic physician takes rigorous professional board exams so that he or she may be licensed by a state or jurisdiction as a primary care general practice physician.⁸

This module will focus mostly upon the education, training and qualifications of naturopathic "physicians," practitioners who attend four-year graduate schools of naturopathy and earn advanced degrees, as opposed to traditional naturopaths, who receive either apprenticeship-style training or attend unaccredited naturopathy schools.

Principles of naturopathy

Classical naturopathy training is guided by the following six principles. Students in naturopathy schools worldwide are taught to abide by these principles.

- **First do no harm (*Primum no nocere*)**
Illness is a purposeful process of the organism. The process of healing includes the generation of symptoms that are, in fact, an expression of the life force attempting to heal itself. Therapeutic actions should be complementary to and synergistic with this healing process. The naturopathic physician's actions can support or antagonize the actions of the *vis mediatrix naturae*, the healing power of nature. Therefore, methods designed to suppress symptoms without removing the underlying causes are considered harmful and are to be avoided or minimized.
- **The healing power of nature (*Vis mediatrix naturae*)**
The body has an inherent ability to establish, maintain and restore health. The healing process is ordered and intelligent; nature heals through the response of the life force. The naturopathic physician's role is to facilitate this process, to identify and remove obstacles to health and recovery, and to establish or restore a healthy internal and external environment.
- **Identify and treat the cause (*Tolle causam*)**
Illness does not occur without cause. Underlying causes of disease must be discovered and removed or treated before a person can recover completely from illness. Symptoms express the body's attempt to heal, but are not the cause of disease and, therefore, should not be suppressed by treatment. Causes may occur on many levels including the physical, mental, emotional and spiritual. The naturopathic physician must evaluate fundamental underlying causes on all levels, directing treatment at root causes rather than at symptomatic expression.
- **Heal the whole person (*Tolle totum*)**
Health and disease are conditions of the whole organism, a whole involving the complex interaction of many factors. The naturopathic physician must treat

6. Web. Merriam-Webster online dictionary. www.merriam-webster.com. Retrieved November 7, 2007.

7. Web. National Center for Complementary and Alternative Medicine. www.nccam.nih.gov/health/backgrounds/wholemed.htm. Retrieved November 2, 2007.

8. Web. American Association of Naturopathic Physicians. www.naturopathic.org. Retrieved November 7, 2007.

the whole person by taking these factors into account. The harmonious functioning of physical, mental, emotional and spiritual aspects is essential to the recovery from and the prevention of disease. This requires a comprehensive approach to diagnosis and treatment.

- **The physician as teacher (*Docere*)**

A cooperative doctor-patient relationship has inherent therapeutic value. The naturopathic physician's major role is to educate and encourage the patient to take responsibility for their own health. The naturopathic physician is a catalyst for healthful change, empowering and motivating the patient to assume responsibility. It is the patient, not the doctor, who ultimately creates/accomplishes healing. Teaching with hope, knowledge and understanding, the physician acts to enable patients to heal.

- **Prevention (*Praevenire*)**

The ultimate goal of any health care system should be prevention of disease. This is accomplished through education and the promotion of life habits that create good health. Naturopathic physicians learn to assess risk factors and to sharpen their deductive reasoning, and to understand the patient's circumstances. Appropriate interventions are then sought to avoid further harm or risk to the patient. Building health works better and more surely than fighting disease.⁹

General duties

Naturopaths assess and diagnose patient conditions, devise treatment plans using natural, complementary and alternative medicine (CAM), or conventional remedies, and provide counseling to patients. They typically focus on prevention and promoting the understanding that healing comes from within.^{10,11,12}

Naturopathic practice may include the following diagnostic and treatment modalities: clinical and laboratory diagnostic testing, including diagnostic radiology and other imaging techniques; hair, skin and nail analysis; iridology; nutritional counseling, dietetics and therapeutic fasting; medicines of vitamin, mineral, animal and botanical/herbal origin; hormones and biosynthetic agents; hygiene and public health measures; homeopathy; acupuncture; traditional Chinese medicine; psychotherapy and counseling; minor surgery and naturopathic obstetrics (natural childbirth); naturopathic physical medicine including manipulation and massage; the use of hydrotherapies, heat, cold, ultrasound, ultraviolet light, magnetic and electrical fields; energy-based treatments, including reiki, biofeedback and therapeutic touch; and therapeutic exercise.^{13,14}

Brief history of the profession

The modern form of naturopathy can be traced to 18th- and 19th-century healing systems in Germany and Austria. While naturopathy was being used in Europe during those time periods, it was not until the turn of the 20th century that the term surfaced in America. In 1902 Benedict Lust, a German immigrant, introduced naturopathy to the United States when he founded the American School of Naturopathy, which was later reorganized as the American Naturopathic Association in 1919.¹⁵

Once naturopathy was introduced in the United States, naturopathic schools were established and large numbers of naturopaths were trained for practice. However, the advent of scientific medicine in the 20th century greatly decreased the demand for naturopathic treatment. In the 1970s, when a "natural" counterculture movement espousing health foods and natural remedies began, many consumers sought out alternative treatments and CAM modalities enjoyed a surge in popularity.

9. Web. Naturodoc. www.naturodoc.com/cardinal/naturopathy/nat_principles.htm. Retrieved November 15, 2007.

10. Web. Natural Healers. Common Q&A. Retrieved July 28, 2006. www.naturalhealers.com/qa/naturopathy.html#q1.

11. Web. Homeo Info. Non-classical topics—naturopathy. Retrieved July 28, 2006. http://homeoinfo.com/08_non-classical_topics/wide/naturopathy.php.

12. Web. American Naturopathic Certification Board (ANCB). ANCB Policies. Retrieved July 28, 2006. www.ancb.net/policies.html.

13. Web. American Osteopathic Association document. Non-physician monograph series: Naturopaths. September 2005, as referencing the American Association of Naturopathic Physicians. Positions and Practice, accessed on October 7, 2005. www.naturopathic.org/naturopathic_medicine/positions_and_practice.aspx.

14. Web. National Center for Complementary and Alternative Medicine. www.nccam.nih.gov. Retrieved December 2, 2007.

15. Web. American Osteopathic Association document. Non-physician monograph series: Naturopaths. September 2005, as referencing *Natural Health, The European Healers*, available at www.naturalhealth.org/tradnaturo/history2.html#erop, accessed October 7, 2005; and *Natural Health, Natural Healers and Education*, available at www.naturalhealth.org/tradnaturo/history3.html#edu, accessed October 7, 2005.

Additionally, in the late 20th century consumers began to utilize complementary and alternative approaches to healing as either adjunct or separate, distinct treatment modalities to traditional allopathic/osteopathic medical treatments. During this time, the number of complementary and alternative practitioners, including naturopaths, acupuncturists, homeopaths, energy healers, herbalists and bodywork technicians, grew and licensure efforts for these non-traditional practitioners expanded.

As discussed earlier, a naturopath (or naturopathic “physician”) has graduated from a four-year graduate school of naturopathy with a doctor of naturopathy (ND) or doctor of medical naturopathy (NMD) degree, and is educated in both the basic sciences and complementary and alternative treatment modalities. In some of the 14 states where naturopaths maintain licensure, statutory language may allow them to be called naturopathic physicians.

Notably, doctoral-level graduate naturopathic education is not the norm in the rest of the world. In England and Germany, for example, four-year degrees are adequate to train naturopathic practitioners.¹⁶ Nor are there two competing factions of naturopathic practitioners in most of the world. The norm is to practice traditional naturopathy. Moreover, in no other country are naturopathic practitioners referred to as naturopathic physicians.

The AANP, the organization that represents “naturopathic physicians,” declares their members to be (*emphasis added*) “... educated in *all of the same basic sciences as an M.D.* but also [studied in] holistic and nontoxic approaches to therapy with a strong emphasis on disease prevention and optimizing wellness. *In addition to a standard medical curriculum,* the naturopathic physician is required to complete four years of training in clinical nutrition, acupuncture, homeopathic medicine, botanical medicine, psychology, and counseling

(to encourage people to make lifestyle changes in support of their personal health). A naturopathic physician takes rigorous professional board exams so that he or she may be licensed by a state or jurisdiction as a *primary care general practice physician.*”¹⁷

A traditional naturopath is a practitioner who has obtained his or her education through some combination of a mentorship program with another practitioner or an alternative clinic, or a distance learning program, and/or classroom schooling on natural health or otherwise holistic studies. These practitioners do not have naturopathy degrees from schools recognized as accredited by the U.S. Department of Education, but they may earn degrees from other schools or obtain certification from professional naturopathic organizations.¹⁸ Traditional naturopaths’ education and training is neither standardized nor accredited, and therefore their skill set and training varies widely.¹⁹ No state currently permits the licensure of traditional naturopaths, therefore no minimum requirements for practice are mandated.²⁰

The philosophical divide that separates traditional naturopaths from naturopathic “physicians” could not be wider. Traditional naturopaths, collectively represented by the American Naturopathic Medical Association (ANMA), actively oppose the licensure of naturopathy in any form, preferring to practice natural health care unlicensed.²¹ Traditional naturopaths believe that licensure takes away their right to practice natural health care.²² In fact, testimony from the ANMA or individual traditional naturopaths opposing the licensure of naturopaths can often be found in the legislative dockets of many states.

Accordingly, the ANMA offers this sample letter for their members to write their elected representatives on the licensing issue²³:

16. Web. Natureline. Training to be a naturopath. <http://mypage.direct.ca/agaul/index.htm>. Retrieved December 10, 2007.

17. Web. AANP. Education. www.naturopathic.org/viewbulletin.php?id=29. Retrieved December 5, 2007.

18. Web. The Cure Research Foundation. Naturopaths. Retrieved June 3, 2008. www.cure.org/naturopaths.htm.

19. *Id.*

20. AOA Document. Non-physician monograph series: Naturopaths. September 2005. Verified by Lexis search, September 5, 2006.

21. Web. American Naturopathic Medical Association (ANMA). Writing your representative. Retrieved December 18, 2007. www.anma.com/writing_yourrepresentative.html.

22. *Id.*

23. *Id.*

Dear (Representative):

My name is (Name) and I live in (Dist #) in the State of (Name). I am writing to urge you to vote No on H.R./S Bill (#).

My practice involves education of my clients, using natural therapies, including but not limited to fresh air, clean water, good diet, and exercise to attain a healthier body. I do not diagnose or treat disease and I represent the majority of practicing naturopaths. Naturopaths, Naturopathic Doctors, or Naturopathic Physicians have no business diagnosing, dispensing drugs, or performing surgeries as set out in the legislation in question. Naturopaths, Naturopathic Doctors, or Naturopathic Physicians simply don't have the experience or education required. When diagnosing, dispensing drugs, or performing surgeries is needed, clients should see those licensed and trained to do so. You owe it to the public to protect them from the group seeking this scope of practice for naturopaths. You should require those people to attend traditional medical school. I took an oath to "First do no harm" and I intend to do just that. Please do not take my right to practice away because of a few untrained who want to be "doctors" and have the right to practice as equals to DO's and MD's.

Thank you for considering a "NO" vote on (Bill #).

In a recent proposal by naturopaths for expansion of scope of practice in Washington state, the ANMA notes: "The naturopaths are asking for drugs, surgery and IV therapy which would cover chelation. These naturopaths are not just asking for any drug, they want narcotics under the Controlled Substances III & IV categories. It is obvious that these naturopaths want to be MDs without earning the education and doing an internship in hospitals. We urge you [ANMA members] to read this carefully, understand it, then write, call or e-mail a Washington State legislator whose name, address and phone number will appear on this page. We do not oppose properly trained doctors doing these practices. However, a naturopath pretending to have the knowledge to practice in this manner is definitely a 'danger to the public.'"²⁴

Primer on complementary and alternative medicine

Greatly concerned with growing consumer use of CAM, in 1998 Congress established a new bureau of the National Institutes of Health, the National Center for Complementary and Alternative Medicine (NCCAM). Not a formal recognition of CAM, but rather a federal agency funded to apply rigorous scientific inquiry to the outcomes and safety of various CAM modalities, the stated mission of the NCCAM is to:

- Explore complementary and alternative healing practices in the context of rigorous science
- Train complementary and alternative medicine researchers
- Disseminate authoritative information to the public and professionals²⁵

The NCCAM defines CAM as "a group of diverse medical and health care systems, practices, and products that are not presently considered to be part of conventional medicine. Conventional medicine is medicine as practiced by holders of M.D. (medical doctor) or D.O. (doctor of osteopathy) degrees and by their allied health professionals, such as physical therapists, psychologists, and registered nurses." The National Cancer Institute defines CAM as "forms of treatment that are used in addition to (complementary) or instead of (alternative) standard treatments. These practices generally are not considered standard medical approaches. Standard treatments go through a long and careful research process to prove they are safe and effective, but less is known about most types of CAM. CAM may include dietary supplements, megadose vitamins, herbal preparations, special teas, acupuncture, massage therapy, magnet therapy, spiritual healing, and meditation."

However, the common popular characterization of CAM is any treatment that does not involve pharmaceuticals or surgery. To that end, many conventional treatments are considered CAM by certain CAM practitioners and advocates. For example, nutritional counseling, vitamins, physical activity, the application of ice packs or heat compresses—all conventional treatments—have been adopted as CAM, and are typically counted in surveys and/or polls to indicate the surge of CAM in America. Other research includes prayer, meditation or other spiritual/contemplative thought into the broad definition of CAM as well.

24. *Id.*

25. Web: NCCAM. <http://nccam.nih.gov/about/ataglance/>. Retrieved October 2, 2006.

The NCCAM categorizes CAM treatments into five distinct groupings. Below is a brief primer on the modalities in each NCCAM grouping,²⁶ many of which are commonly used by naturopaths.

Whole medical systems

Whole medical systems are built upon complete systems of theory and practice. Often, these systems have evolved earlier than and apart from the conventional medical approach used in the United States.

- Homeopathy—a whole medical system that originated in Europe. Homeopathy seeks to stimulate the body's ability to heal itself by giving very small doses of highly diluted substances that in larger doses would produce illness or symptoms (an approach called "like cures like").
- Traditional Chinese medicine (TCM)—a whole medical system that originated in China. TCM is based on the concept that disease results from disruption in the flow of qi and imbalance in the forces of yin and yang. Practices such as herbal therapy, meditation, massage and acupuncture seek to aid healing by restoring the yin-yang balance and the flow of qi.
- Ayurveda—a whole medical system that originated in India. Ayurveda aims to integrate the body, mind and spirit to prevent and treat disease. Therapies used include herbs, massage and yoga.
- Naturopathy—a whole medical system that originated in Europe. Naturopathy aims to support the body's ability to heal itself through the use of dietary and lifestyle changes together with CAM therapies such as herbs, massage and joint manipulation.

Mind-body medicine

Mind-body medicine uses a variety of techniques designed to enhance the mind's capacity to affect bodily function and symptoms. Some techniques that were considered CAM in the past have become mainstream, for example patient support groups and cognitive-behavioral therapy.

- Meditation—a conscious mental process using certain techniques, such as focusing attention or maintaining a specific posture, to suspend the stream of thoughts and relax the body and mind.
- Other—prayer, mental healing and therapies that use creative outlets such as art, music or dance.

Biologically based practices

Biologically based practices in CAM use substances found in nature, such as herbs, foods and vitamins. Some examples include dietary supplements, herbal products and the use of other so-called natural, but as yet scientifically unproven therapies (for example, using shark cartilage to treat cancer). The CAM domain of biologically based practices includes, but is not limited to, botanicals, animal-derived extracts, vitamins, minerals, fatty acids, amino acids, proteins, prebiotics and probiotics (which are live bacteria and sometimes yeasts found in foods such as yogurt or in dietary supplements), whole diets and functional foods.

Manipulative and body-based practices

Manipulative and body-based practices in CAM are based on manipulation, the application of controlled force to a joint, moving it beyond the normal range of motion in an effort to aid in restoring health. Manipulation may be performed as a part of other therapies or whole medical systems. Under the umbrella of manipulative and body-based practices is a heterogeneous group of CAM interventions and therapies including Tui Na, rolfing, Bowen technique, Trager bodywork, Alexander technique, Feldenkrais method and a host of others.

- Chiropractic—a form of spinal manipulation whereby subluxations, or misalignments of the spine, interrupt or interfere with "nerve flow." The manipulation serves to "adjust" the vertebrae with the goal of correcting subluxations.²⁷
- Massage—pressing, rubbing and moving muscles and other soft tissues of the body, primarily by using the hands and fingers. The aim is to increase the flow of blood and oxygen to the massaged area.

26. Web. This entire primer (with the exception of the separately footnoted definition of "chiropractic," below) is taken from the NCCAM Web site. What is CAM? <http://nccam.nih.gov/health/whatiscam/#4>. Retrieved December 10, 2007.

27. The NCCAM does not provide a formal definition of "chiropractic." This brief definition is condensed from information found on the NCCAM Web page: About chiropractic and its use in treating low back pain. <http://nccam.nih.gov/health/chiropractic/#1a>. Retrieved December 14, 2007.

- Reflexology—a practice in which pressure is applied to points on the foot and sometimes the hand with the intent to promote relaxation or healing in other parts of the body.

Energy medicine

Energy therapies involve the use of energy fields. They are of two types.

1. **Biofield therapies** are intended to affect energy fields that purportedly surround and penetrate the human body. The existence of such fields has not yet been scientifically proven. Some forms of energy therapy manipulate biofields by applying pressure and/or manipulating the body by placing the hands in or through these fields. Biofields have defied measurement to date by reproducible methods.

Therapies involving these putative energy fields are based on the concept that human beings are infused with a subtle form of energy. This vital energy or life force is known by different names in different cultures, such as qi (pronounced “chi”). In traditional Chinese medicine, the vital energy or life force is supposed to regulate a person’s spiritual, emotional, mental and physical health, and to be influenced by the opposing forces of yin and yang. Vital energy is believed to flow throughout the human body, but it has not been measured by means of conventional instrumentation. Nonetheless, therapists claim that they can work with this subtle energy, see it with their own eyes, and use it to effect changes in the physical body and influence health.

Examples of biofield therapy include:

- Qi gong—a component of traditional Chinese medicine that combines movement, meditation and controlled breathing. The intent is to improve blood flow and the flow of qi.
- Reiki—a therapy in which practitioners seek to transmit a universal energy to a person, either from a distance or by placing their hands on or near that person. The intent is to heal the spirit and thus the body.

- Therapeutic touch—a therapy in which practitioners pass their hands over another person’s body with the intent to use their own perceived healing energy to identify energy imbalances and promote health.

2. **Bioelectromagnetic-based therapies** involve the unconventional use of electromagnetic fields, such as pulsed fields, magnetic fields, or alternating-current or direct-current fields. The veritable energies employ mechanical vibrations (such as sound) and electromagnetic forces, including visible light, magnetism, monochromatic radiation (such as laser beams) and rays from other parts of the electromagnetic spectrum. They involve the use of specific, measurable wavelengths and frequencies to treat patients.

Assessing the evidentiary basis for naturopathy

Naturopaths claim that their natural treatments have been in use for hundreds of years. In many cases, neither the mechanism of action nor the efficacy of the naturopathic treatment as prescribed have been documented or established. The lack of randomized controlled trials and other forms of rigorous scientific inquiry into naturopathic treatments has not gone unnoticed by the medical and scientific communities.^{28,29}

Reinforcing the self-image of naturopathy as a distinct type of health care, according to one article, the AANP states that “naturopathic medicine has its own unique body of knowledge, evolved and refined for centuries” and is “effective in treating all health problems, whether acute or chronic.”³⁰ This collective professional isolationist identity of naturopaths lays the groundwork for substandard patient care. Not only does naturopaths’ insistence on practicing on the fringe of modern medicine produce providers of questionable medical competence through an educational system fraught with scientific inaccuracies and omissions of even the most basic established medical principles, it also propagates the unfortunate result of patient care that is devoid of current, evidence-based medically accepted concepts.

28. Web. Atwood KC. Naturopathy, pseudoscience, and medicine: Myths and fallacies vs. truths. March 25, 2004. *Med Scope Today*. www.medscape.com/viewarticle/471156. Retrieved December 26, 2007.

29. Web. Skolnick A. Live Science. Voice of reason: Licensing naturopaths may be hazardous to your health. www.livescience.com/health/naturopathy_license_041118.html. Retrieved December 26, 2007.

30. Web. American Association of Naturopathic Physicians. www.aanp.org. Retrieved December 16, 2007.

A lack of scientific proof for many of their treatment modalities does not deter naturopaths, however. One article in the April 2006 issue of the *Journal of Alternative and Complementary Medicine* proposes that naturopaths disdain the application of evidence-based medicine (EBM) to their practice:

This paper presents the voices of tradition-sensitive naturopathic practitioners in response to what they perceive as an ideologic assault by EBM advocates on the validity and integrity of natural medicine practice. Those natural medicine practices, which have tradition-based paradigms articulating vitalistic and holistic principles, may have significant problems in relating to the idea of EBM as developed in biomedical contexts. The paper questions the appropriateness of imposing a methodology that appears to minimize or bypass the philosophic and methodological foundations of natural medicine, and that itself seems primarily driven by political considerations.³¹

Is this “unique body of knowledge” not then subject to the same scientific, peer-reviewed scrutiny as are medical concepts? At least one mainstream medical journal article has acknowledged the inherent difficulty in using traditional, randomized, controlled clinical trials for CAM modalities. At the same time, it called for medicine to demand CAM “develop and defend a rational and coherent method for assessing causality and efficacy, though not necessarily one based on the results of controlled clinical trials.”³² To date, proponents of CAM and/or naturopathy have not proposed any alternative epistemology calculated to assess the efficacy of CAM treatments.

Nonetheless, naturopaths and other CAM providers have begun conducting limited research and contributing their results to the scientific body of literature. In many instances, such as the NCCAM-funded clinical trials discussed below, the efficacy of naturopathic treatments is not supported by clinical evidence. The NCCAM “Research Results” Web page lists the following examples³³:

- “Pilot Study Provides New Insight on Effect of Ginkgo Extract on Dementia in the Elderly.” Overall, in this study of the elderly, researchers did not find a reduction in progression to dementia in those using ginkgo versus those using placebo. (February 2008)
- “Drinking Black Tea Shows No Impact on Cardiovascular Risk Factors.” It is commonly believed that polyphenol antioxidants, found in tea, have a variety of health benefits, including cardiovascular benefits. However, randomized trials to date have yielded mixed results on the effects of tea on cardiovascular risk factors. (October 2007)

Some naturopathic treatments have been subjected to the gold standard research design: the randomized controlled trial. However, many of the studies considered by the profession to be “naturopathic” in nature involve treatments that are not unique to naturopathy. For example, Bastyr University, Seattle, considered by many to be the top naturopathic school in the United States, lists current and past research projects on its Web site. Two of its current research projects include the nutritional studies, “Will a naturopathic diet improve glycemic management?” and “Effectiveness of two levels of pulse [beans/legumes] consumption on caloric restriction adherence and chronic disease risk.”³⁴ Dietary modifications are hardly the sole province of naturopaths. However, results from these studies will add to the general scientific body of knowledge and should be encouraged.

Bastyr also posts that 40 research projects have been completed or are underway.³⁵ A cursory review of its “Current Research Studies” Web page reveals 11 current research projects.³⁶ Four are non-clinical research projects, seven are clinical research projects. Of these, one is an animal research project and six are human research projects, only one of which is identified as a randomized controlled trial.³⁷ Furthermore, of the 11 research projects listed, only two investigators listed are also named as faculty on Bastyr’s Web site. In just one study is the *primary* investigator also a faculty member.³⁸

31. Jagtenberg T et al. *J Altern Complement Med*. Evidence based medicine and naturopathy. 2006 Apr;12(3):323-8. Note: the authors are Australian.

32. Tonelli MR et al. *Acad Med*. Why alternative medicine cannot be evidence-based. 2001 Dec;76(12):1213-20.

33. Web. NCCAM. <http://nccam.nih.gov/research/results/>. Retrieved March 11, 2008.

34. Web. Bastyr University. Research Home Web page. www.bastyr.edu/research/default.asp. Retrieved March 11, 2008.

35. *Id.*

36. *Id.*

37. *Id.* *Trametes versicolor* in women with breast cancer. Principal Investigator: L.J. Standish.

38. *Id.* Principal Investigator: L.J. Standish. Dr. Standish is also a co-investigator on a second research project. Co-investigator: W. Weber.

NCCAM funding for CAM clinical trials has increased every year since its inception in 1999. Congress appropriated \$121.4 million to the NCCAM for the fiscal year 2007.³⁹ However, 2007 press releases on the results of NCCAM-funded botanical/herbal clinical trials note a lack of efficacy for many CAM modalities studied (naturopaths commonly employ herbal/botanical and nutritional counseling in their treatments):

Shark cartilage supplement does not extend the lives of lung cancer patients⁴⁰

Researchers announced the results of an NCCAM and National Cancer Institute co-funded clinical trial showing that a shark cartilage supplement did not improve the overall survival of patients with lung cancer. Colleagues at the University of Texas M.D. Anderson Cancer Center conducted this phase III randomized, double-blind, placebo-controlled clinical trial at cancer centers throughout the U.S. and Canada. All 379 patients in the study received radiation and chemotherapy in addition to a shark cartilage supplement or a placebo pill. The study team found that those who took the supplement did not live any longer than those who took the placebo. A previous NCCAM-funded study also found shark cartilage did not benefit patients with advanced breast or colon cancer.

Echinacea for the prevention and treatment of colds in adults⁴¹

The research team tested three preparations of the roots of a species of echinacea called *Echinacea angustifolia*, which prior smaller studies had found to benefit adults with the common cold. The three preparations were made by extracting the root of *E. angustifolia* using procedures that represent some of the different ways that echinacea is available and used to treat the common cold. In this study, researchers found that none of the three preparations of *E. angustifolia* at the 900 mg daily dose had significant effects on whether volunteers became infected with the cold virus or on the severity or duration of symptoms among those who developed

colds. However, critics of this study believe the dose of *E. angustifolia* used was too low.

St. John's wort and depression⁴²

An extract of the herb St. John's wort was no more effective for treating major depression of moderate severity than placebo, according to research published in the *Journal of the American Medical Association*. The randomized, double-blind trial compared the use of a standardized extract of St. John's wort (*Hypericum perforatum*) to a placebo for treating major depression of moderate severity. The multisite trial, involving 340 participants, also compared the FDA-approved antidepressant drug sertraline (Zoloft®) to placebo as a way to measure how sensitive the trial was to detecting antidepressant effects.

Questions remain as to whether naturopaths are integrating such clinical evidence into their treatment protocols and, moreover, to what extent they are attempting to elucidate—for the benefit of their patients, as well as the scientific community—the mechanisms of their traditional treatments such as homeopathy, traditional Chinese medicine, and botanical or herbal preparations. In a 2006 editorial in the *Journal of Alternative and Complementary Medicine*, researchers from the National College of Naturopathic Medicine, Portland, Ore., and the Oregon College of Oriental Medicine, also in Portland, note that aside from the difficulty in applying the randomized controlled trial design to CAM treatments, “an equally important impediment is the paucity of our understanding of the basic mechanisms underlying most CAM therapies. Stated most directly, in the absence of knowing how a treatment ‘works,’ an appropriate sham control cannot be designed rationally. And, without an appropriate sham control, the efficacy of a treatment cannot be assessed adequately. It has even been suggested that sham controls are more appropriate for studying *why* CAM treatments are effective than *whether* they are effective.”⁴³

This module does not purport to be an exhaustive literature search on the natural remedies most commonly

39. Web. NCCAM. NCCAM funding: Appropriations history. <http://nccam.nih.gov/about/appropriations/>. Retrieved December 26, 2007.

40. Web. NCCAM. Research results spotlight. <http://nccam.nih.gov/research/results/spotlight/061507.htm>. Retrieved December 26, 2007.

41. *Id.*

42. *Id.*

43. Hammerschlag R and Zwickey H. Evidence based complementary medicine and alternative medicine: Back to basics. *Journal of Alternative and Complementary Medicine*. Vol. 12, No. 4, 2006. pp. 349–350. *Authors' note:* We prefer the term ‘sham’ rather than placebo, because sham implies better to research on therapies involving devices and physical manipulation, in which—unlike in pharmaceutical research—there is no assumption that the control will be inert.

used by naturopaths, and should not be held as evidence of the efficacy or lack thereof of the particular naturopathic CAM modalities discussed. However, it should be noted that, without consideration of research design or methodology, through the most basic of PubMed literature searches on the efficacy of CAM modalities, several sources (NCCAM press releases and studies in peer-reviewed medical journals) demonstrated positive outcomes for directed uses of acupuncture. As discussed elsewhere in this module, naturopathic graduate education does not typically prepare naturopaths to practice acupuncture. Most states that license naturopaths require additional training beyond the ND or NMD degree for naturopaths to use acupuncture in practice.

Official state reports on naturopathy

Many states have commissioned investigative reports or special committees to study the issues related to licensure or, in states where naturopaths currently enjoy licensure, issues related to the expansion of scope-of-practice privileges. Most of these state legislative or agency reports exhibit significant research into the history of the naturopathic profession, both nationally and within the state, as well as other states' experiences with naturopath licensure and/or professional regulation. These reports are excellent resources for those states anticipating licensure or scope of practice expansion proposals by naturopaths.

Arizona (2000)

In 2000 the Arizona Office of the Auditor General conducted an audit and sunset review⁴⁴ of the Arizona Naturopathic Physicians Board of Medical Examiners pursuant to a June 16, 1999, resolution of the Joint Legislative Audit Committee. This audit noted significant concerns with the operative processes of the Arizona board, potentially attributable to lack of oversight. (Note: The Arizona Naturopathic Physicians Board of Medical Examiners was established in 1935 to regulate naturopathic physicians through licensure. Naturopaths were once restricted to using natural, drugless and nonsurgical methods, however, in 1992 the law was changed to allow naturopaths to perform many of the same activities performed by allopathic and osteopathic physicians.)

The audit report also concluded that the Arizona board needed to improve complaint processing to ensure that complaints were resolved in a timely and appropriate manner. At the time of the review, it had developed a backlog of cases. Of 13 unresolved complaints, five had been open for more than 1,000 days.⁴⁵

The audit report also noted that Arizona naturopaths enjoyed the most liberal scope of practice and prescribing formulary in the nation, and suggested the Legislature review the board's statutes in order to ascertain whether "the Legislature intended such an extension of naturopaths' activities." With regard to the Arizona board's proposal to recognize 16 specialties within naturopathic medicine, including family medicine and minor surgery, internal medicine, neurology and psychiatry, and ophthalmology, the report authors concluded, "No other state that regulates naturopaths recognizes such a broad range of specialties."⁴⁶

The audit report authors also suggested the Legislature review the Arizona Naturopathic Physicians Board of Medical Examiners statutes to determine if increased oversight should be provided on what prescriptions naturopaths can write. "The Board's statutes require it to develop a list of 'natural substances' that naturopaths can prescribe, but the statutes do not define what 'natural substances' are. The Board has developed an extensive list, or formulary, that includes not only vitamins and minerals, but also vaccines, antibiotics, oral contraceptives, anabolic steroids, and controlled substances such as morphine and cocaine. The U.S. Drug Enforcement Administration has recently approved Arizona naturopaths to prescribe controlled substances from the formulary because this appears to be in accordance with state law. Although some other states allow naturopaths to prescribe and dispense drugs, none has a list as extensive as what the Board has developed. Most of these states also have separate oversight bodies to develop or review the list, while Arizona does not."⁴⁷

Most importantly, however, the Arizona Auditor General's Office found a disturbing lack of valid competency assessment of candidates for naturopathic licensure in the state (*emphasis added*):

44. Web. State of Arizona Office of the Auditor General. Naturopathic Physicians Board of Medical Examiners (June 2000, Report No. 00-9). Available at: www.azauditor.gov/Reports/State_Agencies/.

45. *Id.* Executive summary.

46. *Id.*

47. *Id.*

The Board needs to correct numerous problems with its three-part licensing examination, or adopt a national examination, to ensure that the naturopaths it licenses are competent. Since 1997, the Board has been administering a licensing examination it developed specifically for Arizona. Problems with this examination call into question its validity as a tool for measuring an applicant's competence to practice naturopathy. For example, *the Board has not ensured that the examination tests what a naturopath would need to know to practice safely* and has not shown that examination writers possess the necessary expertise and training to develop test questions. *Further, the Board has made extensive adjustments to examination scores.* For example, one licensure applicant received credit for 90 questions that she had answered incorrectly on one part of the February 1999 exam. *As a result of such scoring adjustments, no one has failed the Board's exam since September 1998.*

The shortcomings noted in the Auditor General's report indicate a serious and disconcerting lack of regard for public safety. The failure of the naturopathic profession in the state of Arizona to address professional complaints in a timely manner, to ensure the administration of licensing examinations of sufficient quality so as to protect the public from dangerous practitioners, and to maintain their professional scope of practice within the areas for which naturopaths are educated and trained, should instill a lack of public confidence in the naturopathic profession in Arizona.

Colorado (2005)

The state of Colorado performed a sunrise review of naturopaths in 2005.⁴⁸ The Colorado report found that naturopaths in the state presented evidence supporting their proposal request for state licensure and regulation. This report contains a valuable compilation of other states' licensure and scope of practice regulations for naturopaths as of 2005. For instance, the Colorado report illustrates the lack of recognized safeguards prevalent in the licensed practice of naturopathy in the United States:

- Four out of 15 states do not require licensed naturopaths to partake in any continuing medical education whatsoever.

- Only three out of 15 states mandate that licensed naturopaths carry professional liability insurance.

Additionally, the Colorado report provides an excellent psychometric analysis of the Naturopath Physicians Licensing Examination (NPLEX). The Colorado Office of Examination Services performed an analysis of the NPLEX test construction and scoring methods, and made several key observations:⁴⁹

To date, there is little generalizable evidence that NPLEX Part II clinical licensing examinations actually measure clinical competence.

The thirteen years of NPLEX examination statistics presented ... indicate that the band within which we can be reasonably sure an examinee's true score lies can be variable and somewhat concerning if we are drawing conclusions about technical knowledge of a candidate based on his/her particular test score.

Unlike the NPLEX, the United States Medical Licensing Examination™ and the Comprehensive Osteopathic Medical Licensing Examination are three-part licensing examinations, each containing a separate Step/Level 3 that specifically assesses whether the examinee can apply medical knowledge and understanding of biomedical and clinical science essential for the unsupervised practice of medicine, with emphasis on patient management in ambulatory settings. Step/Level 3 provides a final assessment of physicians assuming independent responsibility for delivering general medical care.⁵⁰

Florida (2004)

The "2004 Sunrise Report on Proposed Licensure of Naturopathic Physicians" concluded that there is "potential risk from licensing naturopathic physicians to allow them to provide a broad range of primary care services." The state of Florida abolished its licensing provisions for naturopathy in 1959, grandfathering in several practicing naturopaths who had been licensed at that time. The 2004 report was conducted as proponents for naturopathy again sought licensure in the state.

48. Web. Colorado Department of Regulatory Agencies, Office of Policy, Research and Regulatory Reform. 2005 sunrise review of naturopathic physicians. www.dora.state.co.us/oprr/archive/2005Naturopaths.pdf. Retrieved December 12, 2007.

49. *Id.* pp. 40–50.

50. Web. United States Medical Licensing Examination. www.usmle.org. Retrieved December 17, 2007.

The authors of the report concluded that:

- The proponents of regulation did not provide evidence that there is substantial harm or that the public is endangered from the unregulated practice of the profession.
- The department and other sources indicate there is a risk of harm to the public from licensing naturopathic physicians with an expanded scope of practice.⁵¹

Massachusetts (2002)

A legislative commission to study naturopathy and the prospect of licensure was established at the request of naturopaths in Massachusetts. In 2002 the Majority and Minority of the Massachusetts Special Commission on Complementary and Alternative Medical Practitioners presented their reports.⁵²

Although the majority report recommended licensure for naturopaths be granted, the minority of the special commission was compelled to submit its own report, highlighting significant deficiencies in the majority's fact-finding process and in the information presented within the majority report. The minority report provides extensive examples of the unscientific basis for naturopathic treatment and calls into question the failure of the majority to report on the validity of treatments used by naturopaths in the care of patients. "Those [members of the commission] favoring licensure of naturopaths did not show an interest in investigating the validity of naturopathic practices. We ask the legislature to question why the proponents of naturopathy did not discuss the validity of specific naturopathic practices."

In addition, the minority report contains detailed significant findings related to the education and practice of naturopaths.⁵³ "Evidence shows that the course content of naturopathy schools is filled with unscientific assertions that strain credulity. ... Evidence was presented showing that both graduates and practicing naturopaths lack experience in recognition of disease and effects of treatment."

The authors of the minority report assert a logical approach in opposing licensure to naturopaths. "Standard naturopathic practice is substandard medical practice. Thus, an independent naturopathic board would legitimize unacceptable practices. ... [T]hus, the establishment of a self-regulating naturopathic board would, paradoxically, endorse practices that would be grounds for discipline if performed by a physician."

Though professional collaboration should be the norm among health professionals, the authors of the minority report state that serious problems would arise with regard to professional collaboration should naturopaths be granted licensure in Massachusetts. First, they argue, naturopaths by their very training are disinclined to refer patients for conventional medical care. Naturopaths consider naturopathy to be a "distinct system of complementary health care," not complementary to conventional medical care. In fact, the authors note that every naturopathic treatise or professional literature denigrates modern medicine as "treating only the symptoms, not the cause" of disease, and warns the reader about pharmaceuticals, which are consistently referred to as "toxins."⁵⁴ Therefore, it is highly unlikely, the authors conclude, that a naturopath would refer a patient to a physician for medical care.

These statements are corroborated by a 1999 study published in the *Archives of Pediatric and Adolescent Medicine*. Using professional naturopathic associations to identify possible subjects, the author surveyed practicing naturopaths and homeopaths in Massachusetts. Results showed that nearly all respondents reported treating children, but *fewer than half* of the responding practitioners reported any formal pediatric training. Most practitioners reported that they *did not* actively recommend immunizations and *fewer than half* of the nonphysician practitioners reported that they would refer a two-week-old neonate with a fever to a medical doctor or emergency medical facility. The author concluded that many of the patients using homeopathy and naturopathy are children. "Failure on the part of these providers to recommend immunizations or recognize potentially serious illnesses is cause for concern."⁵⁵

51. Web. Sunrise report on proposed licensure of naturopathic physicians. January 2004. Found at Naturowatch. www.naturowatch.org/licensure/flsunrise2004.html. Retrieved December 17, 2007.

52. Web. Minority report of the Massachusetts Special Commission on Complementary and Alternative Medicine Providers, 2003. Retrieved December 5, 2007. www.quackwatch.org/01QuackeryRelatedTopics/Naturopathy/minority.pdf.

53. *Id.*

54. *Id.*

55. Lee AC, Kemper KJ. Homeopathy and naturopathy: practice characteristics and pediatric care. *Arch Pediatr Adolesc Med.* 2000 Jan;154(1):75-80.

The Massachusetts minority report also notes that the medical code of ethics precludes physicians from collaborating with unscientific practitioners, such as naturopaths. In particular, AMA Ethical Opinion E-3.01 is referenced, which reads:

It is unethical to engage in or to aid and abet in treatment which has no scientific basis and is dangerous, is calculated to deceive the patient, by giving false hope, or which may cause the patient delay in seeking proper care.

The report of the majority, as mentioned above, does not include any information on the safety, efficacy or scientific validity of naturopathic treatments. Instead, it provides recommendations for an administrative framework to support the implementation of naturopath licensure, as well as training standards for licensure that mirror the requirements of the accrediting body for naturopathic schools. Although presented with textbooks used in naturopathy schools, the majority “was not able to determine the quality or reliability of these books or the standards used in developing them.”⁵⁶

There is at least one statement in the majority report that is untrue. Under the section entitled “Criteria that suggest the need for licensure,” the majority truthfully states that the accreditor of naturopathy schools, the Council on Naturopathic Medical Education (CNME), is a private accrediting agency not recognized by the federal government. The report then incorrectly states that the accrediting body for conventional medical schools is similarly not recognized by the federal government.⁵⁷ Nothing is further from the truth. The Liaison Committee on Medical Education, the accreditor of U.S. medical schools, has been continuously recognized by the U.S. Department of Education since 1952.⁵⁸ Instead, it was the CNME that had its recognition from the U.S. Department of Education revoked in 2001 (just prior to the release of the majority and minority Massachusetts reports) for failure to apply its own standards to a natur-

opathy school in candidate status for accreditation. At the time of the Massachusetts Commission’s reports, the CNME was not recognized by the Department of Education, while the Liaison Committee on Medical Education previously had been and continues to be recognized by the Department of Education as the sole accreditor of U.S. medical schools awarding the MD degree. Likewise, the American Osteopathic Association’s Commission on Osteopathic College Accreditation is recognized by the Department of Education as the sole accreditor of U.S. osteopathic medical colleges awarding the DO degree, and has continuously maintained its recognition since 1952.⁵⁹

Missouri (2006)

A 2006 Report of the Senate Interim Committee on Naturopathic Medicine in Missouri⁶⁰ noted significant concerns with the education and standardized testing of naturopaths:

Questions have been raised as to the extent to which the NPLEX (the Naturopathic Licensing Examination) effectively measures competency. ... Unlike the NPLEX, the USMLE (U.S. Medical Licensing Exam) has a third part (USMLE Part III) designed to test clinical competence and “assess whether medical graduates can apply medical knowledge and understanding of biomedical and clinical science essential for the unsupervised practice of medicine.” The Committee views the absence of such an evaluation as a significant flaw in the NPLEX.

The main accrediting organization for naturopathic colleges has been in and out of favor with the U.S. Department of Education. ... As a result, the Committee does not have full faith in the diligence of the CNME as an accrediting body.”

Finally, emphasizing the inadequacy of the evidence presented them by proponents for naturopathic licensure, and also echoing public confusion regarding the

56. Web. Majority report of the Massachusetts Special Commission on Complementary and Alternative Medicine Providers, 2003. Retrieved December 5, 2007. Available at www.quackwatch.org/01QuackeryRelatedTopics/Naturopathy/minority.pdf.

57. *Id.*

58. Web. U.S. Department of Education. Specialized accrediting agencies. www.ed.gov/admins/finaid/accred/accreditation_pg8.html#med. Retrieved December 18, 2007.

59. Web. A brief history of AOA accreditation activities. www.do-online.org/index.cfm?PageID=edu_main&au=D&SubPageID=acc_main&SubSubPageID=acc_predoc. Retrieved March 10, 2008.

60. Web. Report of the Senate Interim Committee on Naturopathic Medicine. Prepared by Chris Hogerty, Senate Research Staff. January 20, 2006. Retrieved December 5, 2007. www.senate.mo.gov/06info/comm/interim/sinmi/NaturopathReport.pdf.

qualifications of naturopaths, the committee concluded, "it remains unclear to the committee ... who is a naturopath or what makes one a naturopath. This is a fundamental and necessary question that the committee was unable to determine."⁶¹

Nevada (An administrative history of the Board of Naturopathic Healing)

The Nevada Board of Naturopathic Healing was created in 1981. Nevada statutes required that the board consist of the following members appointed by the Governor: three licensed naturopaths engaged in the practice of naturopathic healing for more than two years in the state, one licensed physician who is a valid Nevada resident and one public member who is neither a licensed health practitioner nor a health administrator. The statute allowed the initial naturopaths on the board to be licensed and engaged in practice in another state, and authorized their appointment to the board to constitute their licensure in Nevada.

The first chairman of the Nevada Board of Naturopathic Healing submitted his resignation in 1982 and the three other members resigned in 1983, leaving the one non-health practitioner, who was unable to take any action for lack of a quorum. Until the governor appointed qualified members, the board remained inactive. Meanwhile, the legislative subcommittee received testimony and correspondence alleging that certain licensed naturopaths in the state were practicing with questionable, if not fraudulent credentials. The subcommittee recommended a modification of the board's membership, and that the skills and knowledge of all Nevada licensed naturopaths be thoroughly examined and verified. There appeared to be little board activity after 1983, and in 1987 the state assembly enacted a bill that rendered the board defunct. Any license issued by the Nevada Board of Naturopathic Healing expired on July 1, 1987.⁶²

Demographics of the profession

Number of licensed naturopaths in the U.S. work force

In 2004 it was estimated there were 1,500 naturopaths practicing in the United States.⁶³ As of late 2005, the AANP reported approximately 4,000 naturopathic doctors were practicing in the United States, but a 2006 tally of naturopaths in the 15 states that permit licensure of naturopaths revealed approximately 3,300 licensed naturopaths. There is no practical estimate of the number of naturopaths practicing in states where licensure is not permitted, nor is there an estimate of the number of traditional naturopaths currently practicing in any or all states. (See Figure 1, page 46, for more information.)

Employment types/locales

Most naturopaths establish private naturopathic practices or teach at schools of naturopathy. Naturopathic practitioners may work with physicians or chiropractors, or in hospitals, nursing homes, clinics, health clubs or resorts.⁶⁴

Salary data

A Seattle newspaper stated in December 2003 that most naturopaths established private practices and earned \$35,000 to \$100,000 annually.⁶⁵ A 2004 survey conducted by the National College of Naturopathic Medicine found that the median take-home pay for individuals working 32 hours or more per week was \$45,000, while the average was \$54,000. The high annual take-home pay was \$250,000.⁶⁶

The Princeton Review online, in its graduate school and careers section, notes that "according to a survey by the AANP, naturopathic doctors generally earn in the low to mid range of family practice doctors. A beginning ND, just starting up his or her practice, working part time or building a staff, may earn between \$20,000 to \$30,000 per year. However, an ND who runs or partners in a large, busy practice makes an average estimated income of \$80,000 to \$90,000 per year—and may make upwards of \$200,000."⁶⁷

61. *Id.*

62. Web. Nevada State Library and Archives. Board of Naturopathy; Administrative History. <http://dmla.clan.lib.nv.us/DOCS/nslalarchives/archival/lic-rec/naturom.htm>. Retrieved December 10, 2007.

63. Web. eNotes. Alternative medicine—naturopathic medicine. Retrieved July 28, 2006. <http://health.enotes.com/alternative-medicine-encyclopedia/naturopathic-medicine>.

64. Web. UniXL. Retrieved July 28, 2006. Search term "naturopathy jobs." www.unixl.com/dir/health_sciences/naturopathy/.

65. Perry N. University carves niche in alternative health care. *The Seattle Times*. December 24, 2003. www.ntskeptics.org/news/news2003-12-28.htm.

66. Web. National College of Naturopathic Medicine. Alumni survey summer 2004—income data. Retrieved July 28, 2006. www.ncnm.edu/alumniandfriends/2004AlumniSurvey.pdf.

67. Web. The Princeton Review. Retrieved November 20, 2007. www.princetonreview.com/grad/research/programProfiles/salariescareers.asp?programid=98.

IV. Billing for services

Medicare

Medicare does not provide for the reimbursement of naturopathy.⁶⁸ In 1968 the U.S. Department of Health, Education, and Welfare (now the U.S. Department of Health and Human Services) reported to Congress, recommending that naturopathic services not be added to Medicare coverage.⁶⁹ Naturopaths had requested coverage for the services of naturopathic physicians under Part B of the Supplementary Medical Insurance Program as independent practitioners serving as “points of entry,” similar to doctors of medicine and osteopathy, but subject to restrictions in treatment as specified in state licensure laws.⁷⁰

The report contained an enormous amount of research, and Congress ultimately declined the naturopaths’ request for coverage, concluding that “naturopathic theory and practice are not based on the body of basic knowledge related to health, disease, and health care which has been widely accepted by the scientific community. Moreover, irrespective of its theory, the scope and quality of naturopathic education do not prepare the practitioner to make an adequate diagnosis and provide appropriate treatment.”⁷¹

Medicaid

Medicaid will cover acupuncture and/or naturopathic services if the practitioner is licensed in the state where the service is provided and the service is considered a medical necessity.⁷² The Medicaid Act does not define “medically necessary”; each state is allowed to develop its own definition for operation of the Medicaid program in the state.⁷³

Private payers

More than 90 insurance carriers currently cover naturopathic medicine in the United States and Canada.⁷⁴ Increasingly, NDs are covered as specialists and primary care providers under corporate reimbursement plans.⁷⁵ Connecticut, Washington, Montana and Alaska have mandated insurance reimbursement for “medically necessary and appropriate naturopathic medical services.”⁷⁶

68. Web. AOA Document. Non-physician Monograph series: Naturopaths. September 2005; also NaturoWatch, Sunrise report on proposed licensure of naturopathic physicians (Jan. 2004). www.naturowatch.org/licensure/flasunrise2004.html. Verified by CMS Web site search. www.cms.hhs.gov/default.asp. Search terms: naturopath and naturopathic (searched September 2, 2006).

69. Web. Quackwatch.org. HEW report on naturopathy (1968). Retrieved December 18, 2007. www.quackwatch.org/01QuackeryRelatedTopics/Naturopathy/hew.html. Referencing U.S. Department of Health, Education, and Welfare’s Report to Congress: Independent practitioners under Medicare: 1968.

70. *Id.*

71. *Id.*

72. Web. AOA Document. Non-physician monograph series: Naturopaths. September 2005; also verified by Lexis search, September 5, 2006.

73. Web. Neighborhood Legal Services Inc. The “Medical Necessity Requirement” in Medicaid. Tim Sindelar, Disability Law Center, Boston, MA. www.nls.org/conf2002/medicaidandmedicalnecessity.htm. Retrieved November 19, 2007.

74. Web. Vital Stream Naturopathy. About naturopathy. Retrieved July 29, 2006. www.vsnaturopathy.com/aboutnd.html.

75. Dunne N. Naturopathic medicine: What can patients expect. *The Journal of Family Practice* 54,12 (Dec. 2005): 1067-72.

76. Leonard T. Naturopathic medicine focuses on body’s natural healing processes. *Santa Cruz Sentinel*. September 25, 2005.

V. Education and training of naturopaths

Doctoral programs/degrees

As mentioned earlier, naturopathy has been in existence in the United States for more than 100 years, but modern graduate naturopathic education is relatively new. The oldest of the accredited U.S. schools of naturopathy was established in 1956, with the remaining three accredited schools first admitting students in the years 1978, 1992 and 1996, respectively.⁷⁷

The ND and NMD programs lead to a doctoral degree in naturopathy and typically require four years of graduate study. Some schools offer ND degrees as correspondence courses with little or no requirement for supervised clinical practice. Programs accredited by the CNME that offer an ND or NMD degree require clinical internship during the third and fourth years of study.⁷⁸

Accrediting bodies

Founded in 1978, the CNME is presently accepted as the programmatic accrediting agency for naturopathic education by the four-year naturopathic colleges and programs in the United States and Canada, by the American and Canadian national naturopathic professional associations, and by the North American Board of Naturopathic Examiners. The CNME received initial recognition from the U.S. Department of Education in 1987, lost recognition status in 2001 due to its failure to apply its own accreditation standards to a candidate school for accreditation, and ultimately regained recognition status in 2003. (See next section for more information.)

The American Naturopathic Medical Accreditation Board (ANMAB) also accredits U.S. schools of naturopathy leading to the ND degree, as well as schools that

offer certificates, diplomas or coursework in the naturopathic arts and sciences.

U.S. Department of Education recognition of accrediting bodies

The U.S. Department of Education recognizes the CNME as the national programmatic accrediting agency for programs leading to the NMD or ND degree.⁷⁹ Accrediting agencies with the Department of Education's recognition have been found in compliance with the federal regulations that apply to educational accrediting agencies, and are determined to be reliable authorities as to the quality of education or training provided by the institutions of higher education and the higher education programs they accredit.⁸⁰ The Department of Education's recognition means the schools or specialized educational programs the accrediting agency accredits are eligible to seek participation in programs sponsored by federal agencies. Students and graduates of U.S. naturopathic medicine programs with CNME accreditation are eligible to apply for such federal programs as the Academic Research Enhancement Awards and the Loan Repayment Program, and receive federal student aid.⁸¹

Originally recognized by the Department of Education as an accrediting agency in 1987, the CNME was stripped of its recognized status Jan. 16, 2001, as a result of its failure to apply its own standards to a candidate school for accreditation, the Southwest College of Naturopathic Medicine and Health Sciences.⁸² Before 1987, U.S. schools of naturopathy were not accredited by any body recognized by the U.S. Department of Education, thus providing no assurance as to the quality of the education received by naturopathic graduates prior to this time.

77. Web. National College of Natural Medicine, www.ncnm.edu; Bastyr University, www.bastyr.edu; Southwest College of Naturopathic Medicine, www.scnm.edu; University of Bridgeport College of Naturopathic Medicine, www.bridgeport.edu. Retrieved December 12, 2007.

78. Hough H, Dower C, and O'Neil E. *Profile of a Profession: Naturopathic Practice*. Center for the Health Professions: University of California, San Francisco, 2001.

79. Web. U.S. Department of Education. National institutional and specialized accrediting bodies. www.ed.gov/admins/finaid/accred/accreditation_pg8.html#nmm. Retrieved September 6, 2006.

80. Web. U.S. Department of Education. Overview of accreditation. www.ed.gov. Retrieved December 12, 2007.

81. Web. CNME. www.cnme.org/faq.html. Retrieved September 6, 2006.

82. Web. Memorandum from the U.S. Secretary of Education to the Council on Naturopathic Medical Education. January 16, 2006. Docket No. 00-06-O. www.ed-oha.org/secretarycases/2000-06-O.pdf. Retrieved November 26, 2007.

In order to be recognized by the Department of Education, an “accreditor must have standards for accreditation that assess, among other things, an institution’s ‘curricula,’ ‘faculty,’ and ‘fiscal and administrative facility.’”⁸³ Further, the accreditor must be one that “consistently applies and enforces standards that ensure that the course or programs ... are of sufficient quality to achieve ... the stated objectives for which the course of programs are offered.”⁸⁴

The CNME’s standards for accreditation noted several particular situations that would lead the CNME to issue a show-cause letter to withdraw a candidate institution from contention for accreditation. One of these situations included the “inadequate financial support and control of the institution.”⁸⁵

The U.S. Department of Education found that during the period of 1996–1999, while Southwest College was a candidate for accreditation, “the entire financial structure [of the college] had become unstable.” Because of financial constraints, the school had no president, senior vice president/chief operating officer or dean of students. Moreover, the college had “a large accumulated debt,” and the school’s tuition could not cover its operating expenses, much less its debt. The November 1997 CNME evaluation team believed the school was operating “under crisis management.”⁸⁶

A prior 1996 CNME evaluation visit to Southwest College, as well as the November 1997 visit, produced merely recommendations and scheduled future visits by the CNME. Situations had not improved in April 1998 or in March 1999. Regulations of the Department of Education require that candidate status for accreditation can last no longer than five years. In 1999, as the college’s period for candidacy neared its end, its leadership announced a decision to close the school and classes were ultimately cancelled for two weeks.

The Department of Education denied the CNME recognition as an accreditor of naturopathic schools due to its failure to issue a show-cause letter to Southwest College, despite overwhelming evidence of the school’s inadequate financial support and control. More succinctly, the “[c]onditions at [Southwest College] continued to deteriorate significantly,” yet the CNME did not act (deliver a show-cause letter) until officials attempted to close the school. According to the Department of Education’s memorandum, the CNME did not “take prompt adverse action” or “require [Southwest College] to bring itself into compliance” with CNME standards for accreditation.

The CNME was re-recognized by the U.S. Department of Education in 2003.⁸⁷ To regain its recognition, the CNME had to “consistently apply and enforce standards that ensure that the course or programs ... are of sufficient quality to achieve ... the stated objective for which the courses or the programs are offered” in the future. The CNME is scheduled for a renewal of recognition review by the Department of Education again in the spring of 2008.⁸⁸

The ANMAB is not currently recognized by the U.S. Department of Education as a programmatic accreditor of post-secondary programs in naturopathy. However, four U.S. schools awarding ND degrees publicize their ANMAB accreditation on their Web sites.⁸⁹

U.S. and Canadian schools granting ND or NMD degrees

Research has identified eight U.S. schools of naturopathy that grant doctoral degrees and two additional schools in Canada. There are four CNME-accredited doctoral programs in the United States, one in Canada, and one school in Canada that is a candidate for accreditation.⁹⁰ As of August 2006, among the four U.S.

83. *Id.*

84. *Id.*

85. *Id.*

86. *Id.*

87. *Id.*

88. Web. U.S. Department of Education. Accreditation in the United States. www.ed.gov/admins/finaid/accred/accreditation_pg8.html#nmm. Retrieved December 14, 2007.

89. Clayton College; Canyon College; Trinity College of Natural Health; The University of Natural Medicine.

90. Web. The Council on Naturopathic Medical Education. CNME accredited and candidate programs. Retrieved July 29, 2006. www.cnme.org/links.html.

CNME-accredited schools, there were approximately 1,290 students enrolled in naturopathy programs.^{91,92,93,94} The CNME-accredited schools in the United States are:

- Bastyr University in Kenmore, Wash. (est. 1978)
- National College of Naturopathic Medicine in Portland, Ore. (est. 1956)
- Southwest College of Naturopathic Medicine and Health Sciences in Tempe, Ariz. (est. 1992)
- University of Bridgeport (UB) College of Naturopathic Medicine in Bridgeport, Conn. (est. 1927, ND program est. 1996)

The sole CNME-accredited Canadian school, located in Ontario, is the Canadian College of Naturopathic Medicine. The CNME has granted candidate status to The Boucher Institute of Naturopathic Medicine located in British Columbia.⁹⁵ All U.S. and Canadian accredited schools operate their degree programs on campus (as opposed to distance or online learning).

The financial instability of the Southwest College of Naturopathic Medicine has been previously mentioned. The UB similarly faced significant fiscal and administrative problems when, as a result of declining enrollment in the 1980s and reduced state and federal funding for higher education during this period, the school's administration attempted to fire nearly 50 tenured faculty and demand a 30 percent decrease in salary from the rest of the faculty. What resulted was the longest strike of faculty in the history of U.S. higher education.⁹⁶

Interestingly, a group called the Professors World Peace Academy (PWPA) offered financial assistance to the UB with a program of forgivable loans in 1992. The PWPA is a satellite group of the Unification Church of Sun Myung Moon⁹⁷ (a group commonly known as

the "Moonies"). The amount loaned to the UB over the years nears \$110 million.

According to one 1997 article on the Unification Church bailout of the UB:

Instantly, there was a mass exodus of faculty from the university. Many professors did not want to be associated with a cult. The strikers settled with UB, but had to sign documents to the effect that they would never seek employment at the school again. The Law School, the university's only profitable program, dissolved its association and fled to Quinipiac College in Hamden.

The PWPA was given the right to name 60% of the UB board.

UB has become a center for alternative and unproven pseudo-medical propaganda. It was the first U.S. university to officially create a College of Chiropractic. In the fall of 1996, the new school of Naturopathy was opened . . . [T]hey are trying to gain acceptability through the legitimizing tonic of university affiliation.⁹⁸

Average annual tuition and fees at the four U.S. CNME-accredited schools for the 2007–2008 academic year was \$22,315.⁹⁹

The four U.S. schools of naturopathy granting ND degrees that are accredited by the ANMAB include:

- Clayton College of Natural Health in Birmingham, Ala.
- Canyon College in Caldwell, Idaho
- Trinity College of Natural Health in Warsaw, Ind.
- The University of Natural Medicine in Santa Fe, N.M.

91. Pfau, Jason L. Naturopathic program questions. E-mail from school. August 7, 2006.

92. Ackles, Kelly. ND program question. E-mail from school. August 8, 2006.

93. Phone conversation with the National College of Natural Medicine Admissions Department (August 7, 2006).

94. Grandison, Mike. ND degree program question. E-mail from school. August 7, 2006.

95. Web. The Council on Naturopathic Medical Education. CNME accredited and candidate programs. Retrieved September 2, 2006. www.cnme.org/links.html.

96. Web. *New York Times*. Judson G. Strike by professors is settled at the University of Bridgeport. August 29, 1992. Retrieved December 18, 2007. <http://query.nytimes.com/gst/fullpage.html?res=9E0CE7D91030F93AA1575BC0A964958260>.

97. Web. *New York Times*. Liotta J. For Bridgeport campus, a new kind of college. October 19, 1997. <http://query.nytimes.com/gst/fullpage.html?res=9E03E1D7143FF93AA25753C1A961958260&sec=&spon=&pagewanted=i>. Retrieved December 14, 2007.

98. Web. Perry DeAngelis. The New England Skeptic Society. The Cultiversity of Bridgeport. January 1, 1997. www.theness.com/articles.asp?id=60. Retrieved December 14, 2007.

99. Web. Bastyr University (\$23,515), www.bastyr.edu; Southwest College of Naturopathic Medicine (\$22,820), www.scnm.edu; National College of Naturopathic Medicine (\$22,928), www.ncnm.edu; phone call to University of Bridgeport (\$20,000). All retrieved December 19, 2007.

Graduates per year

Approximately 270 students graduated from CNME-accredited U.S. schools of naturopathy in 2005.¹⁰⁰

Core competencies required for accreditation

The CNME accredits programs using the *Handbook of Accreditation*.¹⁰¹ The following are the core accreditation standards for naturopathic programs:

- Program must have a well-defined mission and practical objectives
- Program is well-organized, administered and has a competent faculty
- Program is financially stable and financially well-managed
- Adequate student services
- Core curriculum must meet the following minimum standards:
 1. **Academic program** presented over a period of 12 quarters (10–12 weeks per quarter) and has a minimum of 4,100 total clock hours, at least 1,200 of which must be devoted to clinical education
 2. **Basic Sciences program** consisting of: anatomy (including gross anatomy, dissection and/or prosection, neuroanatomy, embryology, histology); physiology (lecture and lab); pathology; biochemistry; environmental/public health (also including immunology and infectious diseases); and pharmacology/pharmacognosy
 3. **Clinical Sciences program** consisting of: diagnostic courses (physical, clinical, laboratory, diagnostic imaging and differential diagnosis); therapeutic courses (botanical medicine, homeopathy, emergency and legend drugs, nutrition, physical medicine [includes naturopathic, osseous and soft tissue manipulative therapy, physiotherapy, sports medicine, therapeutic exercise and hydrotherapy], psychological counseling, nature care, acupuncture and Oriental medicine, medical procedures/emergencies and minor surgery); and specialty courses (organ systems [includes cardiology, dermatology, endocrinology, EENT, gastroenterology, genitourinary system, gynecology, neurology, orthopedics, pulmonary], natural childbirth/obstetrics, pediatrics, geriatrics,

rheumatology, oncology, jurisprudence, marketing principals and practice management)

4. Courses in the history, philosophy and principles of naturopathic medicine must also be offered in the curriculum

- Program must have a clinical education program designed to equip the students with the skills necessary for successful clinical practice
- Program must have adequate library/information resources
- Program must encourage research
- Program has sufficient physical resources, including instructional and research facilities¹⁰²

There is no information available on the ANMAB standards for accreditation other than the following excerpt from their Web site¹⁰³:

The accreditation procedures adopted have become the standard recognized by the majority of practitioners, and institutions in the naturopathic profession. To become a recognized institution of learning, and to win approval of worthiness by ANMAB, an institution has voluntarily submitted its programs to a thorough investigation by ANMAB. To insure quality in programming, the following entities underwent close scrutiny before accreditation was bestowed:

- Curricula, Faculty
- Fiscal and administrative capacity
- Student support services
- Program length, tuition, and fees in relation to academic objectives and credit received
- Student achievement (job placement, certification examination, etc.)
- Student complaints received by, or available to, the accreditor
- Credible recruiting, admissions practices, calendars, proper student records catalogues, and other publications, grading practices, advertising and publicity

100. Web. Bastyr University www.bastyr.edu/. National College of Natural Medicine www.ncnm.edu/. Southwest College of Naturopathic Medicine and Health Sciences www.scnm.edu/. University of Bridgeport—College of Naturopathic Medicine www.bridgeport.edu/pages/3240.asp.

101. Web. Council on Naturopathic Medical Education. www.cnme.org/index.html. Retrieved November 15, 2007.

102. Web. The Council on Naturopathic Medical Education. *Handbook of Accreditation*. Retrieved on September 5, 2006. www.cnme.org/resources/2004_hoa.pdf.

103. Web. The American Naturopathic Medical Accreditation Board. Retrieved on November 25, 2007. www.anmab.org.

Admission requirements

From surveying the four CNME-accredited U.S. naturopathic doctoral programs, general requirements for admission include a baccalaureate degree (or 90 credit hours of courses) with specific undergraduate course requirements detailed below, essays, letters of recommendation, personal interviews and a grade point average of 2.5–3.0.¹⁰⁴ No entrance examination, such as the Medical College Admissions Test, is required of applicants to schools of naturopathy.

Course	Average prerequisite credit hours
Algebra	0–3
Chemistry (including organic)	12–16
Biology	8–12
Physics	4–6
English	6
Humanities	6
Psychology	3–6

The Association of Accredited Naturopathic Medical Colleges (AANMC) was established in February 2001 “to propel and foster the naturopathic medical profession by actively supporting the academic efforts of accredited and recognized schools of naturopathic medicine.”¹⁰⁵ However, unlike the Association of American Medical Colleges or the American Association of Colleges of Osteopathic Medicine, the AANMC does not compile statistics on applicants or matriculants to its member schools. Nor does the AANMC publish a journal or disseminate information to the public regarding educational teaching methods, noticeable trends or statistics in the student body and/or in the achievement of educational goals, or provide information as to advanced study of students’ learning processes or faculty development programs. Therefore, a comparison of the average grade point averages, bachelor’s degree attainment rates and the demographic makeup of matriculants to naturopathic schools cannot be made to matriculants of U.S. medical schools.

Naturopathy school curriculum requirements

The four CNME-accredited colleges that award ND degrees in the United States follow fairly standard curricula. CNME accreditation standards do not require minimum contact hours in any one discipline. Students typically take basic science courses comprising two years of didactic study, then spend the following two years in their clinical rotations.¹⁰⁶

Didactic curriculum (years one and two)

Biological sciences¹⁰⁷:

Course	Credits required for graduation
Anatomy (including neuroanatomy)	13–25.5
Embryology	2–3
Histology	0–4
Biochemistry	4–12
Physiology	9–21
Microbiology/Immunology	6–7
Public health/Epidemiology	0–3
Pathology	4–14
Correlative basic science	0–2

104. Web. Bastyr University www.bastyr.edu/. National College of Natural Medicine www.ncnm.edu/. Southwest College of Naturopathic Medicine and Health Sciences www.scnm.edu/. University of Bridgeport—College of Naturopathic Medicine www.bridgeport.edu/pages/3240.asp.

105. Web. Association of Accredited Naturopathic Medical Colleges. www.aanmc.org. Retrieved December 18, 2007.

106. Web. Bastyr University www.bastyr.edu/. National College of Natural Medicine www.ncnm.edu/. Southwest College of Naturopathic Medicine and Health Sciences www.scnm.edu/. University of Bridgeport—College of Naturopathic Medicine www.bridgeport.edu/pages/3240.asp. Last accessed September 6, 2006.

107. *Id.*

Naturopathic medicine studies and organ systems¹⁰⁸:

Course	Credits required for graduation
Living anatomy (including massage, palpation)	1.5–4
Profession history and philosophy	2–4
Nutrition	8–13
Botanical medicine	7–14
Hydrotherapy	1.5–3.5
Oriental medicine	3–18
Homeopathic medicine	8–15
Naturopathic manipulative therapy	0–9
Diagnostic imaging	0–7
Medical genetics	1–2
Gynecology	3–4
Cardiology	2–3
Pediatrics	2–3
Minor surgery	1.5–5
Emergency procedure	2–5
Addictions and disorders	0–2
Obstetrics	2–3
EENT	1.5–2
Endocrinology	1.5–10.5
Neurology	1.5–2
Environmental medicine	1.5–4
Prevention/Therapeutic exercise	0–2
Geriatrics	1–2
Urology/Proctology	1.5–2
Oncology	1.5–2
Dermatology	1.5–2
Orthopedics/Sports medicine	1.5–4
Pharmacology	7–11

Other professional skills¹⁰⁹:

History taking/Critical thinking	0–1
Counseling skills (class)	3–3.5
Psychological assessment	1.5–2
Practice management	3.5–6
Jurisprudence/Ethics	1.5–4
Diagnostic skills (class)	3–4
Doctor-patient relationship	0–2
Research	2–4

Naturopaths employ any number of CAM modalities in their treatment, claiming mastery of all such modalities, even while practitioners of each individual modality devote years of experience to mastering their craft. Whole-system modalities, such as traditional Chinese medicine and the Ayurvedic healing system from India, which are iconic forms of cultural healing in their respective countries, are covered in naturopathy schools in 33 (three credits) and 22 (two credits) contact hours, respectively.¹¹⁰

Additionally, in states where acupuncturists enjoy licensure, typical state requirements for licensure include board certification from the National Certification Commission for Acupuncture and Oriental Medicine (NCCAOM). Minimum standard requirements for NCCAOM certification include graduation from an accredited program leading to a Master of Acupuncture certificate. This course must be at least three academic years in length and consist of at least 105 credits of specified coursework, with at least 1,905 contact hours, 660 of which must be spent in supervised clinical experiences.¹¹¹ Naturopathy students at Bastyr University receive a three-credit (33 hour) didactic course on “the fundamental principles” of traditional Chinese medicine and unknown hours of supervised clinical experience with acupuncture technique.¹¹² Most schools of naturopathy do, however, offer optional extended study for their students to meet most state licensing requirements for acupuncture.

Greater contact hours are given to the botanical and nutritional curriculum, with Bastyr University requiring 22 credits (271 contact hours).¹¹³ In contrast, the Bachelor of Science in Dietetics degree at Purdue

108. *Id.*

109. *Id.*

110. Bastyr University course catalog, 2004–2005. Graduate programs and curricula—naturopathic medicine. p. 51.

111. Web. Accreditation Commission for Acupuncture and Oriental Medicine. Handbook. www.acaom.org/index.htm. Retrieved December 18, 2007.

112. Bastyr University course catalog, 2004–2005. Graduate programs and curricula—naturopathic medicine. p. 51.

113. *Id.*

University¹¹⁴ requires 66 credits of specific dietetics- and nutrition-related course work after completion of prerequisites, such as one year of general biology, one year of general chemistry, one year of organic chemistry, and one semester each of microbiology and biochemistry.¹¹⁵ In addition, 1,100 hours of supervised practica are required before the new graduate can sit for the registered dietitian examination.

Clinical curriculum (years three and four)

From surveying the four accredited naturopathic programs, many of the schools' curriculums have generic course titles for third- and fourth-year clinical courses or rotations (i.e., Clinical Rotation 1, Clinical Education I, Patient Care, etc.), and are not standardized with regard to when they are completed during the program.¹¹⁶ Generally, all naturopathic students' clinical experience is gained through outpatient clinics. These clinical rotations may include specialization in organ system studies, physical medicine and naturopathic manipulative therapy.¹¹⁷ It also appears that didactic education continues throughout the third and fourth years of study (i.e., these years are not wholly spent in clinical rotations), although with fewer lecture hours than in the first two years, further decreasing the time spent in clinical settings.

All CNME-accredited naturopathic doctoral programs require candidates for graduation to participate in clinical rotations.¹¹⁸ The clinical education program begins in the third year of naturopathic education and must be at least 1,200 clock hours, with at least 60 percent of the program's required hours in direct patient care.¹¹⁹ Therefore, the minimum requirement for direct patient care in a CNME-accredited naturopathic doctoral program is only 720 hours over two years.

The Textbook of Natural Medicine

Popularly hailed as the foremost reference book in naturopathy, the *Textbook of Natural Medicine* was written by Joseph E. Pizzorno, ND, and Michael T. Murray, ND. Pizzorno is the founding president, now emeritus, of Bastyr University, and Murray is a former faculty member at Bastyr. Originally published in 1985, the textbook, now in its third edition, is widely studied in schools of naturopathy.

In 2001 Arnold S. Relman, MD, professor emeritus, Medicine and Social Medicine, Harvard Medical School, and editor-in-chief emeritus of *The New England Journal of Medicine*, reviewed the second edition of the *Textbook of Natural Medicine* (1999) as part of a legislative inquiry into naturopathic medicine in Massachusetts.¹²⁰ Dr. Relman's thoughts appear below.

[T]he licensing of naturopathic medical practitioners as independent providers of primary health care would endanger the health and safety of the public and would not result in health benefits commensurate with its risks. There is abundant evidence in the *Textbook* to support this conclusion, but I summarize below only a few of the most problematic examples of the deficiencies and dangers in naturopathic practices¹²¹:

The *Textbook* describes the diagnosis and treatment of only 70 "specific health problems," and they are simply listed in alphabetical order, without regard to the nature of the condition or the organ(s) involved. In comparison, standard textbooks of conventional medicine provide a much more rational and systematic presentation that includes hundreds of disease conditions and describes them in much greater depth and detail. The *Textbook* includes in its 70 chapters on specific diseases nothing about cancer, diseases of the blood (including leukemias and anemias), nothing about heart attacks or serious abnormal rhythms

114. The Purdue University program in dietetics was ranked fourth in the nation out of 240 undergraduate dietetics/nutrition programs in 1998, as reported by the Gourman Report.

115. Web. Purdue University. Division of Food and Nutrition, College of Consumer and Family Sciences. www.cfs.purdue.edu/fn/undergrad/majors_minors_dietetics.shtml. Retrieved December 5, 2007.

116. Web. Bastyr University www.bastyr.edu/. National College of Natural Medicine www.ncnm.edu/. Southwest College of Naturopathic Medicine and Health Sciences www.scnm.edu/. University of Bridgeport—College of Naturopathic Medicine www.bridgeport.edu/pages/3240.asp. Last accessed September 27, 2006.

117. Web. Bastyr University www.bastyr.edu/. National College of Natural Medicine www.ncnm.edu/. Southwest College of Naturopathic Medicine and Health Sciences www.scnm.edu/. University of Bridgeport—College of Naturopathic Medicine www.bridgeport.edu/pages/3240.asp. Last accessed September 27, 2006.

118. Hough H, Dower C, and O'Neil E. *Profile of a Profession: Naturopathic Practice*. Center for the Health Professions: University of California, San Francisco, 2001.

119. Web. The Council on Naturopathic Medical Education. *Handbook of Accreditation*. Retrieved on September 5, 2006. www.cnme.org/resources/2004_hoa.pdf.

120. Web. Review of the *Textbook of Natural Medicine*. Presented to the Massachusetts Special Commission on Complementary and Alternative Medical Practitioners. Retrieved December 18, 2007 from www.quackwatch.com/01QuackeryRelatedTopics/Naturopathy/rehman1.html.

121. *Id.*

of the heart (such as atrial fibrillation), and virtually nothing about kidney diseases, chronic obstructive pulmonary disease, cirrhosis of the liver, or about many common and serious infections such as pulmonary tuberculosis, malaria, syphilis, meningitis, encephalitis or bacterial endocarditis. Lacking adequate education about these diseases, naturopathic practitioners might fail to diagnose them in a timely fashion or delay in referring patients for appropriate medical treatment.¹²²

Dr. Relman cited several examples of common, serious diseases that are dangerously mistreated in the textbook¹²³:

The chapter on the treatment of anginal (coronary artery) heart disease does not even mention the use of nitrates, beta-blockers or calcium-channel blockers—all of which are standard, effective, FDA-approved treatment for this condition. Failure to use one or more of these agents in the treatment of severe angina would probably be considered medical malpractice. There is no mention of “statin” drugs to lower cholesterol and prevent further progression of coronary heart disease. The use of angioplasty or bypass surgery for patients unresponsive to pharmacologic therapy is dismissed.

The chapter on high blood pressure says nothing about the diagnostic workup that is often needed to rule out certain curable causes (such as certain diseases of the adrenal gland, or obstruction in the aorta or the renal arteries). It recommends diet lifestyle changes and the use of herbs, but admits that severe cases unresponsive to these “natural” measures may require treatment with pharmaceuticals (presumably under the management of a conventional medical doctor). However, it ends with the dangerous advice that once control of high blood pressure has been achieved with drugs, the naturopathic physician should have the patient “taper off” the medications. For some such patients, a reduction in medication risks sudden resurgence of severe hypertension and the possibility of a stroke or heart attack. Most patients with severe hypertension need to remain on medication indefinitely, or for many years.

The chapter on diabetes says very little about the use of insulin, nothing about oral hypoglycemic

drugs, and nothing about the diagnosis, prevention or treatment of diabetic acidosis—except to warn that it is a medical emergency that will require hospitalization.

The chapter on HIV infection and AIDS advocates various types of herbal and “natural” remedies, but gives no information about conventional drug therapy. Although it is admitted that no clinical studies have yet demonstrated the effectiveness of naturopathic medical care in HIV infection when used alone, or even as a supplement to conventional medical treatment, the chapter nevertheless ends with this advice: ‘We urge physicians to apply the principles of naturopathic medicine in the care of their HIV positive patients.’ As if this neglect of the proven life-prolonging value of anti-viral pharmacotherapy were not shocking enough, the chapter also fails to recommend drug treatment of pregnant women with HIV infections, which is standard practice for the prevention of HIV transmission to the newborn. Neglect of such treatment would surely be considered malpractice in the medical profession.

As already noted, naturopathic teaching (as exemplified in the *Textbook*) claims that “natural” herbal remedies are generally superior to pharmaceuticals in the treatment of most diseases—despite the fact that the FDA forbids the manufacturers of herbal preparations and dietary supplements from making therapeutic claims. The *Textbook* nevertheless devotes a large section to herbs and dietary supplements in which many such claims are made, often with little or no credible supporting evidence in the peer-reviewed scientific literature.¹²⁴

Dr. Relman concludes his review by stating:

Primary care practitioners whose education does not include the use of prescription drugs simply cannot be expected to provide effective and safe care for many serious conditions they are likely to encounter. While it is true that unnecessary or inappropriate use of drugs is harmful, and that even proper usage of drugs can sometimes cause serious reactions, there can be no doubt that on balance prescription drugs have been enormously beneficial, and that drugs will be even more important in

122. *Id.*

123. *Id.*

124. *Id.*

the future. The anti-pharmaceutical bias of naturopathic education (as illustrated in the *Textbook*) therefore poses real risks for patients who rely on naturopaths for the management of their illnesses. Without prompt and appropriate drug therapy many patients with serious diseases will die.¹²⁵

Specific examples of other dangerous scientific inaccuracies in the second edition of the textbook include the following naturopathic treatment claims (with corresponding scientific commentary refuting the treatment claim):

St. John's wort for the treatment of HIV-positive patients

In 2000 the U.S. Food and Drug Administration (FDA) posted the following public health advisory* on its Web site: "[R]esults from a study conducted by The National Institutes of Health (NIH) that showed a significant drug interaction between St John's wort (*Hypericum perforatum*), an herbal product sold as a dietary supplement, and indinavir, a protease inhibitor used to treat HIV infection. In this study, concomitant administration of St. John's wort and indinavir substantially decreased indinavir plasma concentrations, potentially due to induction of the cytochrome P450 metabolic pathway. ... [B]ased on these results, it is expected that St John's wort may significantly decrease blood concentrations of all of the currently marketed HIV protease inhibitors (PIs) and possibly other drugs (to varying degrees) that are similarly metabolized, including the nonnucleoside reverse transcriptase inhibitors (NNRTIs). Consequently, concomitant use of St John's wort with PIs or NNRTIs is not recommended because this may result in suboptimal antiretroviral drug concentrations, leading to loss of virologic response and development of resistance or class cross-resistance."¹²⁶

*This FDA public health advisory was released in February 2000. The second edition of the *Textbook of Natural Medicine* was published in September 1999.¹²⁷ Information on NIH-funded trials is public information.

Electrochemical silver solutions exhibit antimicrobial effectiveness

In 1999 the FDA stated it was "issuing a final rule [21 CFR Part 310] establishing that all over-the-counter (OTC) drug products containing colloidal silver ingredients or silver salts are not generally recognized as safe and effective, and are misbranded. FDA is issuing this final rule because many OTC drug products containing colloidal silver ingredients or silver salts are being marketed for numerous serious disease conditions and FDA is not aware of any substantial scientific evidence that supports the use of OTC colloidal silver ingredients or silver salts for these disease conditions."¹²⁸

Publisher Churchill Livingstone released a third edition of the *Textbook of Natural Medicine* in November 2005. Critiques or analyses of this current edition are either not known to exist or are unavailable.¹²⁹

Requirements for graduation

An ND or NMD degree generally requires four years of graduate study. Several ND programs allow students to extend study by one or two years. All students are required to complete both the didactic and clinical portions of the education program.¹³⁰

Post-graduate training

Post-graduate training is not required of graduates of naturopathic schools except in the state of Utah, which currently requires one year of post-graduate naturopathic training. Each of the four CNME-accredited naturopathic schools offers a one-year post-doctoral training program. These "residencies" may include placement in naturopathic clinics or private practices, where naturopathic philosophy and treatment are applied to patients in primary care, pediatrics, emergency care, pharmacy compounding, geriatrics, nutritional counseling and obstetrics.¹³¹

125. *Id.*

126. Web. FDA Center for Drug Evaluation and Research (CDER). Public Health Advisory. February 10, 2000. Subject: Risk of drug interactions with St. John's wort and indinavir and other drugs. www.fda.gov/cder/drug/advisory/stjwort.htm. Retrieved December 20, 2007.

127. Web. Amazon.com. www.amazon.com/Textbook-Natural-Medicine-2-Set/dp/0443059454. Retrieved March 10, 2008.

128. Web. FDA Talk Paper. FDA issues final rule on OTC products containing colloidal silver. www.fda.gov/bbs/topics/ANSWERS/ANS00971.html. Retrieved December 20, 2007.

129. When researching this module, the AMA did not review the second or third editions of the *Textbook of Natural Medicine*.

130. Hough H, Dower C, and O'Neil E. *Profile of a Profession: Naturopathic Practice*. Center for the Health Professions: University of California, San Francisco, 2001.

131. Web. Bastyr University www.bastyr.edu/. National College of Natural Medicine www.ncnm.edu/. Southwest College of Naturopathic Medicine and Health Sciences www.scnm.edu/. University of Bridgeport—College of Naturopathic Medicine www.bridgeport.edu/pages/3240.asp. Last accessed September 27, 2006.

In 2005 the CNME implemented an approval process for naturopathic post-graduate training programs. However, there are no standard requirements for naturopathy curriculum, rotations or experiences. In terms of program content, all that is required by the CNME is that the participant receive 35 hours a year of didactic instruction and participate in “scholarly activities that promote a spirit of inquiry, scholarship and critical thinking, such as discussions, rounds, study clubs, presentations, conferences, and local, regional or national professional associations and scientific societies.”¹³²

As an example of the limited exposure to patients experienced by naturopathic post-graduates, below is a description of the training offered by the UB.¹³³ Note in particular the administrative nature of the majority of the duties assigned to the “residents,” the low number of hours spent in direct patient care and the absence of descriptions of patient pathology or patient populations expected to be seen by the residents.

The [University of Bridgeport (UB)] residency program is part of the CNME approved residency program at National College of Naturopathic Medicine (NCNM). The UB residency offers a wide range of clinical experiences at three different settings. The resident will have an opportunity to supervise UB student clinicians at the UB Health Center and its satellite clinics. At the Integrative Medicine Center (IMC), which is affiliated with Yale Preventative Research Center (PRC) at Griffin Hospital, the resident will be working closely with conventional practitioners (MDs or a nurse practitioner) and a supervising Naturopathic physician to come up with appropriate diagnoses and treatment plans for patients. To increase patient exposures and to familiarize with conventional assessments and treatments, the resident will also have clinical rotations in different departments at Griffin Hospital and its affiliated clinics.

UB Health Center:

- Supervise UB student clinicians at the UB Health Center and its satellite clinics for five 4-hour shifts or 20 hours per week.

- Perform administrative duties such as posting daily patient schedules and opening/closing the clinics.
- Keep track of patient contacts to report to the NCNM residency program.

Integrative Medicine Center (IMC) at Griffin Hospital:

- Work at the IMC for three 4-hour shifts per week or 12 hours per week.
- Discuss diagnoses and treatment plans with conventional practitioners and a supervising ND and present to patients.
- Perform IVMT (Intravenous Micronutrients Therapy) or Myer’s cocktail through IV push for fibromyalgia patients or Glutathione IV push for Parkinson’s disease.
- Conduct dictations for new patients.
- Make follow-up phone calls to returning patients.
- Present Fire Chat talks on topics of your choice on a monthly basis to local community at the IMC.
- Keep track of patient contacts to report to the NCNM residency program.
- The resident may be required to help with the research at the PRC.

Clinical Rotations at Griffin Hospital:

- Initiate and maintain clinical rotations in the departments of choice at Griffin hospital and its affiliated clinics for approximately two 5-hour shifts per week or 10 hours per week.
- Select an interesting case from the rotations and present a grand round to medical students and residents at Griffin hospital.
- Take a medical history, perform a physical exam, and present the case to attending physicians (MDs) before initiating diagnostic assessments and treatment plans.

132. Web. Council on Naturopathic Medical Education. *The Handbook on CNME Postdoctoral Naturopathic Medical Education Sponsor Recognition Process And Standards*. www.cnme.org/resources/residency_handbook.pdf. Retrieved November 26, 2007.

133. Web. National College of Natural Medicine. www.ncnm.edu/academics/UB_Residency_2005.doc. Retrieved October 5, 2006.

VI. Naturopath licensure and board certification

Standardized national licensure examination

The North American Board of Naturopathic Examiners (NABNE) developed and administers the Naturopathic Physicians Licensing Exam (NPLEX).¹³⁴ The exam consists of two parts, unlike the United States Medical Licensing Examination (USMLE) or the Comprehensive Osteopathic Medical Licensing Examination (COMLEX-USA), which each contain three steps/levels.

NPLEX Part I, the “basic science” exam, is generally taken by students upon completion of their second year of naturopathy school. Eligibility requirements for Part I include enrollment in an accredited naturopathy school or an approved in-residence program, and completion of courses in the following subject areas to be tested: anatomy, physiology, biochemistry, microbiology and immunology, and pathology.¹³⁵ Each section contains 50 multiple choice questions and students are allotted 60 minutes to complete each section.¹³⁶

Individuals are eligible for NPLEX Part II, the “core clinical science” exam, upon graduation from an approved naturopathic medical education program and after fulfilling the NABNE basic science requirement by either passing NPLEX Part I or by having been granted a waiver by the NABNE.¹³⁷ NPLEX Part II consists of eight sections that test the core clinical sciences: physical and clinical diagnosis, lab diagnosis and diagnostic imaging, emergency medicine and public health, pharmacology, botanical medicine, nutrition, physical medicine and counseling, behavioral medicine and health psychology. Each section contains 50 multiple choice questions and students are allotted 60 minutes per section. Additional time is given for the physical and clinical diagnosis (150 items, three hours) and lab diagnosis and diagnostic imaging (75 items, 90 minutes) sections.¹³⁸ Part II is offered over a course of three days.

NPLEX Part II also features three elective examinations in homeopathy, minor surgery and acupuncture.¹³⁹ Each of these elective examinations contains 50 multiple choice questions and runs 60 minutes.¹⁴⁰

Notably, the state of Colorado, in its detailed analysis of the NPLEX series, found that NPLEX Part II does not adequately measure clinical competence. This deficiency in the assurance of providing competent health care providers to the public is not at issue in examining physicians for licensure. As noted earlier, the USMLE and COMLEX-USA both contain a separate third component to specifically assess whether the examinee can apply medical knowledge and understanding of biomedical and clinical science essential for the unsupervised practice of medicine, with emphasis on patient management in ambulatory settings. Step 3 of the USMLE and Level 3 of the COMLEX-USA provide a final assessment of physicians assuming independent responsibility for delivering general medical care.¹⁴¹

Additionally, states may require candidates for naturopathic licensure pass a state-written and -administered examination for licensure. As mentioned previously, in 2000 the Arizona Office of the Auditor General reported a concerning lack of diligence by the Arizona Naturopathic Physicians Board of Medical Examiners in their examination of candidates for naturopathic licensure:

The Board needs to correct numerous problems with its three-part licensing examination, or adopt a national examination, to ensure that the naturopaths it licenses are competent. Since 1997, the Board has been administering a licensing examination it developed specifically for Arizona. Problems with this examination call into question its validity as a tool for measuring an applicant's competence

134. Web. NABNE. Licensing and Registration. Retrieved July 30, 2006. www.nabne.org/licensereg.php.

135. *Id.*

136. Web. NABNE. Eligibility. Retrieved September 6, 2006. www.nabne.org/eligibility.php.

137. Web. NABNE. Waiver. Retrieved September 6, 2006. www.nabne.org/consideration.php#PWUSNPCPE.

138. Web. NABNE. FAQs. Retrieved September 6, 2006. www.nabne.org/questions.php#aboutexams.

139. *Id.*

140. *Id.*

141. Web. United States Medical Licensing Examination. www.usmle.org. Retrieved December 17, 2007.

to practice naturopathy. For example, the Board has not ensured that the examination tests what a naturopath would need to know to practice safely and has not shown that examination writers possess the necessary expertise and training to develop test questions. Further, the Board has made extensive adjustments to examination scores. For example, one licensure applicant received credit for 90 questions that she had answered incorrectly on one part of the February 1999 exam. As a result of such scoring adjustments, no one has failed the Board's exam since September 1998.¹⁴²

National board certification

There is no generalist board certification available for the practice of naturopathy. However, a naturopath may achieve specialty certification by any of several organizations. Several states require licensed naturopaths to obtain specialty certification in order to provide certain health care services. For example, it is most common for states to require naturopaths to achieve certification in naturopathic childbirth or acupuncture if they want to provide those services.

Naturopathic childbirth

The American College of Naturopathic Obstetrics (ACNO) is the credentialing arm of the American Association of Naturopathic Midwives. Eligibility to sit for the three-hour ACNO examination requires that (1) the candidate is a student of a CNME-accredited naturopathic school or hold a degree from such a school; (2) the candidate has sat through 100 contact hours of didactic instruction on midwifery at a CNME-accredited school; and (3) the candidate has attended 15 births.

A naturopathic midwife must hold a ND or NMD degree, but in essence receives the same certification as a certified professional midwife, more commonly known as a lay midwife. Many naturopathic colleges offer optional training programs that allow students or graduates to qualify for both the ACNO exam and the certified professional midwife exam offered by the North American Registry of Midwives.

The American Association of Naturopathic Midwives describes naturopathic midwives as:

[T]he most extensively trained natural childbirth providers available to you and your family. Naturopathic midwives are trained to provide you with safe and effective midwifery care and their background as licensed naturopathic doctors broadens the scope of care you will experience from pregnancy and birth to full family natural health care. From preconception and infertility counseling through newborn and pediatric care, ongoing well woman and menopause concerns, naturopathic midwives are healthcare providers for all seasons of your family's health care needs.¹⁴³

Again, it is significant to note that naturopaths who attend births and deliver newborns are licensed only to the extent of a certified professional midwife (also known as a lay midwife). The doctoral degree does not confer upon the naturopath any birthing privileges greater than those of a lay midwife.

Naturopathic acupuncture

States that permit naturopaths to perform acupuncture typically require specialty certification. Candidates must submit documentation of didactic instruction and supervised clinical experience. In addition, candidates must typically pass an examination, either the NPLEX Part II elective examination in acupuncture or a test offered by the National Certification Commission for Acupuncture and Oriental Medicine. In most cases, students of naturopathy who also want to practice acupuncture will need to extend their doctoral study by at least one year in order to fulfill state and/or examination requirements.

142. Web. State of Arizona Office of the Auditor General. Naturopathic Physicians Board of Medical Examiners (June 2000, Report No. 00-9). Retrieved December 12, 2007. Available at: www.azauditor.gov/Reports/State_Agencies/.

143. Web. American Association of Naturopathic Midwives. www.naturopathicmidwives.org. Retrieved December 20, 2007.

VII. State licensure and regulation

States that license naturopaths

Naturopaths must meet licensing requirements in all states that recognize naturopathy through licensure. Presently, 14 states and the District of Columbia regulate naturopaths through licensure: Alaska, Arizona, California, Connecticut, Hawaii, Idaho, Kansas, Maine, Montana, New Hampshire, Oregon, Utah, Vermont and Washington. Puerto Rico and the U.S. Virgin Islands similarly license naturopaths.

The rest of the country does not recognize the profession through licensure, with South Carolina and Tennessee both expressly prohibiting the practice of naturopathy.¹⁴⁴ Wyoming states the following in its case law:

Our statute is clear, that the practice of naturopathy cannot be regarded as a separate and distinct profession like that of dentistry for instance, nor can any good reason be given why the legislature may not for the benefit of society require that those who practice the healing art should know and keep up with the improvements and advanced learning in that art.¹⁴⁵

Florida abolished its naturopath licensing laws in 1959, and in 2004 a legislative committee concluded that an expanded scope might be harmful, and that naturopathic licensing is not cost-effective.¹⁴⁶ Several other states, including Texas and Virginia, have abolished previous naturopathy licensure provisions.¹⁴⁷

It is critical to note that in most states and provinces where naturopathic medicine is not regulated, individuals may practice similar therapeutic approaches and/or call themselves naturopaths (whether or not they have

been trained at a school for naturopathic medicine), because the terms “naturopath” and “naturopathic medicine” are not restricted terms.¹⁴⁸ Traditional naturopathy is not a medical practice and, therefore, is not regulated through statutes or regulations in the states.

One of the major initiatives of the AANP is to obtain licensure for naturopaths in all 50 states.¹⁴⁹ (See Figure 1 for more information on requirements for state licensure.)

State scope of practice regulations for naturopaths

Naturopaths' scope of practice varies by state. Naturopaths seek privileges to prescribe drugs, not only those considered “natural” (hormones, purified botanicals, etc.), but also legend drugs, up to and including schedule III and IV controlled substances. Specific information on naturopath scope of practice can be found in Figure 2.

State boards of naturopathy

Information on the authority, procedures of operation, composition and appointment procedures of state boards of naturopathy can be found in Figure 3. Additionally, a roster of state boards of naturopathy can also be found in the Appendix (page 35).

144. Web. North American Board of Naturopathic Examiners. Licensing and registration. Retrieved July 30, 2006. www.nabne.org/licensereg.php and verified through Lexis searches September 2, 2006.

145. *Hahn v. State*, 78 Wyo. 258, 322 P.2d 896 (1958).

146. Florida state sunrise report (2004). See page 16 for more information.

147. Lexis-Nexis statutory searches. September 8, 2006.

148. Boon H. Practice patterns of naturopathic physicians: results from a random survey of licensed practitioners in two US States. *BMC Complement Altern Med*. October 20, 2004. www.pubmedcentral.nih.gov/articlerender.fcgi?artid=529271&tools=bot.

149. Web. AANP. Issues and legislation. <http://capwiz.com/naturopathicissues/>. Retrieved September 6, 2006.

VIII. Professional organizations in naturopathy

The AANP is the professional association for licensed and licensable NDs. The mission of the AANP is to gain licensure for “naturopathic physicians” in all 50 states and to help facilitate the medical paradigm shift from disease management to holistic health care. The AANP offers continuing education and other resources to its members, and referrals to naturopaths for health care consumers.¹⁵⁰

American Association of Naturopathic Physicians
4435 Wisconsin Ave. N.W., Suite 403
Washington, DC 20016
Toll free: (866) 538-2267¹⁵¹

There are approximately 1,000 members of the AANP.¹⁵² To become a “regular” or “graduate” member of the association, one must be a graduate of a college of naturopathy and must either: (1) hold a license as a naturopathic physician in a state or jurisdiction whose license is acceptable to the AANP, or (2) be an active regular member of a state association that is recognized by the AANP, such state association being the one which covers the state, commonwealth or territory in which she resides for the majority of each year.¹⁵³

The AANP does not post its policies on the Web for public viewing. The “Positions and Practices” Web page is not available through “guest user” Web registration.

The American Naturopathic Medical Association (ANMA) is a nonprofit, scientific and educational organization, dedicated to exploring new frontiers of mind, body, medicine and health with approximately 4,000 members worldwide.¹⁵⁴

The ANMA has a nondiscriminatory policy, with membership open to individuals with (ND) or NMD degrees, as well as those who practice in other health care fields. According to the Web site, some members hold other medical degrees, such as an MD, DO, DDS, OMD, HMD and DC.¹⁵⁵ The ANMA vigorously opposes the state licensing of naturopathic physicians, which is one of the major initiatives of the American Association of Naturopathic Physicians.

American Naturopathic Medical Association
P.O. Box 96273
Las Vegas, NV 89193
Phone: (702) 897-7053

A roster of naturopathy association state chapters can be found in the Appendix, page 36.

150. Web. The American Association of Naturopathic Physicians. Retrieved August 7, 2006. www.naturopathic.org/.

151. *Id.* Contact us. www.naturopathic.org/.

152. Phone conversation with the American Association of Naturopathic Physicians (August 8, 2006).

153. Web. American Association of Naturopathic Physicians. Membership. Retrieved August 8, 2006. www.naturopathic.org.

154. Web. American Naturopathic Medical Association. Retrieved August 7, 2006. www.anma.com.

155. *Id.*

Appendix

State naturopathy boards

Alaska Department of Commerce and Economic
Development
Division of Occupational Licensing, Naturopathic Section
P.O. Box 110806
Juneau, AK 99811-0806
(907) 465-2695
www.dced.state.ak.us/occ/pnat.htm

Arizona Naturopathic Physicians Board of Medical
Examiners
1400 W. Washington, Suite 230
Phoenix, AZ 85007
(602) 542-8242
www.npbomex.az.gov

California Bureau of Naturopathic Medicine
Department of Consumer Affairs
1625 N. Market Blvd., Suite S-209
Sacramento, CA 95834
(916) 574-7991
www.naturopathic.ca.gov

Connecticut Board of Naturopathic Examiners
Department of Public Health
P.O. Box 340308
Hartford, CT 06134-0308
(860) 509-7562
www.dph.state.ct.us

District of Columbia Board of Naturopathy
Department of Health
717 14th St. N.W., Suite 600
Washington, DC 20005
(877) 672-2174; fax: (202) 727-8471
<http://dchealth.dc.gov/doh/cwp>

Hawaii Board of Examiners in Naturopathy
P.O. Box 3469
Honolulu, HI 96801
(808) 586-2704
www.hawaii.gov/dcca/areas/pvl/boards/naturopathy

Idaho State Board of Naturopathic Medical Examiners
Bureau of Occupational Licenses
1109 Main St., Suite 220
Boise, ID 83702-5642
www.ibol.idaho.gov/nat.htm

Kansas State Board of Healing Arts
235 S. Topeka Blvd.
Topeka, KS 66603
www.ksbha.org

Maine Board of Complementary Health Care Providers
35 State House Station
Augusta, ME 04333
(207) 624-8579
www.state.me.us/pfr/obr/categories/cat12.htm#3

Montana Alternative Health Care Board
301 S. Park
Helena, MT 59620-0573
(406) 841-2394
http://mt.gov/dli/bsd/license/bsd_boards/ahc_board/board_page.asp

State of New Hampshire Department of Health and
Human Services
Board of Naturopathic Examiners
129 Pleasant St.
Concord, NH 03301
(603) 271-5127
www.dhhs.state.nh.us

Oregon Board of Naturopathic Examiners
800 N.E. Oregon St., Suite 407
Portland, OR 97232
(503) 224-7744
www.obne.state.or.us

Utah Naturopathic Physicians Licensing Board
P.O. Box 146741
Salt Lake City, UT 84114-6741
(801) 530-6628
www.dopl.utah.gov/licensing/naturopathic.html

Vermont Office of the Secretary of State
Office of Professional Regulation, Naturopathic
Physicians Advisors
26 Terrace St., Drawer 9
Montpelier, VT 05609
(802) 828-2191
<http://vtprofessionals.org/opr1/naturopaths/>

Washington State Naturopathic Physician Licensing
Program
P.O. Box 47870
Olympia, WA 98540-7870
(360) 236-4941
<https://fortress.wa.gov/doh/hpqa1/hps7/Naturopathy/default.htm>

State naturopathy association chapters

Alabama Association of Naturopathic Physicians
503 State St., Suite 3
Muscle Shoals, AL 35661
(256) 386-9804

Alaska Association of Naturopathic Physicians
10928 Eagle River Road, #254
Anchorage, AK 99577
(907) 451-7100

Arizona Naturopathic Medical Association
2101 E. Broadway Road, Suite 14
Tempe, AZ 85282
(480) 921-3088; fax: (480) 921-0061
www.aznma.com

California Naturopathic Doctors Association
1121 L St., Suite 610
Sacramento, CA 95814
(800) 521-1200 or (916) 427-3105
www.calnd.org

Colorado Association of Naturopathic Physicians
1181 S. Parker Road, Suite 101
Denver, CO 80231
(303) 380-1189

Connecticut Naturopathic Association
2558 Whitney Ave.
Hamden, CT 06518
(203) 230-2200
www.cnpaonline.org

District of Columbia Association of Naturopathic
Physicians
900 19th St. N.W., Suite 250
Washington, DC 20006
(202) 457-8282

Florida Naturopathic Physicians Association Inc.
445 North Wymore Road
Winter Park, FL 32789
(888) 660-9030
www.fnpa.org

Georgia Association of Naturopathic Physicians
7505 Waters Ave., Suite B-9
Savannah, GA 31406
(912) 354-2222
www.ganp.org

Hawaii Society of Naturopathic Physicians
P.O. Box 542
Kailua, HI 96734
(808) 227-8400

Idaho Association of Naturopathic Physicians
2023 Sandpoint West Drive
Sandpoint, ID 83864
(208) 265-2213

Illinois Association of Naturopathic Physicians
2520 Elisha Ave.
Zion, IL 60099
(847) 872-6325 or (847) 731-4126

Kansas Association Naturopathic Physicians
4824 Quail Crest Place
Lawrence, KS 66049
(785) 749-2255

Maine Association of Naturopathic Physicians
4 Milk St.
Portland, ME 04101
(207) 772-5227

Maryland Association of Naturopathic Physicians
10806 Reisterstown Road, Suite 1E
Owings Mills, MD 21117
(410) 356-4600

Massachusetts Association of Naturopathic Physicians
8 Naples Road
Salem, MA 01970
(617) 699-0812

Minnesota Association of Naturopathic Physicians
905 Jefferson Ave., Suite 202
Saint Paul, MN 55102
(651) 222-4111; fax: (651) 222-8758

Michigan Association of Naturopathic Physicians
4488 Jackson Road, Suite 1
Ann Arbor, MI 48103
(734) 389-2386

Missouri Association of Naturopathic Physicians
HC 73 Box 74-A
Drury, MO 65638
(417) 261-2399

Nebraska Association of Naturopathic Physicians
7447 Franam St.
Omaha, NE 68114
(402) 391-6714

New Hampshire Association of Naturopathic Physicians
76 Northeastern Blvd., #36A
Nashua, NH 03062
(603) 579-0956

New Jersey Association of Naturopathic Physicians
34 Bussell Court
Dumont, NJ 07628
(201) 385-7106

New Mexico Association of Naturopathic Physicians
P.O. Box 31552
Santa Fe, NM 87594
(505) 454-9525

New York Association of Naturopathic Physicians
303 Park Ave. South, #1175
New York, NY 10010
(800) 846-6778
www.nyanp.org

North Carolina Association of Naturopathic Physicians
301 West Weaver St.
Carrboro, NC 27510
www.ncanp.com

Ohio Chapter of the American Association of Naturopathic Physicians
2460 Fairmont Blvd., Suite 219
Cleveland Heights, OH 44106
(216) 707-9137; fax: (216) 707-0162
www.oaanp.org

Oregon Association of Naturopathic Physicians
P.O. Box 5876
Portland, OR 97228
(503) 262-8586 or (877) 500-6277
www.oanp.org

Pennsylvania Association of Naturopathic Physicians
P.O. Box 847
Brownstown, PA 17508-0847
(717) 859-4222
www.panp.org

Rhode Island Association of Naturopathic Physicians
144 Waterman St.
Providence, RI 02906
(401) 455-0546

Utah Association of Naturopathic Physicians
2188 S. Highland Drive, #207
Salt Lake City, UT 84106
(801) 474-3684

Vermont Association of Naturopathic Physicians
P.O. Box 1915
Burlington, VT 05402-1915
(802) 985.8250
www.vanp.org

Virginia Association of Naturopathic Physicians
www.vaanp.org

Washington Association of Naturopathic Physicians
4500 Roosevelt Way N.E., Suite C
Seattle, WA 98115
(206) 547-2130 or (877) 788-8882

Wisconsin Association of Naturopathic Physicians
1621 Plainfield Ave.
Janesville, WI 53546
(608) 531-0079
www.wanp.org

National association policy concerning naturopathy

American Academy of Family Physicians

Complementary Practice

The American Academy of Family Physicians (AAFP) is an advocate of patient access to quality health care and effective education and counseling of patients and consumers. The AAFP recognizes the availability in the market place of complementary and alternative practice and its approaches to healthcare.

The AAFP advocates the evaluation of these alternative treatments and complementary practice through various means including evidenced-based outcomes research as to their efficacy and effectiveness.

To this end, the AAFP believes that physicians can best serve their patients by recognizing and acknowledging the availability of such alternatives and by educating themselves concerning these non-traditional methods of healing in order to facilitate appropriate education, treatment and counseling of patients and consumers.

All clinical information regarding complementary or alternative practice presented or sponsored by the AAFP should include a discussion of the evidence on which it is based. (1997) (2003).

American Osteopathic Association

Non-Physician Clinicians

Whereas, non-physician clinicians can be categorized into one of the three following groups: midlevel professionals who are meant to work under the supervision of or in collaboration with physicians, non-physician independent traditional professionals who practice independently within specialty areas, and alternative medicine providers who follow and independently practice alternative therapies; and

Whereas, non-physician clinicians are gaining increased licensure and practice privileges in areas that were once only held by physicians including, but not limited to, prescribing drugs and medical or surgical treatments, practicing autonomously, performing surgery, and being reimbursed by all types of third-party payors; and

Whereas, non-physician clinicians are gaining even more expansive privileges that they already possess; and

Whereas, patient safety is the foremost concern when addressing issues of expanding scopes of practice for any healthcare profession; and

Whereas, patient safety and state laws mandate that physicians meet a minimum threshold of education, post-graduate training, examination, and regulation for an unlimited license to practice medicine; and

Whereas, many of these non-physician clinician professions are undertaking tasks that overlap with physician practice without being required to meet the equivalent threshold of education, post-graduate training, examination, and regulation established for physicians by state licensing boards; now, therefore, be it

RESOLVED, that the American Osteopathic Association adopt the attached policy paper as its position on non-physician clinicians including appropriate onsite supervision (2000, revised 2005). www.osteopathic.org/pdf/aoa_postiong-n.pdf (pages 98-104).

American Academy of Pediatrics

Scope of Practice Issues in the Delivery of Pediatric Health Care (select sections provided)

In recent years, there has been an increase in the number of nonphysician pediatric clinicians and an expansion in their respective scopes of practice. This raises critical public policy and child health advocacy concerns. The American Academy of Pediatrics (AAP) believes that optimal pediatric health care depends on a team-based approach with coordination by a physician leader, preferably a pediatrician. The pediatrician is uniquely suited to manage, coordinate, and supervise the entire spectrum of pediatric care, from diagnosis through all stages of treatment, in all practice settings. The AAP recognizes the valuable contributions of nonphysician clinicians, including nurse practitioners and physician assistants, in delivering optimal pediatric care. The AAP also believes that nonphysician clinicians who provide health care services in underserved areas should be supported by consulting pediatricians and other physicians using technologies including telemedicine. Pediatricians

should serve as advocates for optimal pediatric care in state legislatures, public policy forums, and the media and should pursue opportunities to resolve scope of practice conflicts outside state legislatures. The AAP affirms that as nonphysician clinicians seek to expand their scopes of practice as providers of pediatric care, standards of education, training, examination, regulation, and patient care are needed to ensure patient safety and quality health care for all infants, children, adolescents, and young adults.

In recent years, the role of [complementary and alternative medicine] CAM has also received increased attention. Controversy exists about the efficacy of many of the modalities incorporated under the heading of CAM. Although many definitions exist, the National Center for Complementary and Alternative Medicine defines CAM as "those treatments and health care practices not taught widely in medical schools, not generally used in hospitals, and not usually reimbursed by medical insurance companies." According to the National Center for Complementary and Alternative Medicine, "some approaches are consistent with physiologic principles of Western medicine, while others constitute healing systems with a different origin. Although some therapies

are far outside the realm of accepted Western medical theory and practice, others are becoming established in mainstream medicine."

Although this policy statement will not address the treatments but rather the training of individuals who provide such treatments to children, it is important to note that little scientific evidence exists regarding the safety and efficacy of CAM therapies in children. Indeed, there have been few randomized, controlled, double-blinded clinical trials on the use of CAM therapies in the pediatric population. Table 2 summarizes information on 5 of the most common practitioners of CAM. [Only the portion of Table 2 relevant to naturopaths is included below.]

Children may receive care from CAM practitioners without it being revealed to their pediatrician. A 1997 study reported that the percentage of American adults using CAM increased from 34% in 1990 to 42% in 1997. The estimate for CAM use by the general pediatric population is lower, ranging from approximately 11% in 1994 to 20% in 1999. The rate for children with chronic or serious illness, however, is much higher, varying according to age, background, and access to services from 30% to more than 70%, according to 1998 data. These figures raise serious concerns. The pediatrician

TABLE 2. Summary of 5 Major Providers of CAM (*Editors' note: Only naturopaths are included in this table.*)

	No. of Providers	No. of Programs or Schools	Length of Training	Content of Training	Pediatric-Specific Training
Naturopathy	Approx 1500	4 (3 US, 1 Canada) accredited by the Council on Naturopathic Medical Education. Another US program is a candidate for accreditation	3 years of college + 4 years of naturopathic study	Clinical nutrition, acupuncture, homeopathic medicine, botanical medicine, psychology, and counseling	No

cannot be responsible for overseeing the actions of CAM providers, but can take a proactive role in asking patients and families about their use of CAM therapies. As advocates for their patients, pediatricians need to advise patients and their parents that the interactions between some CAM therapies and conventional medical treatments can cause complications and even death. Many people are unaware of this danger and view CAM therapies as natural and, therefore, safe, and so often do not report their use of CAM to their physicians. The AAP has recognized the importance of this issue and has published a series of recommendations on how to counsel families about CAM use for children with chronic illness or disability. The pediatric community has questioned the ability of CAM practitioners to identify serious or complex medical conditions that require referral to a physician for medical treatment. In addition, the opposition of some CAM practitioners to immunizations negatively affects the health and safety of children in their care.

No uniform standards exist across the country for scope of pediatric practice of chiropractors, naturopaths, and other CAM practitioners. As summarized in Table 2, pediatric training and experience are not specifically outlined or regulated. Studies documenting improved outcomes and efficacy of treatments in pediatric practice for CAM practitioners do not exist. In view of this lack of national standards for pediatric care by CAM practitioners, the absence of studies documenting that the quality of health care for children provided by these practitioners is comparable with that provided by conventional clinicians, and the more extensive training and education of pediatricians, the AAP has concerns about the provision of health care services to pediatric patients by CAM practitioners.

American Medical Association

E-3.01 Nonscientific Practitioners

It is unethical to engage in or to aid and abet in treatment which has no scientific basis and is dangerous, is calculated to deceive the patient by giving false hope, or which may cause the patient to delay in seeking proper care. Physicians should also be mindful of state laws which prohibit a physician from aiding and abetting an unlicensed person in the practice of medicine, aiding or abetting a person with a limited license in providing services beyond the scope of his or her license, or under-

taking the joint medical treatment of patients under the foregoing circumstances. Physicians are otherwise free to accept or decline to serve anyone who seeks their services, regardless of who has recommended that the individual see the physician. (III, VI) Issued prior to April 1977; Updated June 1994 and June 1996.

D-35.991 Licensure of Naturopaths

Our AMA will work through the Scope of Practice Partnership and interested Federation partners to oppose the licensure of naturopaths and report back to the House of Delegates at the 2006 Interim Meeting. (Res. 209, A-06)

H-480.964 Alternative Medicine

Policy of the AMA on alternative medicine is: (1) There is little evidence to confirm the safety or efficacy of most alternative therapies. Much of the information currently known about these therapies makes it clear that many have not been shown to be efficacious. Well-designed, stringently controlled research should be done to evaluate the efficacy of alternative therapies. (2) Physicians should routinely inquire about the use of alternative or unconventional therapy by their patients, and educate themselves and their patients about the state of scientific knowledge with regard to alternative therapy that may be used or contemplated. (3) Patients who choose alternative therapies should be educated as to the hazards that might result from postponing or stopping conventional medical treatment. (CSA Rep. 12, A-97; Reaffirmed: BOT Rep. 36, A-02)

H-480.973 Unconventional Medical Care in the United States

Our AMA: (1) encourages the Office of Alternative Medicine of the National Institutes of Health to determine by objective scientific evaluation the efficacy and safety of practices and procedures of unconventional medicine; and encourages its members to become better informed regarding the practices and techniques of alternative or unconventional medicine; and (2) utilizes the National Institutes of Health's National Center for Complementary and Alternative Medicine's classification system of alternative medicine, "Major Domains of Complementary and Alternative Medicine," in order to promote future discussion and research about the efficacy, safety, and use of alternative medicine. (BOT Rep. 15-A-94; Reaffirmed and Modified by Sub. Res. 514, I-95; Appended: Res. 505, A-00)

D-480.981 Increasing Awareness of the Benefits and Risks Associated with Complementary and Alternative Medicine

Our AMA will promote awareness among medical students and physicians of the wide use of complementary and alternative medicine, including its benefits, risks, and evidence of efficacy or lack thereof. (Sub. Res. 306, A-06)

H-35.990 Non-Physician Measurement Of Body Functions

In the public interest, the AMA recommends that non-physicians who perform tests such as blood pressure or blood sugar measurements advise the examinee to communicate these findings to a licensed physician. (Sub. Res. 59, I-80; CLRPD Rep. B, I-90; Reaffirmed: Sunset Report, I-00)

H-200.969 Definition of Primary Care

(1) The AMA rejects the definition of primary care as stated in the March 1996 report of the Institute of Medicine as “the provision of integrated accessible health care services by clinicians.” The AMA believes that primary care consists of the provision of a broad range of personal medical care (preventive, diagnostic, palliative, therapeutic, curative, counseling and rehabilitative) in a manner that is accessible, comprehensive and coordinated by a licensed MD/DO physician over time. Care may be provided to an age-specific or gender-specific group of patients, as long as the care of the individual patient meets the above criteria. (2) The AMA encourages the efforts to define what constitutes primary care services. Data should be collected on which specialties currently provide these services, and how these services are integrated into the practice of physicians. Such data are essential to determine future physician workforce needs in primary care. (3) The AMA encourages that training programs for physicians who will practice primary care include appropriate educational experiences to introduce physicians to the required knowledge and skills, as well as to the types of services and the modes of practice that characterize primary care. (4) Where case management or coordination might limit access to appropriate medical care, patients should have the freedom to see a physician appropriate for the services they need, regardless of specialty. Above all, the best interests of the patient must be paramount. (BOT Rep. 12-A-94; Reaffirmed CMS Rep. 3, A-96; BOT Rep. 19, A-97; Amended: Res. 317, I-97; Reaffirmed: Res. 220, I-98)

H-285.933 Financial Liability Encountered in Referrals for Alternative Care

The AMA supports legislation that managed care organizations that offer alternative medicine as a covered service not require referral by the primary care physician for that service, and that the primary care physician not be held at risk financially for the costs of those provided alternative medical services. (Res. 702, A-98; Reaffirmed: BOT Rep. 36, A-02)

H-295.902 Alternative Medicine

(1) AMA policy states that courses offered by medical schools on alternative medicine should present the scientific view of unconventional theories, treatments, and practice as well as the potential therapeutic utility, safety, and efficacy of these modalities. (2) Our AMA will work with members of the Federation to convey physicians’ and patients’ concerns and questions about alternative care to the NIH Office of Alternative Medicine and work with them and other appropriate bodies to address those concerns and questions. (CSA Rep. 12, A-97; Appended by Res. 525, A-98)

H-480.957 Health Plan Liability for Complementary and Alternative Therapy Requests

Our AMA recommends that physicians include indemnification clauses for CAT referrals in all health plan contracts when such plans require referral for CAT. (BOT Rep. 36, A-02)

H-405.969 Definition of a Physician

The AMA affirms that a physician is an individual who has received a “Doctor of Medicine” or a “Doctor of Osteopathic Medicine” degree or an equivalent degree following successful completion of a prescribed course of study from a school of medicine or osteopathic medicine. (CME Rep. 4-A-94; Reaffirmed by Sub. Res. 712, I-94; Reaffirmed and Modified: CME Rep. 2, A-04)

Literature and resources

Practice patterns of naturopathic physicians: Results from a random survey of licensed practitioners in two US States

Boon HS, Cherkin DC, Erro J, Sherman KJ, Milliman B, Booker J, Cramer EH, Smith MJ, Deyo RA, Eisenberg DM. *BMC Complement Altern Med.* 2004 Oct 20;4:14.

Leslie Dan, faculty of Pharmacy, University of Toronto, Toronto, Ontario, Canada. heather.boon@utoronto.ca

BACKGROUND: Despite the growing use of complementary and alternative medicine (CAM) by consumers in the U.S., little is known about the practice of CAM providers. The objective of this study was to describe and compare the practice patterns of naturopathic physicians in Washington State and Connecticut. **METHODS:** Telephone interviews were conducted with state-wide random samples of licensed naturopathic physicians and data were collected on consecutive patient visits in 1998 and 1999. The main outcome measures were: Sociodemographic, training and practice characteristics of naturopathic physicians; and demographics, reasons for visit, types of treatments, payment source and visit duration for patients. **RESULT:** One hundred and seventy practitioners were interviewed and 99 recorded data on a total of 1817 patient visits. Naturopathic physicians in Washington and Connecticut had similar demographic and practice characteristics. Both the practitioners and their patients were primarily White and female. Almost 75% of all naturopathic visits were for chronic complaints, most frequently fatigue, headache, and back symptoms. Complete blood counts, serum chemistries, lipids panels and stool analyses were ordered for 4% to 10% of visits. All other diagnostic tests were ordered less frequently. The most commonly prescribed naturopathic therapeutics were: botanical medicines (51% of visits in Connecticut, 43% in Washington), vitamins (41% and 43%), minerals (35% and 39%), homeopathy (29% and 19%) and allergy treatments (11% and 13%). The mean visit length was about 40 minutes. Approximately half the visits were paid directly by the patient. **CONCLUSION:** This study provides information that will help other health care providers, patients and policy makers better understand the nature of naturopathic care.

PMID: 15496231 [PubMed - indexed for MEDLINE]

Characteristics of visits to licensed acupuncturists, chiropractors, massage therapists, and naturopathic physicians

Cherkin DC, Deyo RA, Sherman KJ, Hart LG, Street JH, Hrbek A, Davis RB, Cramer E, Milliman B, Booker J, Mootz R, Barassi J, Kahn JR, Kaptchuk TJ, Eisenberg DM. *J Am Board Fam Pract.* 2002 Nov-Dec;15(6):463-72.

Center for Health Studies, Group Health Cooperative, Seattle 98101, USA.

BACKGROUND: Despite growing popularity of complementary and alternative medical (CAM) therapies, little is known about the patients seen by CAM practitioners. Our objective was to describe the patients and problems seen by CAM practitioners. **METHODS:** We collected data on 20 consecutive visits to randomly sampled licensed acupuncturists, chiropractors, massage therapists, and naturopathic physicians practicing in Arizona, Connecticut, Massachusetts, and Washington. Data were collected on patient demographics, smoking status, referral source, reasons for visit, concurrent medical care, payment source, and visit duration. Comparative data for conventional physicians were drawn from the National Ambulatory Medical Care Survey. **RESULTS:** In each profession, at least 99 practitioners collected data on more than 1,800 visits. More than 80% of visits to CAM providers were by young and middle-aged adults, and roughly two thirds were by women. Children comprised 10% of visits to naturopathic physicians but only 1% to 4% of all visits to other CAM providers. At least two thirds of visits resulted from self-referrals, and only 4% to 12% of visits were from conventional physician referrals. Chiropractors and massage therapists primarily saw musculoskeletal problems, while acupuncturists and naturopathic physicians saw a broader range of conditions. Visits to acupuncturists and massage therapists lasted about 60 minutes compared with 40 minutes for naturopathic physicians and less than 20 minutes for chiropractors. Most visits to chiropractors and naturopathic physicians, but less than one third of visits to acupuncturists and massage therapists, were covered by insurance. **CONCLUSIONS:** This information will help inform discussions of the roles CAM practitioners will play in the health care system of the future.

PMID: 12463292 [PubMed - indexed for MEDLINE]

Naturopathic medicine: what can patients expect?

Dunne N, Benda W, Kim L, Mittman P, Barrett R, Snider P, Pizzorno J. *J Fam Pract.* 2005 Dec;54(12):1067-72.

American Association Naturopathic Physicians, Washington, DC, USA.

No abstract available.

PMID: 16321345 [PubMed - indexed for MEDLINE]

Homeopathy and naturopathy: Practice characteristics and pediatric care

Lee AC, Kemper KJ. *Arch Pediatr Adolesc Med.* 2000 Jan;154(1):75-80.

Center for Holistic Pediatric Education and Research, Children's Hospital, Harvard Medical School, Boston, Mass. 02115, USA.

OBJECTIVE: To describe the practice characteristics and pediatric care of homeopathic practitioners (HPs) and naturopathic doctors (NDs). **DESIGN:** Cross-sectional, descriptive survey. **SETTING:** Homeopathic and naturopathic practices in Massachusetts. **PARTICIPANTS:** Homeopathic practitioners (N = 42) and NDs (N = 23) identified from the yellow pages, regional and national society membership lists, schools, magazine advertisements, and by word-of-mouth. The response rate was 55% (23/42) for HPs and 65% (15/23) for NDs. **MAIN OUTCOME MEASURES:** Demographics, practice characteristics, fee structure, and amount of pediatric care. Practitioners were asked for their approach to childhood immunizations and to treating a febrile neonate. Data were analyzed using simple descriptive statistics. **RESULTS:** Almost all respondents were white. Among the HPs, 13 (57%) were licensed medical doctors. Naturopathic doctors and HPs reported having an average of only 25 to 40 patient visits per week, but children and adolescents accounted for up to one third of these visits. Nearly all reported treating children, but fewer than half of the practitioners reported any formal pediatric training. Initial patient visits typically lasted more than 1 hour and cost \$140 to \$150. Follow-up visits were scheduled every 4 to 6 weeks and lasted more than 30 minutes on average. Insurance covered less than one third of the patient visits, and sliding scale payments were offered by less than half of the respondents. Most practitioners reported that they did not actively recommend immunizations and fewer

than half of the nonphysician practitioners reported that they would refer a 2-week-old neonate with a fever to a medical doctor or emergency medical facility. **CONCLUSIONS:** Many patients using homeopathy and naturopathy are children. Visits to these providers are frequent and fees are primarily paid out-of-pocket. Failure on the part of these providers to recommend immunizations or recognize potentially serious illnesses is cause for concern.

PMID: 10632255 [PubMed - indexed for MEDLINE]

A pilot and feasibility study on the effects of naturopathic botanical and dietary interventions on sex steroid hormone metabolism in premenopausal women
Greenlee H, Atkinson C, Stanczyk FZ, Lampe JW. *Cancer Epidemiol Biomarkers Prev.* 2007 Aug;16(8):1601-9. Mailman School of Public Health, Columbia University, 7th Floor, 722 West 168th Street, New York, NY 10028, USA. hg2120@columbia.edu

Naturopathic physicians commonly make dietary and/or dietary supplement recommendations for breast cancer prevention. This placebo-controlled, parallel-arm, pilot study tested the effects of two naturopathic interventions over five menstrual cycles on sex steroid hormones and metabolic markers in 40 healthy premenopausal women. The intervention arms were as follows: combination botanical supplement (*Curcuma longa*, *Cynara scolymus*, *Rosmarinus officinalis*, *Schisandra chinensis*, *Silybum maritimum*, and *Taraxacum officinalis*; n = 15), dietary changes (3 servings/d crucifers or dark leafy greens, 30 g/d fiber, 1-2 liters/d water, and limiting caffeine and alcohol consumption to 1 serving each/wk; n = 10), and placebo (n = 15). Early- and late-follicular phase serum samples from cycles 1 and 5 were analyzed for estrogens (estrone, estrone-sulfate, total estradiol, and free estradiol), androgens (dehydroepiandrosterone, dehydroepiandrosterone-sulfate, androstenedione, total testosterone, and free testosterone), sex hormone-binding globulin, and metabolic markers (insulin, insulin-like growth factor-1, insulin-like growth factor binding protein-3, and leptin). Serum samples collected during the mid-luteal phase of cycles 1 and 5 were analyzed for total estradiol, free estradiol, and sex hormone-binding globulin. Urine samples collected during the late follicular phase of cycles 1 and 5 were analyzed for 2-hydroxyestrone and 16 α -hydroxyestrone. During the early follicular phase, compared with placebo, the

botanical supplement decreased dehydroepiandrosterone (-13.2%; $P = 0.02$), dehydroepiandrosterone-sulfate (-14.6%; $P = 0.07$), androstenedione (-8.6%; $P = 0.05$), and estrone-sulfate (-12.0%; $P = 0.08$). No other trends or statistically significant changes were observed. When comparing dietary changes with placebo, no statistically significant differences were observed. Overall, in this pilot study, the naturopathic interventions had no substantial effects on estrogen measures. Early-follicular phase androgens decreased with the botanical supplement. PMID: 17684134 [PubMed - indexed for MEDLINE]

Deaths resulting from hypocalcemia after administration of edetate disodium: 2003–2005
Brown MJ, Willis T, Omalu B, Leiker R. *Pediatrics*. 2006 Aug;118(2):e534-6.

Lead Poisoning Prevention Branch, Division of Emergency and Environmental Health Services, National Center for Environmental Health, Centers for Disease Control and Prevention, Atlanta, Georgia 30341, USA. mjb5@cdc.gov

From 2003 to 2005, deaths of 3 individuals as a result of cardiac arrest caused by hypocalcemia during chelation therapy were reported to the Centers for Disease Control and Prevention. Two were children, both of whom were treated with edetate disodium. At the time of this writing, the adult case was still under investigation. No previous cases of death resulting from hypocalcemia during chelation have been reported. From our experience and review of the literature, we suggest that health care providers who are unfamiliar with chelation consult an expert before undertaking treatment and that hospital formularies evaluate whether stocking edetate disodium is necessary, given the risk for hypocalcemia and the availability of less toxic alternatives. PMID: 16882789 [PubMed - indexed for MEDLINE]

Why alternative medicine cannot be evidence-based
Tonelli MR, Callahan TC. *Acad Med*. 2001 Dec;76(12):1213-20.
Department of Medicine, Division of Pulmonary and Critical Care Medicine, University of Washington School of Medicine, Seattle, Washington, USA. tonelli@u.washington.edu

The concept of evidence-based medicine (EBM) has been widely adopted by orthodox Western medicine. Proponents of EBM have argued that complementary and alternative medicine (CAM) modalities ought to be subjected to rigorous, controlled clinical trials in order to assess their efficacy. However, this does not represent a scientific necessity, but rather is a philo-

sophical demand: promoters of EBM seek to establish their particular epistemology as the primary arbiter of all medical knowledge. This claim is problematic. The methods for obtaining knowledge in a healing art must be coherent with that art's underlying understanding and theory of illness. Thus, the method of EBM and the knowledge gained from population-based studies may not be the best way to assess certain CAM practices, which view illness and healing within the context of a particular individual only. In addition, many alternative approaches center on the notion of non-measurable but perceptible aspects of illness and health (e.g., Qi) that preclude study within the current framework of controlled clinical trials. Still, the methods of developing knowledge within CAM currently have limitations and are subject to bias and varied interpretation. CAM must develop and defend a rational and coherent method for assessing causality and efficacy, though not necessarily one based on the results of controlled clinical trials. Orthodox medicine should consider abandoning demands that CAM become evidence-based, at least as "evidence" is currently narrowly defined, but insist instead upon a more complete and coherent description and defense of the alternative epistemic methods and tools of these disciplines. PMID: 11739043 [PubMed - indexed for MEDLINE]

Complementary and alternative medical treatment of breast cancer: A survey of licensed North American naturopathic physicians
Standish LJ, Greene K, Greenlee H, Kim JG, Grosshans C. *Altern Ther Health Med*. 2002 Jul-Aug;8(4):74-6, 78-81.
Bastyr University Research Institute, Kenmore, Wash, USA.

CONTEXT: Complementary and alternative medicine (CAM) use is on the rise in the United States, especially for breast cancer patients. Many CAM therapies are delivered by licensed naturopathic physicians using individualized treatment plans. OBJECTIVE: To describe naturopathic treatment for women with breast cancer. DESIGN: Cross-sectional mail survey in 2 parts: screening form and 13-page survey. SETTING: Bastyr University Cancer Research Center, Kenmore, Wash. PARTICIPANTS: All licensed naturopathic physicians in the United States and Canada ($N=1,356$) received screening forms; 642 (47%) completed the form. Of the respondents, 333 (52%) were eligible, and 161 completed the survey (48%). MAIN OUTCOME MEASURES: Demographics of naturopathic physicians, development of treatment plans, CAM therapies used, perceived efficacy of therapeutic interventions.

RESULTS: Of those respondents screened, 497 (77%) had provided naturopathic care to women with breast cancer, and 402 (63%) had treated women with breast cancer in the previous 12 months. Naturopaths who were women were more likely than men to treat breast cancer ($P < \text{or} = .004$). Of the survey respondents, 104 (65%) practiced in the United States, and 57 (35%) practiced in Canada; 107 (66.5%) were women, and 54 (33.5%) were men. To develop naturopathic treatment plans, naturopathic physicians most often considered the stage of cancer, the patient's emotional constitution, and the conventional therapies used. To monitor patients clinically, 64% of the naturopathic physicians used diagnostic imaging, 57% considered the patient's quality of life, and 51% used physical examinations. The most common general CAM therapies used were dietary counseling (94%), botanical medicines (88%), antioxidants (84%), and supplemental nutrition (84%). The most common specific treatments were vitamin C (39%), coenzyme Q-10 (34%), and Hoxsey formula (29%).

PMID: 12126176 [PubMed - indexed for MEDLINE]

Evidence-based medicine and naturopathy

Jagtenberg T, Evans S, Grant A, Howden I, Lewis M, Singer J. *J Altern Complement Med.* 2006 Apr;12(3):323-8.

School of Natural and Complementary Medicine, Southern Cross University, Lismore, Australia.

Evidence-based medicine (EBM) has been advocated as a new paradigm in orthodox medicine and as a methodology for natural medicines, which are often accused of lacking an adequate scientific basis. This paper presents the voices of tradition-sensitive naturopathic practitioners in response to what they perceive as an ideologic assault by EBM advocates on the validity and integrity of natural medicine practice. Those natural medicine practices, which have tradition-based paradigms articulating vitalistic and holistic principles, may have significant problems in relating to the idea of EBM as developed in biomedical contexts. The paper questions the appropriateness of imposing a methodology that appears to minimize or bypass the philosophic and methodological foundations of natural medicine, and that itself seems primarily driven by political considerations.

PMID: 16646733 [PubMed - indexed for MEDLINE]

Other information on naturopathy

"Findings and Recommendations Regarding the Prescribing and Furnishing Authority of a Naturopathic Doctor." Bureau of Naturopathic Medicine, California Department of Consumer Affairs.

www.naturopathic.ca.gov/formspubs/formulary_report.pdf

Profile of a Profession: Naturopathic Practice. Holly J. Hough, PhD, Catherine Dower, JD, Edward H. O'Neil, PhD. Center for the Health Professions, University of California, San Francisco.

www.futurehealth.ucsf.edu/pdf_files/Naturo2.pdf

Naturopathic Public Awareness Campaign (www.global-npac.org/index.htm). Based out of Southwest College of Naturopathic Medicine in Tempe, AZ, this organization is dedicated to furthering and supporting current and future public awareness efforts for naturopathic medicine in the United States and Canada. Our members are students of accredited four-year, graduate-level, in-residence naturopathic medical programs. In coordination with the AANP and the accredited naturopathic medical schools, NPAC seeks to further provide resources on the national level to support both federal and states' needs to educate the public and legislators about the importance of naturopathic medicine. We strive to expand public awareness of naturopathic medicine as a viable, affordable option for quality healthcare. As a strong naturopathic student organization, NPAC is an extremely effective vehicle for public health education and community outreach.

2003 testimony before the National Committee on Vital and Health Statistics. Konrad Kail, PA, ND.

www.ncvhs.hhs.gov/030129p1.pdf.

Figure 1. State licensure requirements for naturopaths

State	Work force number	Graduate education required	University accreditation	Clinical experience required	Examination required	Reciprocity for licensure	Continuing education required	Medicaid reimbursement	Specialization
Connecticut	223 (as of April 2008)*	Graduate of a legally chartered, reputable school or college of naturopathy. (C.S.A. § 20-37)	The secretary of the Board of Naturopathic Examiners files a list with the Department of Public Health every year of Bd.-recognized naturopathic colleges. (C.S.A. § 20-37)	A college or program of naturopathic medicine approved pursuant to section 20-37 may include within its curriculum such didactic and clinical training necessary for such college or program to qualify for accreditation by the Council on Naturopathic Medical Education, including such training that is outside the scope of the practice of naturopathy. (C.S.A. § 20-37a (2)(c))	Passing score on exam prescribed by the Department of Public Health with the advice and consent of the Board of Naturopathic Examiners. (C.S.A. § 20-37)	Yes. (C.A.S. § 20-37b)	Not addressed.	Payment for naturopathic services shall be available on behalf of all persons eligible for the Medical Assistance Program subject to the conditions and limitations which apply to these services. (C.S.A. § 17b-262-550)	Not addressed.
D.C.	6 naturopathic doctors (as of April 2008)	Earned a degree of doctor of naturopathic medicine from an accredited college or university. (D.C.C.A. § 3-1205.04)	College or university accredited by The Council of Naturopathic Medical Education ("CNME") or any other accrediting agency recognized by the United States Department of Education. (D.C.C.A. § 3-1205.04)	Not addressed.	Pass NPLEX or other Board or Mayor-approved exam. (D.C.C.A. § 3-1205.04)	Not addressed.	30 credit hours (D.C.M.R. § 17.5206.4)	Not addressed.	Can participate in naturopathic childbirth by passing a specialty examination and meeting other criteria. (D.C.C.A. § 3-1206.21)
Delaware	Does not license naturopaths.								
Florida	Licensed naturopaths until 1986 when provisions were repealed. (21N-1.001, F.A.C.-21N-4.001, F.A.C.) Naturopaths licensed prior to 1986 are governed under then existing provisions.								
Georgia	Does not license naturopaths.								

Figure 1. State licensure requirements for naturopaths

State	Work force number	Graduate education required	University accreditation	Clinical experience required	Examination required	Reciprocity for licensure	Continuing education required	Medicaid reimbursement	Specialization
Hawaii	97 (as of January 2008)*	Applicant shall be a graduate of a school, university, or college of naturopathy. (H.R.S.A. § 455-3)	School, university, or college of naturopathy that has received candidacy status with, or has been accredited by, a regional or a national accrediting body recognized by the United States Department of Education. (H.R.S.A. § 455-3)	Not addressed.	Passing score of 75 on all parts of NPLEX examination and examination on homeopathy. (C.H.R. § 16-88-12 - § 16-88-14)	Not addressed.	Not addressed.	Not addressed.	Not addressed.
Idaho	15 (as of April 2008)*	The applicant shall provide proof of completion of a naturopathic medical program approved by the board. (I.S.A. § 54-5112)	Accredited by CNME or an equivalent recognized accrediting body. (I.D.A.P.A. § 24.24.01.400.02)	Not addressed.	NPLEX and Idaho Jurisprudence Exam Passing Score = 75% (I.D.A.P.A. § 24.24.01.200.01-24.24.01.200.04)	Yes. (I.D.A.P.A. § 24.24.01.100.02)	Annually. (I.D.A.P.A. § 24.24.01.350.01) 20 credit hours: 5 in pharmacology	No. (I.D.A.P.A. § 16-03-09-065.01)	Naturopathic childbirth special competency certificate. (I.C.S.A. § 54-5109)
Illinois	Does not license naturopaths.								
Indiana	Does not license naturopaths.								
Iowa	Does not license naturopaths.								
Kansas	19 naturopathic registrants (as of April 2008)*	The applicant shall present evidence satisfactory to the board of having successfully completed an educational program in naturopathy from an approved naturopathic medical college. (K.A.S. § 65-7204)	Shall meet the accreditation standards for naturopathic medical education published by the Council on Naturopathic Medical Education, and the accreditation criteria of the commission on institutions of higher education of the north central association of colleges and schools. (K.A.R. § 100-72-4)	Not addressed.	Passing score of 75 on NPLEX examinations. (K.A.S. § 65-7205, K.A.R. § 100-72-5)	Yes. (K.S.A. § 65-7206)	Annually (K.A.R. § 100-72-7) 25 credit hours.	Not addressed.	Naturopathic acupuncture specialty certification. (K.S.A. § 65-7213)
Kentucky	Does not license naturopaths.								
Louisiana	Does not license naturopaths.								

Figure 1. State licensure requirements for naturopaths

State	Work force number	Graduate education required	University accreditation	Clinical experience required	Examination required	Reciprocity for licensure	Continuing education required	Medicaid reimbursement	Specialization
Maine	27 (as of April 2008)*	College or program granting the degree of doctor of naturopathic medicine. (32 M.R.S. § 12501, § 12525)	Approved by the Board and accredited by an accrediting agency recognized by the Federal Government. (32 M.R.S. § 12501)	Not addressed.	Passing score on NPLEX exam. (C.M.R. § 02 502 004)	Not addressed.	25 credit hours annually; at least 7 being in pharmacology. Additional 15 credit hours for naturopathic acupuncture specialists. (32 M.R.S. § 12526, C.M.R. § 02-502-005)	Not addressed.	In order to practice naturopathic acupuncture, a naturopathic specialty certification must first be obtained. (32 M.R.S. § 12525, C.M.R. § 02-502-004)
Maryland	Does not license naturopaths.								
Massachusetts	Does not license naturopaths.								
Michigan	Does not license naturopaths.								
Minnesota	Naturopathy included in definition of "Complementary and alternative health care practices" which are not licensed in the state. (Minn. Stat. § 146A.01)								
Mississippi	Does not license naturopaths.								
Missouri	Does not license naturopaths.								
Montana	49 (as of April 2008)*	A graduate of an approved naturopathic medical college. (M.C.A. § 37-26-402)	Accredited by CNME or another accrediting agency recognized by the United States department of education or has been approved by the board. (M.C.A. § 37-26-103 and A.R.M. § 24.111.501)	1200 clock hours in the clinical practicum program. (A.R.M. § 24.111.501)	NPLEX or any other exam to be prescribed or endorsed by the Board. Passing Score = 75. (A.R.M. § 24.111.502, K.A.R. § 100-72-5)	Yes. (A.R.M. § 24.111.503)	15 credit hours annually; at least 5 being in naturopathic pharmacy. (A.R.M. § 24.111.2102)	Not addressed.	Specialty practice of naturopathic childbirth attendance. (M.C.A. § 37-26-304, A.R.M. § 24.111.510)
Nebraska	Does not license naturopaths.								
Nevada	"Naturopathic Healing" provisions repealed in 1987. (Nev. Rev. Stat. Ann. § 633A.010)								

Figure 1. State licensure requirements for naturopaths

State	Work force number	Graduate education required	University accreditation	Clinical experience required	Examination required	Reciprocity for licensure	Continuing education required	Medicaid reimbursement	Specialization
New Hampshire	59 (as of April 2008)*	Graduate of an accredited naturopathic medical college. (N.H.R.S.A. § 328-E:9)	Accredited by the Council of Naturopathic Medical Education. (N.H.R.S.A. § 328-E:2)	Minimum of 1000 clock hours of clinical experience in all aspects of naturopathic practice; and primary care responsibility while supervised by a licensed doctor of naturopathic medicine. (N.H.C.A.R. § 303.05)	NPLEX Examinations ; or its substantial equivalent. (N.H.C.A.R. Nat. § 303.02, N.H.C.A.R. Nat. § 304.02)	Yes. (N.H.R.S.A. § 328-E:9, N.H.C.A.R. § 304.01)	The board shall require each licensee to show proof at least every 3 years that the licensee has completed an approved continuing naturopathic medical education program within the preceding 3 years. (N.H.R.S.A. § 328-E:13) 150 credit hours every 3 years: At least 60 must come from a professionally supervised setting with pharmacology courses totaling 24 of the 60 hours.	Not addressed.	Naturopathic childbirth or acupuncture specialty certification. (N.H.R.S.A. § 328-E:12, N.H.C.A.R. Nat. 305.01 305.02, Nat. 306.02 - 306.06)
New Jersey	Does not license naturopaths.								
New Mexico	Does not license naturopaths.								
New York	Does not license naturopaths.								
North Carolina	Does not license naturopaths.								
North Dakota	Does not license naturopaths.								
Ohio	Does not license naturopaths.								
Oklahoma	Does not license naturopaths.								

Figure 1. State licensure requirements for naturopaths

State	Work force number	Graduate education required	University accreditation	Clinical experience required	Examination required	Reciprocity for licensure	Continuing education required	Medicaid reimbursement	Specialization
Oregon	772 (as of April 2008)*	Graduation from an accredited naturopathic school or college. (O.R.S. § 685.060)	Must meet the accreditation standards of the Council on Naturopathic Medical Education. (O.A.R. § 850-020-0000)	Not addressed.	The Oregon Board of Naturopathic Medicine shall conduct examination of applicant for licensure that includes a basic science section and a clinical section. (O.R.S. § 685.080)	Yes. (O.R.S. § 685.085, O.A.R. § 850-030-0070)	25 credit hours annually; no more than 15 coming from one subject area. (O.R.S. § 685.102, O.A.R. § 850-040-0210)	If the Department of Human Services is responsible for paying for services that a licensed naturopathic physician may render, the services shall be paid for in the same manner and under the same standards as similar professional services. (O.R.S. § 685.055)	Certificate of special competency in natural childbirth. (O.R.S. § 685.135, O.A.R. § 850-035-0230)
Pennsylvania	Does not license naturopaths.								
Rhode Island	Does not license naturopaths. Naturopathy included in definition of "unlicensed health care practices." (R.I. Gen. Laws § 23-74-1)								
South Carolina	Does not license naturopaths. "It shall be unlawful for any person whether heretofore licensed or not under the laws of this or any other State to practice naturopathy in this State." (S.C. Code Ann. § 40-31-10)								
South Dakota	Does not license naturopaths.								
Tennessee	Does not license naturopaths. "It is unlawful for any person to practice naturopathy in this state." (Tenn. Code Ann. § 63-6-205)								
Texas	Does not license naturopaths.								
Utah	29 (as of April 2008)*	Successful completion of a program of professional education preparing an individual as a naturopathic physician, as evidenced by having received an earned degree of doctor of naturopathic medicine. (U.C.A. § 58-71-302)	CNME accreditation or a naturopathic medical school or college, which at the time of the applicant's graduation, met current criteria for accreditation by the CNME. (U.C.A. § 58-71-302)	A minimum 12 month program associated with a naturopathic medical school or college accredited by the Council of Naturopathic Medical Education. (U.C.A. § 58-71-302, U.A.C. R156-71-102)	NPLEX Basic Science Series, the State of Washington Basic Science Series or the State of Oregon Basic Science Series; NPLEX Clinical Series; NPLEX Homeopathy; NPLEX Minor Surgery; and the Utah Naturopathic Physician Practice Act Law and Rule Examination. (U.A.C. R156-71-302)	Not addressed.	24 credit hours every two years. (U.A.C. R156-71-304)	Not addressed.	Not addressed.

Figure 1. State licensure requirements for naturopaths

State	Work force number	Graduate education required	University accreditation	Clinical experience required	Examination required	Reciprocity for licensure	Continuing education required	Medicaid reimbursement	Specialization
Vermont	148 (as of April 2008)*	Granted a degree of doctor of naturopathic medicine, or a degree determined by the Director of the Office of Professional Regulation to be essentially equivalent to such degree, from an approved naturopathic medical college. (V.S.A. § 4127)	Accredited by CNME or a degree determined by the Director of the Office of Professional Regulation to be essentially equivalent. (V.C.R. R04-030-380-2.2)	Not addressed.	Pass all parts of NPLEX. Passing score determined by NPLEX. (V.S.A. § 4127, V.C.R. R04-030-380-2.2)	Yes. (V.C.R. R04-030-380-2.3)	30 credit hours every two years with no more than 10 hours coming from the same subject area. (V.C.R. R04-030-380-3.2)	Not addressed.	Special Endorsement for Naturopathic Childbirth includes specialty training and exam. (V.C.R. R04-030-380-3.9)
Virginia	Naturopathy is no longer a licensed profession. Naturopaths licensed prior to June 30, 1980 may continue such practice in accordance with regulations promulgated by the Board [of medicine].								Va. Code Ann § 54.1-2901
Washington	768 (as of April 2008)*	Successful completion of an educational program approved by the Secretary of Health, the minimum standard of which shall be the successful completion of a doctorate degree program in naturopathy. (A.R.C.W. § 18.36A.090)	College of naturopathic medicine approved by Washington State Department of Health. (A.R.C.W. §18.36A.090, §18.36A.100. W.A.C. 246-836-130 thru W.A.C. 246-836-150)	Clinical externship/preceptorship is considered a standard in the curriculum of a college of naturopathic medicine when it is considered for approval by the secretary. (W.A.C. 246-836-180)	Licensure exam consists of: (1) basic science component, (2) clinical science component and (3) law of the state and administrative regulations relating to the practice of naturopathic medicine. Passing Score = 75. (A.R.C.W. § 18.36A.090, WAC 246-836-030)	Yes. (A.R.C.W. § 18.36A.120, W.A.C. 246-836-110)	20 credit hours; only courses in diagnosis and therapeutics are eligible for credit. (W.A.C. 246-836-080)	Not addressed.	Not addressed.
West Virginia	Does not license naturopaths.								
Wisconsin	Does not license naturopaths.								
Wyoming	Does not license naturopaths.								
Workforce numbers indicate active, in-state licenses and were gathered from phone conversations or email queries with the Board or state unless indicated as:									
*Workforce number gathered from Board or state websites.									
**Workforce number gathered from American Association of Naturopathic Physicians. Follow-up with State Board unsuccessful.									

Figure 2. State scope of practice for naturopaths

State	Statutory Authority	Definition of Naturopathy	Rx Authority	Use of term "physician"
Alaska	A.S. § 08.45.050, A.S. § 08.45.200	The use of hydrotherapy, dietetics, electrotherapy, sanitation, suggestion, mechanical and manual manipulation for the stimulation of physiological and psychological action to establish a normal condition of mind and body; in this paragraph, "dietetics" includes herbal and homeopathic remedies. <i>A person who practices naturopathy may not give, prescribe, or recommend in the practice: a prescription drug; a controlled substance; a poison; engage in surgery; use the word "physician" in the person's title.</i>	No.	No. Use of the term "physician" is expressly prohibited. (A.S. § 45.08.45.050) See also disclosure/transparency requirements at 12 AAC 42.900.
Arizona	A.R.S. § 32-1501	A medical system of diagnosing and treating diseases, injuries, ailments, infirmities and other conditions of the human mind and body including by natural means, drugless methods, drugs, nonsurgical methods, devices, physical, electrical, hygienic and sanitary measures and all forms of physical agents and modalities.	Yes. (A.R.S. § 32-1581) A doctor of naturopathy may dispense a natural substance, drug, or device to a patient. A "natural substance" is a homeopathic, botanical, or nutritional supplement that does not require a prescription by federal law before it is dispensed but is prescribed to treat a medical condition diagnosed by the doctor. <i>A notice from the AZ Naturopathic Physicians Board of Medical Examiners dated August 22, 2002, and addressed to Pharmacists states that "A licensed naturopathic physician will be able to prescribe any legend drug or controlled substance with the following exceptions: (1) intravenous medications (except vitamins, chelation therapy, and drugs used in emergency resuscitation); (2) controlled substances as listed in Schedule I or II (except morphine will be allowed); (3) cancer chemotherapeutics classified as legend drugs; and (4) antipsychotics. The notice also states that after January 1, 2005 only naturopaths who have completed pharmacotherapeutic training and passed a test in pharmacotherapeutics will continue to be authorized to prescribe legend drugs and controlled substances.</i>	Yes. A.R.S. §32-1501.26.

Figure 2. State scope of practice for naturopaths

State	Statutory Authority	Definition of Naturopathy	Rx Authority	Use of term "physician"
California	Cal. Bus. & Prof. Code, Ch. 8.2 § 3640 - § 3643	<p>A naturopathic doctor may order and perform physical and laboratory examinations for diagnostic purposes, including, but not limited to, phlebotomy, clinical laboratory tests, speculum examinations, orificial examinations, and physiological function tests. A naturopathic doctor may order diagnostic imaging studies, including X-ray, ultrasound, mammogram, bone densitometry, and others, consistent with naturopathic training as determined by the bureau, but shall refer the studies to an appropriately licensed health care professional to conduct the study and interpret the results. 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. Devices, including, but not limited to, therapeutic devices, barrier contraception, and durable medical equipment. Health education and health counseling. Repair and care incidental to superficial lacerations and abrasions, except suturing.</p> <p>Removal of foreign bodies located in the superficial tissues. A naturopathic doctor may utilize routes of administration that include oral, nasal, auricular, ocular, rectal, vaginal, transdermal, intradermal, subcutaneous, intravenous, and intramuscular.</p>	<p>Yes. (Cal. Bus. & Prof. Code, Ch. 8.2 § 3627) Licensed California naturopaths may prescribe drugs or products contained in the Naturopathic formulary. As of October 2006, a Formulary Advisory Committee has been established, and is currently meeting, but has not yet produced a naturopathic formulary. Drugs can be furnished by a naturopathic doctor "in accordance with standardized procedures or protocols developed by the naturopathic doctor and his or her supervising physician and surgeon." <i>The furnishing and ordering of such drugs must occur under physician and surgeon supervision</i>, may include Schedule III through Schedule V controlled substances, and may be further limited to those drugs specified in the standardized procedure between the naturopathic doctor and physician and surgeon.</p>	<p>No. Use of the term "physician" is prohibited. (Cal. Bus. & Prof. Code, Ch. 8.2 § 3661). "...shall not use any term or designation that would tend to indicate the practice of medicine, other than naturopathic medicine, unless otherwise licensed as a physician and surgeon, osteopathic doctor, or doctor of chiropractic." This section also contains disclosure requirements.</p>

Figure 2. State scope of practice for naturopaths

State	Statutory Authority	Definition of Naturopathy	Rx Authority	Use of term "physician"
Connecticut	Conn. Ann. Stat. § 20-34	The practice of natureopathy means the science, art and practice of healing by natural methods as recognized by the Council of Natureopathic Medical Education and approved by the State Board of Natureopathic Examiners, with the consent of the commissioner, and shall include counseling and the practice of the mechanical and material sciences of healing as follows: The mechanical sciences such as mechanotherapy, articular manipulation, corrective and orthopedic gymnastics, physiotherapy, hydrotherapy, electrotherapy and phototherapy; and the material sciences such as nutrition, dietetics, phytotherapy, treatment by natural substances and external applications.	No. "Natural substances" means substances which are not narcotic substances, do not require the written or oral prescription of a licensed practitioner to be dispensed and are only administered orally.	Unclear. Authority to use the term is neither expressly granted nor prohibited. The term "natureopathic physician" is used in state statute (373 § 20-37b). The term is used in the official posted minutes of the Connecticut Board of Natureopathic Examiners.
District of Columbia	DCCA § 3-1201.02, § 3-1206.21, Code of D.C. Regs. § 17-5003	A system of health care that utilizes education, natural medicines, and natural therapies to support and stimulate a patient's intrinsic self-healing processes to prevent, diagnose, and treat human conditions and injuries. Does not include the practices of physical therapy, physical rehabilitation, acupuncture, or chiropractic. Administer or provide for preventive and therapeutic purposes natural medicines by their appropriate route of administration, natural therapies, topical medicines, counseling, hypnotherapy, dietary therapy, natureopathic physical medicine, therapeutic devices, and barrier devices for contraception. For the purposes of this paragraph, the term "natureopathic physical medicine" means the use of the physical agents of air, water, heat, cold, sound, and light, and the physical modalities of electrotherapy, biofeedback, diathermy, ultraviolet light, ultrasound, hydrotherapy, and exercise, and includes natureopathic manipulation and mobilization therapy; and review and interpret the results of diagnostic procedures commonly used by physicians in general practice, including physical and orificial examinations, electrocardiograms, diagnostic imaging techniques, phlebotomy, clinical laboratory tests and examinations, and physiological function tests. <i>An individual licensed to practice natureopathic medicine under this chapter shall not: Perform surgical procedures, except for minor office procedures, as defined by rule; Use for therapeutic purposes, any device regulated by the United States Food and Drug Administration ("FDA") that has not been approved by the FDA.</i>	No. <i>An individual licensed to practice natureopathic medicine shall not prescribe, dispense, or administer any controlled substances, except those natural medicines authorized by this chapter.</i>	No. Practitioners of natureopathy or natureopathic healing may use the title "Doctor of Natureopathy." (DC Municipal Regulations, Title 14, Ch. 50, 5003.1)

Figure 2. State scope of practice for naturopaths

State	Statutory Authority	Definition of Naturopathy	Rx Authority	Use of term "physician"
Hawaii	H.R.S. § 455-1	<p>The practice of: Natural medicine, natural therapeutics, and natural procedures, for the purpose of removing toxic conditions from the body and improving the quality, quantity, harmony, balance, and flow of the vital fluids, vital tissues, and vital energy; and diagnosing, treating, and caring for patients using a system of practice that bases its treatment of physiological functions and abnormal conditions on natural laws governing the human body: utilizing physiological, psychological, and mechanical methods, such as air, water, light, sunshine, heat and cold, earth, phytotherapy, physiotherapy, mechano-therapy, naturopathic corrections and manipulation, and natural methods or modalities, together with natural or homeopathic medicines, natural foods, and herbs, and nature's remedies of the type taught in education and training at naturopathic medical colleges. <i>The practice of naturopathy excludes surgery and the application of x-rays.</i></p>	<p>No. <i>The practice of naturopathy excludes prescribing, dispensing, or using prescription drugs except as provided for in the definition of natural medicine.</i></p>	<p>Yes. H.R.S. § 455-1.</p>
Idaho	Idaho Code Ann. § 54-5104	<p>A naturopathic physician may use physical and laboratory examinations consistent with naturopathic medical education and training for diagnostic purposes. A naturopathic physician may order and perform diagnostic and imaging tests consistent with naturopathic medical education and training. All diagnostic and imaging tests not consistent with naturopathic medical education and training must be referred for performance and interpretation by an appropriately licensed health care professional. Naturopathic physicians are authorized to dispense, administer and prescribe prescription drugs and medical devices determined by the naturopathic medical formulary council, and authorized by the board. A naturopathic physician may perform minor office procedures pursuant to privileges authorized by the board. A naturopathic physician may perform those therapies as trained and educated and authorized by the board.</p>	<p>Yes. (Idaho Code Ann. § 54-5110) A formulary council was established in 2005 to adopt a formulary for naturopathic physicians. "The formulary list may not go beyond the scope of prescription medicines and medical devices covered by approved naturopathic medical education and training and existing naturopathic medical formularies, or board-approved continuing education." <i>Nothing herein shall allow a naturopathic physician to dispense, administer, or prescribe any prescription drug as defined in [Section 54-1705(28)], unless such prescription drug is specifically included in the naturopathic medical formulary.</i></p>	<p>Yes. Idaho Code Ann. § 54-5102.</p>

Figure 2. State scope of practice for naturopaths

State	Statutory Authority	Definition of Naturopathy	Rx Authority	Use of term "physician"
Kansas	K.S.A. § 65-7202	<p>A system of health care practiced by naturopathic doctors for the prevention, diagnosis and treatment of human health conditions, injuries and diseases, that uses education, natural medicines and therapies to support and stimulate the individual's intrinsic self-healing processes, and includes prescribing, recommending or administering: (A) food, food extracts, vitamins, minerals, enzymes, whole gland thyroid, botanicals, homeopathic preparations, nonprescription drugs, plant substances that are not designated as prescription drugs or controlled substances, topical drugs as defined in subsection (a)(9) of this section, and amendments thereto; (B) health care counseling, nutritional counseling and dietary therapy, naturopathic physical applications, barrier contraceptive devices; (C) substances on the naturopathic formulary which are authorized for intramuscular or intravenous administration pursuant to a written protocol entered into with a physician who has entered into a written protocol with a naturopathic doctor registered under this act; (D) noninvasive physical examinations, venipuncture to obtain blood for clinical laboratory tests and orificial examinations, excluding endoscopies; (E) minor office procedures; and (F) naturopathic acupuncture. <i>A naturopathic doctor may not perform surgery, obstetrics, administer ionizing radiation, or prescribe, dispense or administer any controlled substances as defined in K.S.A. 65-4101, and amendments thereto, or any prescription-only drugs except those listed on the naturopathic formulary adopted by the board pursuant to this act.</i></p>	<p>Yes. (K.A.R. § 100-72-8) Only those medicines approved by the Board on the Naturopathic Formulary and pursuant to a written protocol with a physician.</p>	<p>No. "Physician" means a person licensed to practice medicine and surgery. K.S.A. §65-7272(10).</p>

Figure 2. State scope of practice for naturopaths

State	Statutory Authority	Definition of Naturopathy	Rx Authority	Use of term "physician"
Maine	M.R.S.A. Tit. 32, § 12522, CMR 02 502 006	<p>A naturopathic doctor may use and order for preventative and therapeutic purposes the following natural medicines and therapies: food, food extracts, vitamins, minerals, enzymes, digestive aids, whole gland thyroid and other natural hormones, plant substances, all homeopathic preparations, immunizations, counseling, hypnotherapy, biofeedback, dietary therapy, naturopathic manipulative therapy, naturopathic physical medicine, therapeutic devices, barrier devices for contraception and office procedures. Naturopathic doctors may also prescribe medications, including natural antibiotics and topical medicines, within the limitations set forth in subsection 4. A naturopathic doctor may use physical examinations for diagnostic purposes including phlebotomy, clinical laboratory tests, speculum examinations and physiological function tests, excluding all endoscopies and physiological function tests requiring infusion, injection, inhalation or ingestion of medications to perform tests. A naturopathic doctor may order ultrasound, x-ray and electrocardiogram tests but must refer to an appropriate licensed health care professional for conducting and interpreting the tests. A naturopathic doctor may prescribe therapeutic devices or use noninvasive diagnostic procedures commonly used by allopathic or osteopathic physicians in general practice. Naturopathic doctors have a limited scope of prescriptive authority. <i>A naturopathic doctor may not: Prescribe, dispense or administer any substance or device identified in Schedule I, II, III, IV or V as described in the federal Controlled Substance Act, 21 United States Code, Sections 801 to 971 (1988), or any controlled substances or devices; Perform surgical procedures except those office procedures authorized by this chapter; Practice emergency medicine except when a good Samaritan rendering gratuitous services in the case of emergency and except for the care of minor injuries; or Practice or claim to practice medicine and surgery, osteopathy, dentistry, podiatry, optometry, chiropractic, physical therapy or any other system or method of treatment not authorized in this chapter.</i></p>	<p>Yes. (M.R.S.A. § 12522) <i>A naturopathic doctor may not prescribe, dispense, or administer any substance or device identified in Schedule I, II, III, IV, or V as described in the federal Controlled Substances Act; may prescribe nonprescription medications without limitation; and may only prescribe non-controlled legend drugs from the following categories: homeopathic remedies, vitamins and minerals, hormones, local anesthesia, and immunizations that are designated by a subcommittee of the board which shall consist of naturopathic members, a pharmacist member, and an allopathic or osteopathic member.</i></p> <p>Prior to independently prescribing non-controlled legend drugs, a naturopathic doctor shall establish and complete a 12-month collaborative relationship with a licensed allopathic or osteopathic physician to review the naturopathic doctor's prescribing practices. (M.R.S.A. Tit. 32, §12522)</p>	<p>No. Use of the title "physician" by naturopathic licensees is prohibited. M.R.S.A. Tit. 32, Ch. 113-B, §12521(2).</p>

Figure 2. State scope of practice for naturopaths

State	Statutory Authority	Definition of Naturopathy	Rx Authority	Use of term "physician"
Montana	M.C.A. § 37-26-103, M.C.A. § 37-26-301	<p>Naturopathic medicine is a system of primary health care practiced by naturopathic physicians for the prevention, diagnosis, and treatment of human health conditions, injury, and disease. Its purpose is to promote or restore health by the support and stimulation of the individual's inherent self-healing processes. This is accomplished through education of the patient by a naturopathic physician and through the use of natural therapies and therapeutic substances. Naturopathic physical applications include the therapeutic use by naturopathic physicians of the actions or devices of electrical muscle stimulation, galvanic, diathermy, ultrasound, ultraviolet light, constitutional hydrotherapy, and naturopathic manipulative therapy. <i>A naturopathic physician may not: administer ionizing radioactive substances for therapeutic purposes; perform surgical procedures except those minor surgery procedures authorized by this chapter; or claim to practice any licensed health care profession or system of treatment other than naturopathic medicine unless holding a separate license in that profession.</i> Naturopathic physicians may engage in and utilize health care counseling, nutritional counseling and dietary therapy, naturopathic physical applications, therapeutic devices, nonprescription drugs, barrier devices for contraception, naturopathic childbirth attendance, and minor surgery.</p>	<p>Yes. (M.C.A. § 37-26-301) <i>A naturopathic physician may not prescribe, dispense, or administer any legend drug [as defined in 50-31-301], except for whole gland thyroid; homeopathic preparations; and natural substances, drugs, and therapies described in subsection (2), which includes food, food extracts, vitamins, minerals, enzymes, whole gland thyroid, botanical medicines, homeopathic preparations, and oxytocin (pitocin).</i></p>	<p>Yes. M.C.A. § 37-26-103(9).</p>

Figure 2. State scope of practice for naturopaths

State	Statutory Authority	Definition of Naturopathy	Rx Authority	Use of term "physician"
New Hampshire	N.H.R.S.A. § 328-E:2, N.H.R.S.A. § 328-E:4	<p>Naturopathic medicine is a system of primary health care for the prevention, diagnosis, and treatment of human health conditions, injuries, and diseases using education, natural medicines and therapies to support and stimulate the individual's intrinsic self-healing processes. Doctors of naturopathic medicine are authorized to use, for preventive and therapeutic purposes, natural medicines and therapies, counseling, hypnotherapy, biofeedback, dietary therapy, naturopathic physical medicine, therapeutic devices, and barrier devices for contraception. Naturopathic physical medicine is the therapeutic use of the physical agents of air, water, heat, cold, sound, light, and electromagnetic non-ionizing radiation and the physical modalities of electrotherapy, diathermy, ultraviolet light, ultrasound, hydrotherapy, naturopathic manipulative therapy, and therapeutic exercise.</p> <p>Doctors of naturopathic medicine may use, for diagnostic purposes physical and official examinations, X-rays, electrocardiograms, ultrasound, phlebotomy, clinical laboratory tests and examinations, and physiological function tests. <i>Doctors of naturopathic medicine are not authorized to perform surgical procedures, practice emergency medicine, except as a good samaritan rendering gratuitous services in the case of emergency and except for the care of minor injuries, practice or claim to practice medicine and surgery, osteopathy, dentistry, podiatry, optometry, chiropractic, physical therapy, or any other system or method of treatment not authorized in this chapter.</i></p>	<p><i>Yes. Doctors of naturopathic medicine shall not prescribe, dispense, or administer any legend or controlled substances, except those natural medicines as authorized by this chapter.</i></p> <p>Doctors of naturopathic medicine with specialty certification in naturopathic childbirth, shall be authorized to use oxytocin and pitocin.</p>	<p>Likely not. Naturopathic licensees shall use the title "doctor of naturopathic medicine" and the recognized abbreviation "N.D." Doctors of naturopathic medicine shall have the exclusive right to use of the terms: "doctor of naturopathic medicine," "naturopathic doctor," "naturopath," "doctor of naturopathy," "naturopathic medicine," "naturopathic health care," "naturopathy," and "N.D." N.H.R.S.A. § 328-E:3.</p>

Figure 2. State scope of practice for naturopaths

State	Statutory Authority	Definition of Naturopathy	Rx Authority	Use of term "physician"
Oregon	O.R.S. § 685.010, 685.030, 685.145, 689.635	Naturopathic medicine is the discipline that uses physiotherapy, natural healing processes and minor surgery and has as its objective the maintaining of the body in, or of restoring it to, a state of normal health.	Yes. Licensees may perform health maintenance and restoration measures consistent with generally recognized and accepted principles of naturopathic medicine, including but not limited to (a) administering, dispensing or writing prescriptions for drugs; (b) recommending the use of specific and appropriate over-the-counter pharmaceuticals; (c) administering anesthetics or antiseptics in connection with minor surgery as defined in ORS 685.010; (d) ordering diagnostic tests; (e) using radiopaque substances administered by mouth or rectum necessary for Roentgen diagnostic purposes; (f) administering substances by penetration of the skin or mucous membrane of the human body for diagnostic, preventative or therapeutic purposes. The Board of Naturopathic Examiners may adopt by rule appropriate procedures for administering substances under this paragraph. (O.R.S. § 685.030)	Yes. Only licensees under this chapter may use any or all of the following terms, consistent with academic degrees earned: "Doctor of Naturopathy" or its abbreviation, "N.D.," "Naturopath" or "Naturopathic Physician." However, none of these terms, or any combination of them, shall be so used as to convey the idea that the physician who uses them practices anything other than naturopathic medicine. O.R.S. §685.020

Figure 2. State scope of practice for naturopaths

State	Statutory Authority	Definition of Naturopathy	Rx Authority	Use of term "physician"
Tennessee	Tenn. Code Ann. § 63-6-205	The term "naturopathy" <i>does not</i> mean the sale of herbs or natural health information exchanges provides as a service so long as: (A) The sale or provision of information exchanges is not conducted for the purpose of the prevention, diagnosis or treatment of any physical ailment or physical injury to or deformity of another; and (B) In any instance involving natural health information exchanges, the seller obtains a signed acknowledgement from the buyer that the seller is neither a licensed practitioner of the healing arts in Tennessee, nor meets the recognized qualification criteria which would allow the provision of any form of diagnosis, treatment recommendation, or medical care in Tennessee. For the purposes of meeting the requirements of this section, the seller shall keep the signed acknowledgement from the buyer on file for a period of three (3) years. (Repealed at midnight, June 30, 2012.)		
Utah	U.C.A. § 58-71-102	Naturopathic medicine is a system of primary health care for the prevention, diagnosis, and treatment of human health conditions, injuries, and diseases using education, natural medicines and therapies to support and stimulate the individual's intrinsic self-healing processes by using naturopathic childbirth (if specified requirements are met), naturopathic mobilization therapy, physical medicine, minor office procedures, prescribing or administering natural medicine, prescribing medical equipment and devices, diagnosing by using medical equipment and devices, and administering therapy or treatment by the use of medical devices, prescribing barrier devices for contraception, dietary therapy, taking and using diagnostic x-rays, electrocardiograms, ultrasound, and physiological function tests, taking body fluids for clinical laboratory tests and using the results in diagnosis, taking a history from and conducting a physical examination upon a human patient and prescribing and administering natural medicines and medical devices.	Yes. (U.C.A. § 58-71-102) Natural medicines are food, food extracts, dietary supplements, all homeopathic remedies, and plant substances <i>not designated as prescription drugs or controlled substances</i> ; over the counter medications; other nonprescription substances (<i>the prescription or administration of which is not restricted under federal or state law</i>); and prescription drugs that <i>are not controlled substances</i> as defined in [58-37-2], the prescription of which is consistent with the competent practice of naturopathic medicine, and the prescription of which is approved by the Naturopathic Formulary Advisory Peer committee. The Naturopathic Formulary can be found at U.C.A. § R156-71-202.	Yes. Naturopathic licensees can use the designation "naturopathic physician," "naturopathic doctor," "naturopath," "doctor of naturopathic medicine," "doctor of naturopathy," "naturopathic medical doctor," "naturopathic medicine," "naturopathic health care," "naturopathy," "N.D.," "N.M.D." U.C.A. § 58-71-102.

Figure 2. State scope of practice for naturopaths

State	Statutory Authority	Definition of Naturopathy	Rx Authority	Use of term "physician"
Vermont	V.S.A. § 4121, V.C.R. § 04-030-380.-3.7	Naturopathic medicine is a system of health care that utilizes education, natural medicines and natural therapies to support and stimulate a patient's intrinsic self-healing processes to prevent, diagnose and treat human health conditions and injuries. This includes administering or providing, for preventative and therapeutic purposes, nonprescription medicines, topical medicines, botanical medicines, homeopathic medicines, counseling, hypnotherapy, nutritional and dietary therapy, naturopathic physical medicine, naturopathic childbirth, therapeutic devices, barrier devices for contraception, and using diagnostic procedures such as physical and orificial examinations, electrocardiograms, diagnostic imaging techniques, phlebotomy, clinical laboratory tests and examinations, and physiological function tests. Naturopathic physical medicine is the use of the physical agents of air, water, heat, cold, sight, sound and light, ultrasound, hydrotherapy and exercise. <i>Naturopathic medicine does not include physical therapy, physical rehabilitation or chiropractic.</i>	Yes. (V.S.A. § 4121). An individual [licensed as a naturopathic physician] may administer or provide for preventative and therapeutic purposes nonprescription medicines, topical medicines, botanical medicines, homeopathic medicines, counseling, hypnotherapy, nutritional and dietary therapy, naturopathic physical medicine, naturopathic childbirth, therapeutic devices, barrier devices for contraception, and prescription medicine authorized by this chapter or by the formulary. The formulary can be found at Vermont Rules 13-140-061.	Yes. V.S.A. §26-81-4121(9).
Washington	R.C.W. § 18.36A.040	Naturopathic medicine is the practice by naturopaths of the art and science of the diagnosis, prevention, and treatment of disorders of the body by stimulation or support, or both, of the natural processes of the human body. A naturopath is responsible and accountable to the consumer for the quality of naturopathic care rendered. The practice of naturopathic medicine includes manual manipulation (mechanotherapy), the prescription, administration, dispensing, and use, except for the treatment of malignancies, of nutrition and food science, physical modalities, minor office procedures, homeopathy, naturopathic medicines, hygiene and immunization, non-drug contraceptive devices, common diagnostic procedures, and suggestion; however, nothing in this chapter shall prohibit consultation and treatment of a patient in concert with a practitioner licensed under chapter 18.57 or 18.71 R.C.W. (<i>osteopathic medicine provisions</i>) . <i>No person licensed under this chapter may employ the term "chiropractic" to describe any services provided by a naturopath.</i>	Yes. (R.C.W. § 18.36A.020 and A.040). "Naturopathic medicines" means 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: <i>Controlled substances are limited to codeine and testosterone products that are contained in Schedules III, IV, and V in Chapter 69.50 RCW.</i> A Legend Substance List is currently being updated.	Most likely/unclear. Statutory headings refer to "naturopathic physicians" but express authority to use the title "physician" cannot be located in state statutes or regulations.

Figure 3. State naturopathic board operating information

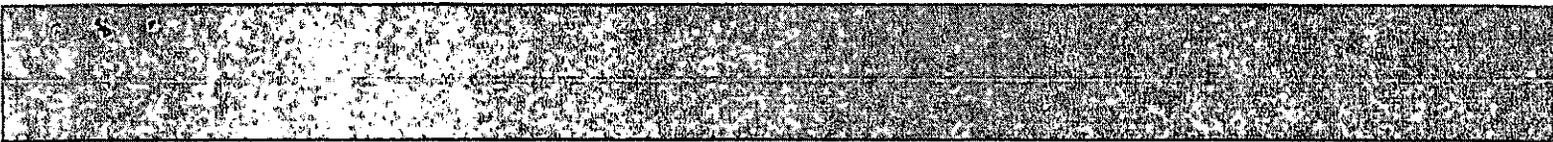
State	Regulatory board	Statutory authority	Board composition	Appointment procedure	Special procedures/Other
Alaska	Department of Commerce, Community, and Economic Development, Division of Occupational Licensing. <i>Division of Corporations, Business, & Professional Licensing</i>	A.S. § 08.01.010, § 08.01.050, § 08.01.070 and § 08.01.080	Licensing Examiner oversees operations because no separate board exists.	Not applicable.	The departments administrative duties are to set minimum qualifications for applicants for examinations and license, hold at least one examination each year and prepare and grade examinations. The Licensing Examiner reviews license applications, issues licenses, maintains licensing files, and responds to inquiries. The division itself has an investigative staff which oversees issues regarding naturopathy among other things.
Arizona	Naturopathic Physicians Board of Medical Examiners	A.R.S. § 32-1502-§32-1504	7 members: 4 naturopathic physician members and 3 public members.	Appointment by the Governor. Term = 5 years.	Not applicable.
California	Bureau of Naturopathic Medicine within the Department of Consumer Affairs	C.C.A. § 101 and Cal. Bus. & Prof. Code, Ch. 8.2 § 3625	9 members: 3 licensed naturopathic doctors, 3 licensed physicians and surgeons, and 3 public members.	Governor appoints 2 physician/surgeon members; 2 naturopathic doctors; and 1 public member. The Senate Rules Committee appoints 1 physician/surgeon member and 1 public member. The Speaker of the Assembly appoints 1 naturopathic doctor and 1 public member. All members serve staggered 4-year terms.	Not applicable.

Figure 3. State naturopathic board operating information

State	Regulatory board	Statutory authority	Board composition	Appointment procedure	Special procedures/Other
Connecticut	State Board of Naturopathic Examiners	C.A.S. § 19a-14, C.A.S. § 20-35, Conn. Gen. Stat. § 4-9a	3 members: 2 practicing naturopathic physicians and 1 public member.	Appointment by the Governor. Term = coterminous with the term of the Governor or until a successor is chosen whichever is later.	Not applicable.
District of Columbia	Advisory Committee on Naturopathic Medicine	D.C.C.A. § 3-1202.03, § 3-1204.01	3 members: 1 licensed physician, 1 licensed naturopathic physician (both with at least 3 years experience prior to appointment), and the Director of the Department of Health.	Appointed by the Mayor. Term = 3 years.	Not applicable.
Hawaii	Board of Examiners in Naturopathy	H.R.S.A. § 455-4, H.R.S.A. § 26-34	5 members: 3 licensed naturopathic physicians and 2 public members.	Appointment by the Governor. Term = 4 years.	Not applicable.
Idaho	Board of Naturopathic Medical Examiners	I.C.S.A. § 54-5108	5 members: 4 licensed naturopathic physicians and 1 public member.	Appointment by the Governor. Term = 5 years.	Not applicable.
Kansas	Kansas State Board of Healing Arts (KSBHA); and Naturopathic Advisory Council (NAC)	K.A.S. § 65-7202-65-7203, K.S.A § 65-7214	KSBHA: 15 members; 12 licensed professionals and 3 public members; NAC: 5 Members; 3 naturopathic physicians; 1 President of the Board of Healing Arts; 1 Public member.		Naturopathic Advisory Council will advise the Board.
Maine	Board of Complementary Health Care Providers	32 M.R.S. § 12502	7 members: 2 licensed acupuncturists; 2 naturopathic medicine practitioners who are licensed or eligible for license; 1 public member; 1 allopathic or osteopathic physician; and 1 licensed pharmacist.	Appointment by the Governor. Term = 3 years.	Not applicable.

Figure 3. State naturopathic board operating information

State	Regulatory board	Statutory authority	Board composition	Appointment procedure	Special procedures/Other
Montana	Board of Alternative Healthcare	M.C.A. § 2-15-1730	6 members: 2 naturopathic doctors; 2 licensed midwives; 1 medical doctor; and 1 public member. Three members must have been residents in the state for at least 3 years.	Appointment by the Governor with Senate approval. Term = 4 years.	Not applicable.
New Hampshire	Naturopathic Board of Examiners	N.H.R.S.A. § 328-E:7, § 328-E:8	5 members: 4 naturopathic doctors and 1 public member. Two of the four naturopathic doctors must have at least 3+ years experience.	Appointment by the Governor. Term = 5 years.	Not applicable.
Oregon	Board of Naturopathic Examiners	O.R.S. § 685.160	7 members: 5 licensed naturopathic physicians and 2 public members.	Appointment by the Governor. Term = 3 years.	Not applicable.
Utah	Naturopathic Physicians Licensing Board	Utah Code Ann. § 58-71-201, Utah Code Ann. § 58-1-201	5 members: 3 licensed naturopathic physicians and 2 public members.	Appointment by the Executive Director of the Division of Occupational and Professional Licensing with approval by the Governor. Term = 4 years.	Not applicable.
Vermont	Office of Professional Regulation	81 V.S.A. § 4125, 81 V.S.A. § 4126	Director of the Office of Professional Regulations and 2 advisor appointees which are naturopathic physicians.	Appointment by the Secretary of State. Term = 3 years.	Not applicable.
Washington	Naturopathic Physicians Advisory Committee	A.R.C.W. § 18.36A.070	5 members: 3 licensed naturopathic physicians and 2 public members.	Appointment by the secretary of Health. Term = 4 years.	Not applicable.



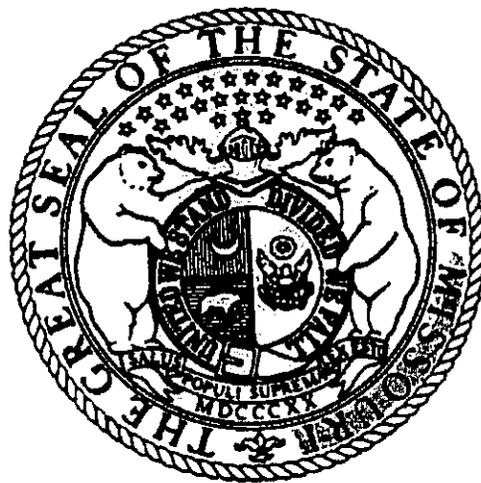
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REPORT
OF
THE SENATE INTERIM COMMITTEE
ON
NATUROPATHIC MEDICINE



January 20, 2006

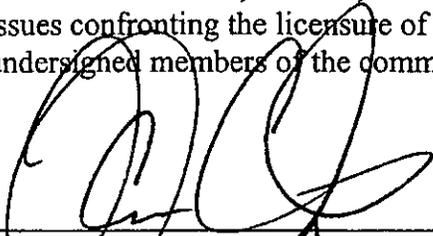
Prepared by
Chris Hogerty, Senate Research Staff

January 20, 2006

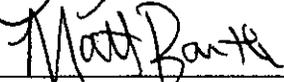
The Honorable Michael Gibbons, President Pro Tem
State Capitol, RM 326
Jefferson City, MO 65101

Dear Mr. President:

The Senate Interim Committee on Naturopathic Medicine, acting pursuant to Rule 31 of the Missouri Senate, has met, taken testimony, deliberated, and concluded its study on issues confronting the licensure of naturopathic physicians in the state of Missouri. The undersigned members of the committee are pleased to submit the attached report.



Senator Jason Crowell, Chair



Senator Matt Bartle

Senator Joan Bray

Senator Maida Coleman



Senator Kevin Engler

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Senate Interim Committee on Naturopathic Medicine

I. OVERVIEW

As a result of the continued interest in creating licensure standards for naturopathic physicians, President Pro-Tem Michael Gibbons established the Senate Interim Committee on Naturopathic Physicians. The committee was charged primarily with developing a comprehensive analysis of the definitions and components of naturopathy and the extent to which there is, and can be, integration and coordination of natural therapies and conventional medical treatments, as well as the effects of licensing and regulating naturopathic physicians. The membership of the committee consisted of the following senate members: Senator Jason Crowell, Chair; Senator Matt Bartle; Senator Joan Bray; Senator Maida Coleman; Senator Kevin Engler.

The committee held public hearings and solicited testimony regarding a wide range of issues related to licensing naturopathic physicians. Hearings were held in the following locations:

September 7, 2005
September 14, 2005

Jefferson City, MO
Jefferson City, MO

Oral and written testimony was provided by members of the Missouri Association of Naturopathic Physicians, general practitioners of naturopathic medicine, the vice president of the Missouri Naturopathic Medical Association, the president of Idaho Naturopathic Physicians; members of the Missouri State Medical Association, the Missouri State Chiropractors Association, the Missouri Nurses Association, the Missouri Hospital Association, the Missouri Dietetic Association, the Missouri Academy of Family Physicians, and the Coalition for Natural Health, Inc., professors of the University of Missouri School of Medicine, practicing oncologists, private citizens, and other interested parties. Based on the testimony, the committee has compiled findings and conclusions assessing the viability of licensing naturopathic physicians in the state of Missouri.

II. BACKGROUND

According to the American Association of Naturopathic Physicians (AANP), the profession of naturopathy has been in existence since 1905; however until recently it was largely unknown. Some states have had continuous naturopathic licensing for many years. For instance, naturopathy has been licensed in Hawaii since 1925, in Oregon since 1927, in Connecticut since 1920, and in the state of Washington since 1919. Conversely, naturopaths in other states have lost their right to practice. Naturopaths in Tennessee, Florida, South Carolina, and Texas lost their rights to practice in the 1950s. As the demand for naturopathic care has grown as an alternative to traditional methods of care, practitioners are presently pressing the legislature to adopt licensing standards to regulate the profession.

The hallmark of naturopathic care is its focus on the treatment of the “whole individual” as opposed to the treatment of a patient’s symptoms.¹ Naturopathic physicians point to this approach as the main factor that distinguishes their practice from those utilized by conventional medical practitioners, including osteopathic and allopathic physicians. The National Center for Complementary and Alternative Medicine (NCCAM) defines complimentary and alternative medicine as:

[T]hose treatments and healthcare practices not taught widely in medical schools, not generally used in hospitals, and not usually reimbursed by medical insurance companies...Therapies are used alone (often referred to as alternative), in combination with other alternative therapies, or in addition to conventional therapies sometimes referred to as complementary).²

The NCCAM additionally describes naturopathic medicine as:

[A]n array of healing practices, including diet and clinical nutrition; homeopathy; acupuncture; herbal medicine; hydrotherapy (the use of water in a range of temperatures and methods of applications); spinal and soft-tissue manipulation; physical therapies involving electric currents, ultrasound and light therapy; therapeutic counseling; and pharmacology.³

¹The American Association of Naturopathic Physicians (AANP).

²<http://nccam.nih.gov/nccam/fcp/index.html#what-is>

³<http://nccam.nih.gov/nccam/fcp/classify>

According to the AANP, naturopathic doctors (deemed NDs by the AANP) employ safe, nature-based therapies, medications, nutrients, and other types of integrative care to provide comprehensive care for illnesses including high blood pressure, cholesterol, allergies, fatigue, and pain. Most NDs do not specialize in the treatment of any one organ system or any individual disease but rather treat the body as an integrated whole and practice "whole person healthcare".⁴ Some practitioners perform minor invasive procedures, prescribe pharmaceuticals, and deliver primary health care, while others do not.

As a result of the recent rise in interest in naturopathy, education institutions across the country have instituted degrees with curriculum requirements designed to prepare their graduates for professions in the field of naturopathy. Currently, three schools in the United States have educational programs accredited by the Council on Naturopathic Medical Education (CNME).⁵ The CNME is recognized by the U.S. Department of Education as the programmatic accrediting agency for naturopathic medical colleges.⁶ States that license naturopaths require candidates to have graduated from CNME accredited schools and take the Naturopathic Physicians Licensing Examination (NPLEX), in addition to various state required examinations. Other schools are accredited by the American Naturopathic Medical Accreditation Board (ANMAB), which allows candidates to be certified by taking an exam administered by the American Naturopathic Certification Board (ANCB). However, certification by the ANMAB is entirely voluntary and the organization itself is self-accredited. It has no authority to issue a naturopathic degree or to regulate educational standards and considers naturopathy to be a non-medical practice. No individual certified by the ANMAB has sat for the NPLEX or is licensed in any jurisdiction currently regulating naturopaths.

⁴Id.

⁵ Bastyr University, Seattle, WA; National College of Naturopathic Medicine, Portland, OR; and Southwest College of Naturopathic Medicine & Health Sciences, Scottsdale, AZ; are the only CNME accredited institutions offering four-year degrees. All of these institutions follow the CNME core curriculum requirements of 4,100 clock hours for graduation and 1,200 clock hours in the clinical practicum.

⁶ U.S. Department of Education, Letter from Secretary Rod Paige to Robert Lofft, Executive Director of the Council on Naturopathic Medical Education, September 10, 2003.

III. SUMMARY OF INFORMATION AND TESTIMONY RECEIVED

In the course of two public hearings, the committee gathered a tremendous amount of information about the practice of naturopathic medicine. As could be expected, the committee heard from a number of naturopathic, allopathic, and osteopathic practitioners, as well as other interested individuals who expressed their views about the effect of licensing naturopathic practitioners in Missouri. The committee actively sought out witnesses who could assist the members in determining the effect of and need for regulating the practice of naturopathic practitioners.

September 7, 2005, Jefferson City, Missouri: Testimony of those in favor of the naturopathic initiative

The committee began its work by hearing public testimony from those in favor of licensing the profession of naturopathy in Missouri. Christopher Deatherage, a general practitioner of naturopathic medicine and a member of the Missouri Association of Naturopathic Physicians (MANP) began his testimony by pointing out the 100-year history of the profession and the different jurisdictions that currently license naturopaths. Currently, Alaska, Arizona, California, Connecticut, Hawaii, Idaho, Kansas, Maine, Montana, New Hampshire, Oregon, Utah, Vermont, and Washington have licensing requirements for naturopaths. Mr. Deatherage argued that citizens residing in states without licensure requirements are being harmed by those professing to be naturopaths without adequate training.⁷ He opined that the licensure of naturopaths is required for adequate consumer protection. Mr. Deatherage, upon request from the committee, submitted information regarding course descriptions of naturopathic colleges, the CNME, and regional accrediting agencies.

Two members of MANP and recent graduates of Bastyr University, Dionne Reinhart and Cindy Willbrand, provided written and oral testimony in support of state licensure of naturopathic physicians. Each witness testified as to the validity of the practice of naturopathy and stressed the rigorous training offered to Bastyr students and their respective qualifications for practicing naturopathy in Missouri. Dionne Reinhart has a bachelor's degree from the University of Minnesota and 1,000 hours of supervised training in an integrated health center. Cindy Willbrand holds a bachelor's degree from Truman State University, where she completed all of the pre-med course work.

With regard to specific legislation to be adopted, Raymond Vasquez, the vice president of

⁷ Mr. Deatheridge has not graduated from a four-year institution, has never been licensed, and could not sit for the NPLEX licensing exam. Although he provided information about trained practitioners, he is not part of this trained group.

the Missouri Naturopathic Medical Association (MNMA), testified before the committee and urged the adoption of the Idaho Naturopathic Physicians Licensing Act. Mr. Vasquez indicated that the MANP had joined the MNMA in endorsing this particular piece of legislation for adoption in Missouri. Mr. Vasquez assured the committee that the proposed bill restricts the scope of practice of naturopathic medicine in a manner that does not encroach on the practice of allopathic and osteopathic medicine.

John Thomas College of Naturopathic Medicine of St. Charles was represented by Mr. Vincent Froeder, a practicing NMD. Mr. Froeder submitted written testimony outlining the parameters of the naturopathic program at John Thomas. The college offers a Naturopathic Medical Doctor (NMD) degree designed for M.D., D.C., or D.O. recipients. The program is taught in an integrated format where doctors can become aware of and utilize both alternative and allopathic forms of therapy. Mr. Froeder included the course curriculum and descriptions.

David Clark, D.C., who is associated with the Missouri Naturopathic Medical Association, testified as to the need to license naturopaths in Missouri so they may practice in medically underserved areas in the state. Dr. Clark pointed out the need for more primary care physicians in rural areas and contended that state licensure of NDs would stimulate the Missouri economy.

Finally, Stephen Sporn, a naturopathic physician licensed in Oregon and living in Springfield, provided written testimony regarding the merits of naturopathic therapies. Mr. Sporn also supports licensing in order to ensure that those calling themselves NDs will be trained and tested according to national standards. Furthermore, in the opinion of Mr. Sporn, the creation of a naturopathy board will allow for efficient investigation of complaints by the public.

September 14, 2005, Jefferson City, Missouri: Testimony of those against the naturopathic initiative

The committee next met to hear testimony from those who disfavor licensing naturopaths in Missouri. Robert McCallum, PhD, University of Missouri School of Medicine, did not appear but provided written testimony regarding admission requirements and curriculum requirements for graduation at the UMC School of Medicine.

David Barbe, MD, representing the Missouri State Medical Association, provided written testimony that summarized the following: Florida's Sunrise Report, a statement approved by the Board of Registration in Medicine of the Commonwealth of Massachusetts, and the Massachusetts Minority report. The Florida report conducted in 2004 concluded that: there is no evidence indicating a potential substantial harm or that the public is endangered by the unregulated practice of naturopathy; there is a risk of harm to the public from licensing naturopathic physicians with an expanded scope of practice. The Florida report also concluded that licensure of naturopathic physicians would negatively impact practitioners of traditional and alternative health healing techniques that currently do not have to be licensed. In addition, the

broad scope of practice of naturopathic physicians will overlap and compete with related licensed health professionals, and the small number of potential licensees would have difficulty meeting requirements to fund the cost of administering licensure and support for a board.

The statement approved by the Massachusetts board states its opinion that the granting of licenses to naturopathic physicians for the independent practice of primary care, would subject citizens to an unnecessary risk of receiving substandard health care.

In the Massachusetts Minority report, the Massachusetts commission opposed the licensure of naturopaths on the grounds that licensure of naturopaths would legitimize a dangerous and unethical practice. The minority views the practice as grounded in fanciful musings with no basis in science.

Mr. Ralph Barrale, D.C., a member of the Missouri State Chiropractors Association provided written testimony voicing his concern that the practice of naturopathic medicine will encroach on the services currently performed by doctors of chiropractic, physical therapists, acupuncturists and doctors of medicine. Mr. Barrale fears that naturopaths currently do not have the educational background necessary to perform the functions that would be allowed if licensed. He specifically mentioned the lack of hands-on practical training and testing.

Mr. Kevin Hubbard from the Missouri Association of Osteopathic Physicians testified about concerns that referrals from naturopaths will occur at a point when the patient is too ill to receive proper care from other licensed medical professionals and that natural remedies are, to date, not proven effective.

In a written statement, Daniel Landon of the Missouri Hospital Association expressed concern about unlicensed naturopathic residents practicing in hospitals. He pointed out to the committee that medical residents and interns in hospitals are licensed physicians and hoped that the same standards would hold true if naturopaths were licensed.

Belinda Heimericks of the Missouri Nurses Association testified as to her concern about licensing naturopaths. In her opinion, naturopathy lacks the requisite scientific foundation to be recognized as a legitimate medical profession. In the event of licensure, she urged strict oversight of naturopaths working in hospitals.

Brenda Roling provided testimony from Jean Howard of the Missouri Dietetic Association (MDA). The MDA opposes allowing licensed naturopaths to practice nutrition therapy since they are not licensed dietitians.

Michele Clark testified on behalf of the Missouri Academy of Family Physicians against the licensing of naturopathic physicians mainly because of concerns about the ability of naturopaths to diagnose, treat, operate, and prescribe for disease, pain, injury or other physical or mental conditions. The academy's position is that these duties make up the practice of medicine and since naturopaths are not licensed physicians, they should not be allowed to practice as such.

Daniel Cleghorn, claiming to be a victim of medical malpractice by naturopathic physicians, also testified before the committee. He claimed that about fifty people in southern

Missouri have also been victimized by naturopathic doctors.

Boyd Landry from the Coalition for Natural Health provided written testimony and argued against licensing naturopaths. Mr. Landry distinguished traditional naturopathy from "AANP-style" naturopathy by explaining that traditional naturopathy, of the sort presently practiced in all states, is inherently safe and that "AANP-style" naturopathy is riddled with health and safety issues.

IV. FINDINGS

The practice of naturopathy is a valuable practice for consumers who desire therapies that are alternative and complimentary to conventional medical treatments. According to the World Health Organization, the use of alternative medicine to treat a variety of illnesses and conditions has increased over the past twenty years. This prompted the National Institutes of Health to establish the NCAAM to research practices employed in alternative and complimentary medicine. According to the NCAAM, scientific evidence exists regarding the effectiveness of some alternative practices. In addition, it is apparent that the practice of alternative and complimentary treatments holds real value for consumers as evidenced by the increased consumer demand for such treatments.

Licensing naturopathic physicians may open the door for Medicaid reimbursements for services rendered by naturopathic physicians. The purpose of Medicaid is to pay for basic medical and long-term care services on behalf of low-income individuals in cases where there is no other source of coverage for the services they need. It is possible that, if licensed, services provided by naturopathic physicians may, in the future, be covered under the state's Medicaid program or a successor program.

Questions have been raised as to the extent to which the NPLEX effectively measures competency. Upon graduation from a naturopathic school certified by the CNME, candidates are eligible to sit for the Naturopathic Licensing Examination (NPLEX). Currently there are two parts to the NPLEX: Part I - Basic Science Exam and Part II - Clinical Science Exam. These examinations are comparable to Step I and Step II of the United States Medical Licensing Exam (USMLE) that medical doctors must pass. Unlike the NPLEX, the USMLE has a third part designed to test clinical competence and "assess whether medical graduates can apply medical knowledge and understanding of biomedical and clinical science essential for the unsupervised practice of medicine." The committee views the absence of such an evaluation as a significant flaw in the NPLEX. In schools that offer 4-year naturopathic training programs, the second two years are dedicated to clinical application and competence that amounts to approximately 2,000 hours of supervision from licensed naturopathic physicians. The committee recommends that the students be tested for competence in this area.

The committee's concern is echoed in the Colorado Department of Regulatory Agencies Office of Policy, Research and Regulatory Reform Sunrise Review of Naturopathic Physicians, 2005, that reports that "there is little generalizable evidence that the NPLEX Part II clinical science examinations actually measure clinical competence." The review points out that the clinical science examination contains 50% new items that have not been pre-tested. In addition, many of the clinical licensing examination sections contain only 50 multiple-choice items in total. As a result, "the test may not adequately represent the universe of generalization it was intended to represent when it was developed."⁸

⁸Despite concerns, the report ultimately recommended the regulation of naturopathic physicians.

The committee is unclear as to which group actually represents the naturopathic profession. The American Association of Naturopathic Physicians (AANP) holds itself out to be the “national professional society representing naturopathic physicians who are licensed or eligible for licensure as primary care physicians” however, the AANP failed to testify before the committee. Alternatively, the committee heard testimony from the Missouri Association of Naturopathic Physicians and the Missouri Naturopathic Medical Association. Each group claimed to be representatives of the profession of naturopathy in Missouri in agreement on licensure legislation. The state of Missouri has never officially recognized either of these groups and it was unclear to the committee whether the groups were legitimate representatives of the naturopathic profession.

The main accrediting organization for naturopathic colleges has been in and out of favor with the United States Department of Education. The CNME, the major body that accredits naturopathic schools, was recognized in 1987 as an accrediting agency by the U.S. Department of Education (DoE) and its National Advisory Committee on Institutional Quality and Integrity. The DoE stripped the CNME of this distinction when it found that the CNME did not “consistently apply and enforce standards that ensure that the course or programs are of sufficient quality to achieve the stated objective for which the courses or the programs are offered.”⁹ On September 10, 2003, CNME earned a temporary, two-year recognition status.¹⁰

Two accrediting organizations of naturopathic educational institutions work independently and require successful completion of two different professional examinations. Currently, three schools in the United States have educational programs accredited by the Council on Naturopathic Medical Education (CNME).¹¹ The CNME is recognized by the U.S. Department of Education as the programmatic accrediting agency for naturopathic medical colleges. States that license naturopaths require candidates to have graduated from CNME accredited schools, and take portions of the Naturopathic Physicians Licensing Examination (NPLEX,) in addition to various state required examinations. Other schools are accredited by the American

⁹U.S. Department of Education, Docket No. 00-06-O, Decision of the Secretary, Richard W. Riley, January 16, 2001.

¹⁰U.S. Department of Education, Letter from Secretary Rod Paige to Robert Lofft, Executive Director of the Council on Naturopathic Medical Education, September 10, 2003.

¹¹Bastyr University, Seattle, WA; National College of Naturopathic Medicine, Portland, OR; and Southwest College of Naturopathic Medicine & Health Sciences, Scottsdale, AZ.

Naturopathic Medical Accreditation Board (ANMAB), which allows candidates to be certified by taking an exam administered by the American Naturopathic Certification Board (ANCB).

Following recent trends in legislation may foster public confusion within the profession.

The state of Idaho recently passed a Naturopathic Physicians Licensure Act that provides at least two tiers of regulation depending on the level of training of the licensee. In the committee's opinion, following this legislative precedent will increase public confusion about practitioner's qualifications and fail to protect the public against untrained or lesser trained naturopaths. The committee would like to warn legislators against naturopathic groups whose interest in licensure is driven by economics rather than a sincere interest in delivering medical benefits to the public.

V. Conclusion

Licensure of naturopathic physicians by the state of Missouri will effectively put citizens on notice that the licensed practitioners have achieved the highest level of training and education possible to ensure public safety. The CNME (Council on Naturopathic Medical Education) is recognized by the U.S. Department of Education as the accrediting body for naturopathic schools. Naturopathic schools must meet the standards of didactic and clinical curricula set by the CNME. However, the CNME has fallen in and out of favor with the U.S. Department of Education. As a result, the committee does not have full faith in the diligence of the CNME in its role as an accrediting body.

The committee recommends that the CNME must first prove itself as a legitimate and able accrediting body before any licensure legislation progresses. The committee also recommends that a third test be added to the NPLEX – one that tests clinical competence for the unsupervised practice of naturopathy.

The committee feels that it has come to an understanding of the definition and components of naturopathy and naturopathic medicine. However, it remains unclear to the committee who is a naturopath or what makes one a naturopath. This is a fundamental and necessary question that the committee was unable to determine.

The committee, at this time, recommends against licensure of Naturopathic physicians in the state of Missouri.

EXECUTIVE SUMMARY

This report presents findings of an interim project by staff of the Committee on Health Care of the House of Representatives to determine whether practitioners of naturopathic medicine should be licensed in Florida. The project followed established procedures for a Sunrise Review for professional licensure as established in s. 11.62(3), F.S., which requires legislation proposing regulation to be reviewed based on evidence that shows:

- Substantial risk of harm to the public if there is no regulation;
- The skills required by the profession are specialized and readily measurable;
- Regulation will not have an unreasonable effect on job creation or job retention;
- The public can not be adequately protected by other means; and
- The overall cost effectiveness and economic impact of the proposed regulation is favorable.

Naturopathic physicians

According to the Florida Naturopathic Physician Association (FNPA), naturopathic practice distinguishes itself from other health care practitioners by its holistic approach, not the specific treatments it uses. Therapy is directed at the whole person and at the underlying cause of illness, such as the patient's lifestyle, diet, and emotional state. Naturopathic physicians are trained in nutrition (diet and nutritional supplements), health-risk assessment, homeopathy, botanical medicine, counseling, and naturopathic physical medicine (such as therapeutic ultrasound, diathermy, hydrotherapy, and naturopathic manipulative therapy).

According to the FNPA, naturopathic childbirth (with specialty training), minor office procedures (superficial skin wound repair, etc.), and naturally derived prescription drugs and their synthetic analogs (antibiotics, hormones, etc.) are also part of naturopathic training and practice, but training does not include general surgery, surgical repair of fractures, or chemotherapy.

Three different groups of practitioners use naturopathic techniques:

- "Naturopathic physicians," who are licensed in 12 states to practice a limited form of primary care;
- "Traditional naturopaths," who practice non-invasive traditional and alternative healing and are not licensed; and
- "Licensed health professionals," such as medical doctors and nurses, who incorporate some naturopathic techniques in their practice.

High Costs of Licensure and Oversight Board

Proponents of licensure have not addressed how the profession will be able to support the costs of licensure with the small number of practitioners who would be expected to be licensed in Florida. Section 456.025(3), F.S., requires that each licensed health profession ensure that license fees are adequate to cover all anticipated costs of licensure and maintain a reasonable cash balance. According to the Department of Health, the Naturopaths currently carry a deficit of \$247,390 for administration of licensure. This does not include support for a board that would be established by the proposed legislation.

Costs of licensure oversight generally include such costs as reviewing applications for licensure, investigating complaints, handling discipline, and supporting board meetings, policy, and rulemaking. These costs vary by profession depending on the size of the profession and whether it has a separate board.

Based on expenditure reports for the Board of Medicine and the Board of Osteopathy for the fiscal year ending June 30, 2003, the estimated biennial renewal fee for Naturopathic Medicine would range from \$686 to \$718. This would be required to meet estimated annual expenses to cover the cost of licensure and support for a board of Naturopathic Medicine that are expected to be in the range of \$343 to \$359 per licensee each year. These estimates are based on the total expenditures for Fiscal Year 2002-2003 for the Board of Medicine of \$14,742,991 for approximately 43,000 licensed MDs, which equals approximately \$343 per licensee per year. The total expenditures for the Board of Osteopathic Medicine were \$1,505,862 for approximately 4,200 licensed ODs, which equals approximately \$359 per licensee per year. The ratio of costs per licensee for the two professions is very similar. The Board of Osteopathic Medicine has about 1/10th the number of licensees as the Board of Medicine and approximately 1/10th the expenditures. For a very small profession the costs per licensee could be much higher. Currently, the two smallest licensed health care professions--naturopathy with 7 active licenses and midwifery with 133--have average annual licensure costs that of \$585 per practitioner per year, which do not include support for a board. These costs would require a biennial renewal fee of \$1,170 per licensee to meet expenses.

An estimated 61 naturopathic physicians might be licensed in Florida in the first several years if licensure is reestablished. This estimate is based on the percentage of the U.S. population living in Florida. Florida population represents 5.7% of the national total. If the total number of 1,076 licensed naturopathic physicians in the U.S. practiced equally among the states, an estimated 5.7% might expect to be licensed in Florida. At this ratio, 61 of the 1,076 licensed naturopathic physicians nationwide might be expected to be licensed in Florida.

The Florida Medical Association (FMA) has expressed concern that the Medical Quality Assurance Trust Fund that uses licensure fees to fund the boards and Department of Health licensure functions is already not adequately funded. The FMA believes that it would not be fiscally prudent for the Trust Fund to take on another inadequately funded profession, when the fund is expected to encounter increased deficits in coming years.

Recommendations

Section 11.62(6), F.S., requires that when making a recommendation concerning proposed legislation providing for new regulation of a profession, a legislative committee shall determine:

- (a) Whether the regulation is justified based on the Sunrise Review criteria, the information submitted by proponents of the regulation, and the information provided by the department under ss. 11.62(3)-(5), F.S.;
- (b) The least restrictive and most cost-effective regulatory scheme that will adequately protect the public; and

(c) The technical sufficiency of the proposed legislation, including its consistency with the regulation of other professions and occupations under existing law.

The conclusions of the report are that while there is evidence for support of licensure based on the existence of accredited training programs and licensure exams:

- The proponents of regulation did not provide evidence that there is substantial harm or that the public is endangered from the unregulated practice of the profession;
- The department and other sources indicate there is a risk of harm to the public from licensing naturopathic physicians with an expanded scope of practice;
- Licensure of naturopathic physicians would negatively impact practitioners of traditional and alternative health healing techniques that currently do not have to be licensed; and
- The broad scope of practice of naturopathic physicians will overlap and compete with related licensed health professionals, including medical doctors, osteopathic physicians, chiropractic physicians, acupuncturists, massage therapists, and midwives.

The conclusions of the report are also that licensure of naturopathic physicians with an expanded scope of practice would not be cost effective because:

- The small number who would be licensed would have difficulty meeting requirements to fund the cost of administering licensure and support for a board;
- Licensure of naturopathic physicians would negatively impact the non-invasive practice of traditional naturopathy and other health practices such as aromatherapy, therapeutic touch, and nutritional supplements, through counseling and guidance, which is not required to be licensed under Florida Statutes; and
- Current statutes already provide cost-effective protection of the public by allowing continued practice of naturopathic modes of treatment by licensed medical doctors and osteopathic physicians, and other licensed health practitioners (s. 456.41, F.S.).

Final draft legislation was not available at the time of this report to conclude whether it is consistent with the regulation of other professions.

9b

Minority Report
of the
Special Commission on Complementary
and
Alternative Medical Practitioners

A Report to the Legislature
January, 2002

Executive Summary

The Special Commission on Complementary and Alternative Medical Practitioners was established, at the request of naturopaths (practitioners of "natural medicine"), by an outside section of the fiscal 2000 state budget. Although the Commission's name suggests a more general charge, its work was largely confined to a single task: consideration of state licensing for naturopaths. During the course of a year, naturopaths failed to make a persuasive case for the quality of their educational experience, the efficacy of their treatments, the accuracy of their diagnoses, or the rational basis of their beliefs. Skeptics provided extensive materials, including a Massachusetts based, peer-reviewed study of naturopathic opinions, comprehensive governmental documents on naturopath licensing, and a comprehensive review of naturopathy literature. All of these demonstrate the futility of the case for the licensing of naturopaths.

We, the undersigned, therefore register our opposition to the proposed licensure of naturopaths in the Commonwealth of Massachusetts, and to the establishment of any self-regulating board of "naturopathic medicine." The Commission heard overwhelming evidence that an endorsement of naturopaths through licensure would pose a clear threat to public health and safety. No scientific evidence was presented supporting naturopathic claims, but ample evidence was presented to show that these claims are implausible and dangerous. No evidence was presented to justify distinguishing the small group of naturopaths represented on the Commission from other, "less educated" naturopaths. Finally, the pro-licensure report fails to consider the Arizona report described below, which illustrates that a self-regulation statute cannot result in meaningful regulation and public protection in a field that is inherently irrational and unethical.

The signatories of this report have compiled this brief to reflect the evidence presented to the Commission and to fulfill the charge that the legislature presented to the Commission. We urge readers of this summary also to review the extensive background materials attached to it. Any objective reviewer will find that the evidence is fair and comprehensive, and leads inexorably to the conclusion that naturopaths are not qualified to be licensed health care providers.

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Summary of Findings in Nine Key Areas

1. Licensing:

Establishment of licensing for naturopaths is not warranted because:

- A. Evidence presented shows that there is no list of proven, safe and effective treatments or methods necessary to define professional naturopathy.
- B. Evidence presented shows that there is no clear, established scope of practice for naturopathy.
- C. Evidence presented shows significant problems in structuring and implementing state regulation of naturopathy in a manner that protects the public.
- D. Evidence presented shows that there is no way to determine who would be a deserving candidate for naturopathic licensure, even if the clinical claims of naturopaths were valid.
- E. Evidence presented shows that there is no basis for distinguishing the validity of the claims of one group of naturopaths from that of others.
- F. Evidence presented raises serious questions about the ability of the small number (approximately 30) of individuals seeking licensure to fund and staff a self-regulating board without serious conflicts of interest.
- G. Evidence presented shows that standard naturopathic practice is substandard medical practice. Thus a self-regulating naturopathic board would legitimize unacceptable practices.
- H. Evidence failed to demonstrate a set of principles or methods that distinguish naturopathic practice from what licensed medical doctors and doctors of osteopathy are already able to do. Therefore, there is no social or professional need that naturopathy supplies.
- I. "Collaborative practice" between naturopaths and medical doctors is untenable because of irreconcilable scientific and ethical differences.

2. Title Protection

The exclusive right to the titles "naturopath," "naturopathic physician" or any similar title should not be established because:

- A. The Commission heard no evidence supporting the claim that the title "naturopath" should be legally limited.
- B. The Commission heard evidence from another, larger, national organization of naturopaths who are opposed to licensing. They

asserted their own qualifications, which are neither more nor less demonstrably valid than the group represented on the Commission. They oppose the licensure on the grounds that limitation of the term "naturopath" would arbitrarily limit their ability to make a living, and that those naturopaths seeking licensure are not qualified to practice medicine. The evidence does not warrant granting exclusive right to the term "naturopath" to any particular group of naturopaths.

3. Educational and Training Standards

Naturopathy schools should not be recognized as medical schools or as providing adequate health care training because:

- A. The evidence shows that academic and attendance standards in naturopathic schools and national accrediting programs are inconsistent and lack rigor. The mere issuance of an "N.D." degree cannot guarantee that graduates are qualified or able to advise the public on matters of health.
- B. Evidence shows that the course content of naturopathy schools is filled with unscientific assertions and beliefs that strain credulity.

4. Clinical Experience

Naturopaths should not be recognized as having clinical experience adequate to advise patients on matters of health and disease because:

- A. Evidence was presented showing that both graduates and practicing naturopaths lack experience in recognition of disease and effects of treatment.
- B. No evidence was presented that naturopathy schools provide competent clinical training or any significant experience caring for truly ill patients.

5. Testing Standards

There is no basis for recognizing any meaningful testing system in naturopathy training because:

- A. Uniform testing of naturopaths has been shown to be ineffective in establishing minimum entry standards for licensing of naturopaths.
- B. Meaningful testing is not possible because of the lack of a comprehensive, proven body of knowledge and methods that define naturopathy.
- C. The Arizona report shows that, in spite of strong legislative efforts to mandate testing, such testing is impossible to design

and implement. Indeed, in Arizona all applicants passed the examination regardless of test results.

- D. Naturopaths did not present standards or examples of examinations to the Commission.

6. Independent Board Issues

The Commonwealth should not support the establishment of an independent licensing board because:

- A. Standard naturopathic practice is substandard medical practice. Thus an independent naturopathic board would legitimize unacceptable practices.
- B. The Arizona report shows the problems inherent in allowing naturopaths to establish their own boards. Major problems exist with scope of practice, dispensing of narcotics, conflicts of interest, funding, and public protections. Arizona has a 65-year history of licensing naturopaths, a community of 400 licensees and an established school of naturopathy. Massachusetts could not expect to avoid the problems experienced by Arizona.
- C. There are only 30 naturopaths in Massachusetts and 1500 nationally. Such a small group has little capacity to support an independent board.

7. Disciplinary Actions and Public Protections

The Commonwealth should not recognize a public protection capability in a naturopathy board because:

- A. Standard naturopathic practice is substandard medical practice. Thus the establishment of a self-regulating naturopathic board would, paradoxically, endorse practices that would be grounds for discipline if performed by a medical doctor.
- B. The Arizona report shows the lack of meaningful public protections from naturopathy self-regulation.
- C. No evidence was presented showing that licensed naturopaths in any state have any history of oversight by state licensing agencies.
- D. Existing fraud laws in Massachusetts should be strengthened and the Attorney General's health care division be asked to develop mechanisms to use existing laws to protect the public from misconduct, fraud and abuse by practitioners of all types.

8. The Duty to Refer Sick Patients to Medical Doctors

The evidence demonstrates the inability and unwillingness of naturopaths to make timely referrals to physicians because:

- A. The duty to refer depends upon the ability to recognize the need to refer. Naturopaths' limited training does not equip them to recognize the early signs of serious diseases or to distinguish self-limited diseases from those that require significant intervention.
- B. Naturopathic literature demonstrates a disdain for standard medical practice and an unwarranted faith in naturopathic "healing."
- C. A Massachusetts study indicates that naturopaths do not recognize the duty to refer patients who need urgent or specialized medical care.

9. The Title "Physician"

The Commonwealth should support a ban on use of the term "physician" or "primary care physician" by naturopaths because:

- A. The evidence presented to the Commission supports prohibition of the use of the term "physician" by individuals who are not licensed medical or osteopathic doctors. Indiscriminate use of this term constitutes a health and safety risk for unwary consumers.
- B. Naturopaths have consistently adopted this term in an attempt to legitimize their claims.
- C. No useful similarity exists between naturopaths and physicians regarding training, experience, capabilities or methods.

Discussion of the Process

The Origin and Real Agenda of the Special Commission: to Advance the Licensure of Naturopaths

The Special Commission on Complementary and Alternative Medical Practitioners was established in the summer of 2000. The Massachusetts Society of Naturopathic Physicians had long sought licensing for its constituents, who number about thirty. The Legislature had consistently and overwhelmingly opposed such licensing since 1995. After repeatedly failing to advance its agenda, this small group of naturopaths and its legislative patrons managed to establish the Commission, not through legislation approved by the Health Care Committee but through an undebated, outside section of the 2000 budget.

Opponents of Licensure Presented the only Comprehensive Critiques

Among those opposing licensure are the only members of the Commission who used their professional expertise to evaluate naturopathic claims: Drs. Kimball Atwood and Arnold Relman, representing the Massachusetts Medical Society and the Board of Registration in Medicine, respectively. The two began their Commission work open to the possibility that the public might benefit from some form of regulation of naturopathy, but were persuaded to oppose licensure by the wealth of evidence that was brought to bear, much of which is restated here. These physicians prepared extensive critiques of the field for the benefit of Commission members. These are appended to this report, and provide useful descriptions of the beliefs and claims of "naturopathic medicine" and examples of how rational physicians evaluate such claims.

Those favoring licensure of naturopaths did not show an interest in investigating the validity of naturopathic practices. The naturopaths themselves did not choose to defend questionable and erroneous practices, but rather denied their existence or importance. This denial was in spite of the fact that every questioned practice was gleaned directly from primary naturopathic sources representing the mainstream, including the leadership, of the field. Thus, the pro-licensure report reflects no sense that a state endorsement of such practices might be detrimental to the citizens of Massachusetts. On the contrary, the signatories of the pro-licensure report trust naturopaths themselves to establish a responsible system of self-regulation – a trust that is not feasible under professional and ethical social codes, and not warranted in light of the Arizona report.

This opposition report, by virtue of providing numerous examples of naturopathic practices, stands in contrast to the pro-licensure report, which provides none. We ask the legislature to question why the proponents of naturopathy did not discuss the validity of specific naturopathic practices.

The Commission's Charge

The outside section of the 2000 budget established the following tasks for the Commission:

- An identification of the types of practitioners and therapies available
- An estimate of the use of such therapies
- An evaluation of the necessity for state licensure of naturopaths as a consumer protection measure
- A review of naturopathic education and training standards
- A review of the scope of practice of state licensed naturopaths
- A review of potential standards of conduct for licensees of naturopathy
- A review of third party reimbursement for therapies

The Commission's Actions

The Commission met for nearly a year. During that time, the issue of licensure for naturopaths dominated its activities, in spite of evidence showing that the demand for naturopathic services is miniscule. Pro-licensure naturopathy advocates consistently supported an independent licensing board with the broad authority to define naturopathy, its standards and scope of practice. The representative of acupuncture on the Commission, who is an administrator at a local acupuncture and oriental medicine school, also supported this position with the provision that naturopaths be excluded from the practice of acupuncture.

"Organizing Principles"

The Commission spent several meetings establishing a set of "organizing principles." These were eventually organized into two major categories: "Criteria that Suggest the Need for Government Intervention" and "Criteria that Suggest the Need for Licensure." Most of these criteria reflected the superficial trappings of legitimacy, e.g., the existence of schools, a national society, and an examination; one was concerned with the only relevant initial criterion for a health care profession: validity of claims. This was phrased as follows: "Is there evidence of effective treatment of conditions if treated by well-trained naturopathic medical practitioners?" The answer to this is "no," but those favoring licensure accepted the assertions of naturopaths in spite of substantial evidence presented to the contrary.

The Case for Naturopathic Licensure as Presented to the Commission

A small group of naturopaths, who refer to themselves as "naturopathic physicians" or "naturopathic doctors" ("ND's"), seeks licensure to practice an unusual form of medicine in the Commonwealth of Massachusetts. These individuals are few by any standard, numbering approximately 1500 in the entire U.S. and 30 in Massachusetts (by comparison, in Massachusetts alone there are about 30,000 medical doctors, 4,000 nurse

practitioners, 400 nurse midwives, and 1800 chiropractors). They contrast themselves to other, more numerous naturopaths, by virtue of having attended on-campus schools, which number four in the U.S.¹ These schools grant the "N.D." degree, but so do several other, "unapproved," correspondence schools. The N.D. degree is not recognized nationally or in the Commonwealth of Massachusetts. The Commission was presented no specific information detailing the educational and work histories of the 30 or so members of the Massachusetts Society of Naturopathic Physicians.

The naturopaths represented on the Commission make several assertions, all of which are contradicted by the evidence, to justify their quest. These assertions, together with our responses, are as follows:

1. Naturopaths State that they are "Primary Care Physicians."

These naturopaths claim to be "primary care physicians" and to be adequately trained for this calling. They view their scope of practice as covering every aspect of medical care except trauma and major surgery. This claim is repeated in the literature of every major institution of the field, including the official websites of all four schools in the U.S., the official website of the American Association of Naturopathic Physicians (AANP), and the *Textbook of Natural Medicine* (the only general textbook of the field). The following quotation is from the website of the National College of Naturopathic Medicine in Portland, Oregon, one of the four naturopathy schools recognized by those seeking licensure:

Naturopathic doctors (N.D.s) are primary care physicians, most of whom are in general private practice. They are trained to be the doctor first seen by the patient for general healthcare, for advice on keeping healthy, and for the diagnosis and treatment of acute and chronic conditions.

¹ They are: Bastyr University in Kenmore, Washington; the National College of Naturopathic Medicine in Portland, Oregon; the Southwest College of Naturopathic Medicine in Tempe, Arizona; and the University of Bridgeport College of Naturopathic Medicine in Bridgeport, Connecticut. All four schools have websites.

Response:

Primary Care Physician Claim

In one of the few concessions to the overwhelming evidence against the claims of naturopaths, the pro-licensure report suggests that the title “primary care physician” be denied to them. “Naturopathic physician” would still be available, as would all claims regarding the ability to diagnose and treat disease.

Regardless of what the pro-licensure report may state, the pretension of these naturopaths to be “physicians” is the standard for the field as a whole. It is precisely what Massachusetts consumers will be told if such practitioners become licensed. No crafting of legislative language can change this fact, as evidenced by the attached letter from the State of New Hampshire demanding that the AANP stop proclaiming that New Hampshire licenses naturopathic “physicians.”

Recognition of the status of their graduates as “physicians” is central to the survival and growth of the four naturopathy schools. These schools actively support political action for licensure throughout the country. Prospective and former students demand licensure as a means of returning their considerable financial investments in naturopathy degrees. Thus consumers in Massachusetts and other states must be led to believe that licensed naturopaths are “primary care physicians.” If the Commonwealth licenses naturopaths in any way, the schools, the national organizations and the individual naturopaths will assert that they have been recognized as “physicians” in Massachusetts.

Naturopathic Education Does Not Justify the Title “Physician” or “Doctor”

Simple arithmetic shows that the education of naturopaths and medical doctors cannot be comparable. Evidence-based medical school requires four years, of which at least one is spent in an intensive, hospital setting learning about patients who are seriously ill. To be licensed to practice medicine, a graduate M.D. must complete another year of intensive hospital training (the well-known “internship”). Most primary care physicians in modern times, moreover, have subsequently completed two more years of post-graduate training and passed a certification exam.

Naturopathic schools also advertise a four-year curriculum, but during this time they claim to combine standard medical training with naturopathic training. The latter includes multiple courses in various “alternative” practices, including homeopathy, acupuncture and traditional Chinese medicine, “naturopathic manipulation” (a form of chiropractic), Ayurvedic medicine, cranial osteopathy, herbalism, and more.² Exclusive practitioners of several of these methods, who are not naturopaths, contend that four years is a minimum requirement for training in each. How, then, could naturopaths be adequately trained in all of these and in scientific medicine as well?

² Bastyr University Course Catalog. Available at:
<http://www.bastyr.edu/catalog/courses/default.asp?PID=NM>

Naturopathic Clinical Training is Inadequate

Naturopathic schools, moreover, offer no training in the care of sick, hospitalized, patients, and little or no teaching by expert clinical professors. Naturopathic school faculties overwhelmingly consist of naturopaths, who themselves have had inadequate training. Naturopathic schools have no significant hospital affiliations. The result is to perpetuate a dubious, superficial understanding of health and disease, as will be discussed further below.

Licensure would Create a Double Standard

The central element of medical education in the clinical years is to learn from qualified physicians and be exposed to real diseases, trauma and chronic conditions. Thus, for naturopaths to claim training comparable to that of even minimally qualified M.D.'s who are allowed to practice primary care, two years of intensive hospital training would have to be added to the naturopathic curriculum, the second occurring after graduation. Since this innovation is not part of the proposal for naturopathic licensure, the result would be to construct a two-tiered medical system for the citizens of the Commonwealth.

Naturopathic Credentials are Inconsistent

The evidence, furthermore, shows that many graduates of "approved" naturopathy schools (including the naturopath on the Commission, Barbara Silbert) do not attend the full four years at naturopathic school. Instead they receive up to two years of credit for schooling in other fields, such as chiropractic, whose teaching also deviates from the basic educational and scientific premises of evidence-based medical schools. If the Commission representative, who is president of the Massachusetts Society of Naturopathic Physicians, has such weak credentials, it can reasonably be concluded that the credentials of the average naturopath are at least as questionable.

2. Scientific Training and Educational Quality

Naturopaths seeking licensure claim to have received the same basic science training as medical doctors, and to have passed an examination that is alleged to be equivalent to that required of medical doctors.

Response:

Basic Science Training

If the quantity of naturopathic training is lacking, so is its quality. Naturopathic schools claim to teach the same basic sciences as science-based medical schools, but the evidence presented to the Commission proves otherwise: no scientifically trained physician, for example, could possibly believe that a hydrogen peroxide bath can effectively treat or prevent asthma by "bring[ing] extra oxygen to the entire surface of the skin, thus making the lungs somewhat less oxygen hungry." This claim, which is incompatible with the facts of anatomy and physiology, is

made in a naturopathic treatise written by a leader in the field and printed on the official website of the AANP.³ It is typical of the myriad pseudoscientific claims made by naturopaths, many more of which are discussed in the accompanying *Naturopathy Monograph* prepared by Dr. Atwood, the Massachusetts Medical Society representative to the Commission. We explained this claim and others like it to the Commission shortly after two Boston teenagers died of asthma for lack of prompt, definitive treatment. These teenagers may not have been treated by naturopaths, but their deaths clearly show that the conflict between scientific facts and irrational claims makes a difference in the treatment of real diseases. Acute asthma victims do not have time to be bathed in hydrogen peroxide.

Naturopathic Schools vs. Real Colleges and Universities

Naturopathic schools display the trappings and titles of established universities, but are actually small facilities that were started by a few individuals to promote a dubious health “system” not recognized by society at large. These schools may have a for-profit history and receive funding from health food and “dietary supplements” companies, as is documented on p.21 of the accompanying *Naturopathy Monograph*. They do not offer a variety of undergraduate and graduate degrees.

Health consumers should be wary, in general, of any health-related field whose training programs are unaffiliated with larger, established academic institutions. Lacking such affiliations, the field is insulated from the scrutiny of the larger scientific community and is thus likely to perpetuate dubious, unscientific beliefs and practices. Often such beliefs are the product of the musings of one or a few individuals. Bastyr University's publications show such limited authorship.

Naturopathic Education and the “Moonies”

Of the four on-campus naturopathic schools in the United States, only one, the University of Bridgeport College of Naturopathic Medicine, can boast that it is part of a real university. Yet this is no ordinary university: it is the “flagship” of the World University Federation, a front organization for the Unification Church. Legislators will recall that this is the cult of the Reverend Sun Myung Moon, from whose name its more common designation, the “Moonies,” is derived. Naturopathic schools, unsurprisingly, have not joined the scientific community but have maintained an ideological, cult-like approach to health care.

Accreditation

Naturopathic schools are not accredited in any meaningful way. The Council on Naturopathic Medical Education (CNME) has been the accrediting body in the past, but it does not certify that what naturopathic schools teach is valid. It merely ascertains that certain peripheral factors are in order. These include, according to consumer health activist Stephen Barrett, M.D., “record-keeping, physical assets,

³ Kane E. Asthma. <http://aanp.net/Library/articles.lay/EK.Asthma1.html>. Emily Kane, N.D., the author of this article, is listed as a senior editor of the *Journal of Naturopathic Medicine*, “the official publication of the American Association of Naturopathic Physicians.”

financial status, makeup of the governing body, catalog characteristics, nondiscrimination policy, and self-evaluation system.”⁴ The CNME publishes a handbook explaining its criteria for accreditation, but naturopathic advocates did not provide it to the Commission.

The National Advisory Committee on Institutional Quality and Integrity, for the United States Department of Education, voted in 1999 to deny the CNME recognition as an accrediting agency. This occurred as a result of violations found in relation to the accreditation of the Southwest College of Naturopathic Medicine.⁵ The proponents of naturopathic licensure on the Commission knew this, but did not present it to the other members.

This contrasts with the accrediting body for evidence-based medical schools, the Liaison Committee on Medical Education (LCME). The LCME is concerned with such relevant issues as the content of the coursework, the preparation of newly-admitted students, evaluation of student achievement, and academic counseling. These criteria are available on-line.⁶ The LCME is recognized by the U.S. Department of Education, contrary to what is stated in the pro-licensure report.

Testing

The assertion that naturopathic testing is comparable in any substantial way to testing required of medical doctors remains merely an assertion: no examples of test questions, materials or results were offered to the Commission by licensing advocates. Evidence from the Inspector General of Arizona's report, however, documents that there are serious problems with composition, grading and the quality of the panel that compiles the examinations. Evidence in that report also shows that no one who failed the exam in Arizona was denied a naturopathy license during the period of review. At least one of the Arizona exam writers also helped write the national examination.

3. The “Scientific Evidence” for Naturopathy

Naturopaths assert that there is a wealth of scientific evidence for their practices. The *Textbook of Natural Medicine*, the major textbook of the field, cites “10,000 references” to support its claims.

Response:

The Lack of Scientific Evidence for Naturopathic Practices

There is no scientific basis for the bulk of what makes up naturopathy. By disingenuously claiming credit for some practices that are uncontroversial and well known to all, such as low fat diets, naturopaths can appear to be rational and

⁴ Barrett S. A Close Look at Naturopathy. *Quackwatch*. Available at:
<http://www.quackwatch.com/01QuackeryRelatedTopics/Naturopathy/naturopathy.html>

⁵ *Ibid.*

⁶ <http://www.lcme.org/start.htm>

scientifically grounded. In fact, claims that are truly naturopathic in origin range from pseudoscientific nonsense (see p.12 above) to outright consumer fraud, such as the use of hair analysis to diagnose mineral deficiencies and “toxins.”

The Textbook and Scientific Evidence

The “10,000 references” claimed by the *Textbook of Natural Medicine* are irrelevant to the issues, as is shown in some detail in the accompanying review by Dr. Relman and the Naturopathy Monograph. An example is this: in a chapter on AIDS, colloidal silver is recommended for the treatment of opportunistic bacterial and yeast infections. The authors justify this by citing a study in which colloidal silver is used not as a medicine, but as a *preservative*. In fact, colloidal silver is a well-known, toxic heavy metal, which the FDA has declared unsafe for any medicinal use.

Naturopaths’ Unwillingness to Test Their Own Methods

Naturopaths have had ample opportunity over many decades to test their claims scientifically, but have failed to do so. For example, they claim to effectively treat streptococcal pharyngitis (strep throat) without antibiotics but “with very low incidence of poststreptococcal sequelae” including rheumatic heart disease. They offer no data to support this astonishing claim. Any rational physician evaluating the AANP Position Paper on “strep throat” will quickly realize that if naturopathic treatments were to become common, the incidence of rheumatic fever would rebound to levels not seen since the introduction of penicillin.⁷

Naturopaths don’t test their own methods for the simple reason that they are certain, *a priori*, that they work. This is a hallmark of pseudoscience. When naturopaths claim that there is “scientific evidence” for their methods, it is an attempt to justify preconceived beliefs based only on naïve conjectures.

An Example of Scientific Evidence Offered to the Commission

An example of the scientific evidence offered by the naturopathic representative on the Commission is this: when challenged to provide evidence for the assertion that childhood ear infections are caused by dietary sugar (a common naturopathic error), she produced a bibliography of articles. Perusal of the list revealed that most of the articles had nothing to do with ear infections, but instead pertained to tooth decay. The others were equally irrelevant, and typically came from obscure, non peer-reviewed journals.

⁷ Treatment of Strep pharyngitis. Position Paper of the American Association of Naturopathic Physicians.
<http://aanp.net/position.papers/PP.strep.html>

4. Naturopaths and Referrals to Medical Doctors

Naturopaths state that they know when to refer patients to medical doctors.

Response:

A Massachusetts Study and other Evidence Refute Referral Claim

Naturopaths cannot possibly know when to refer patients for competent medical care, both because they have had too little training to detect subtle signs of serious illness, and because they believe that their own ineffective methods can cure real diseases. This is shown abundantly in the *Naturopathy Monograph*, and is most striking in a survey done by a pediatrician from Boston's Children's Hospital in 1999: only 40% of polled Massachusetts naturopaths would refer a two-week old infant with a temperature of 101 degrees (a dire, life-threatening emergency) for definitive medical care.⁸ When we presented this study to the Commission, the representatives of the naturopaths denied that the subjects of the study were among their constituents. This is false: most of the subjects were identified through the AANP or the Massachusetts Society of Naturopathic Physicians. Their denial was characteristic of how naturopathy proponents, during the Commission's work, responded to criticism: real evidence, overwhelming in its refutation of naturopathic claims, was countered with mere assertions and claims of persecution.

5. Naturopaths Claim Unique Knowledge of Medical Secrets

Naturopaths claim that they can enhance the public health by methods that are, apparently, unknown to medical doctors, nurses, nutrition experts, public health experts, and other evidence-based practitioners. Naturopaths claim to know how to "boost the immune system" so as to avoid the need for antibiotics and prevent diseases such as cancer. They claim to "eliminate the underlying cause of a problem, rather than merely mask the symptoms." They claim that most diseases are caused by multiple "toxins" or "food allergies" that naturopaths, but not legitimate toxicologists or allergists, can detect. Among these toxins, according to naturopaths, are antibiotics, heart and blood pressure medicines, and most other life-saving medicines that medical doctors prescribe.

Response:

Naturopathy is a Mixture of Unremarkable Claims and Absurd Theories

The naturopathic claim to enhancing public health is spurious. Some of the dietary and lifestyle changes that naturopaths suggest for patients are mundane and widely known (e.g., lose weight and get more exercise); others have been disproved in real studies (e.g., dietary sugar is alleged to cause hyperactivity in children) or are *prima facie* absurd (e.g., dietary sugar allegedly causes ear infections in otherwise healthy children by providing sugar for bacteria to eat).

⁸ Lee AC, Kemper KJ. Homeopathy and naturopathy: practice characteristics and pediatric care. *Arch Pediatr Adolesc Med.* 2000 Jan;154(1):75-80.

Any specific claims that esoteric naturopathic ministrations can boost the immune system so as to prevent cancer, for example, are implausible and made without evidence, and thus constitute straightforward consumer fraud.

The Myths of "Toxins" and "Food Allergies," and Associated Diagnostic Quackery

Equally false and alarmist are naturopathic claims regarding toxins and food allergies (e.g., 25% of Americans allegedly suffer from heavy metal poisoning, and food allergies are claimed to be a major cause of problems ranging from learning disorders to kidney diseases). Many of the means by which naturopaths diagnose these toxins and allergies are outright quackery: electrodiagnostic devices (banned by the FDA as worthless), hair analysis, applied kinesiology, iridology, and more. A practitioner who expects to find multiple offending substances may well "uncover" these with some of these methods, while missing the occasional real one. Imagine the pressure on the DPH to do something about these horrible toxins and allergies, once legitimized by the official diagnoses of licensed practitioners. Imagine, for that matter, the effect of this on worker's compensation, disability insurance, union grievances, and civil court caseloads.

The Assault on Rational Medicine and Public Health Initiatives: Childhood Vaccinations

The systematic denigration of rational medicine and public health, by seeking to dissuade patients from taking medicines and otherwise to undermine the public trust in rational health care, can only cause harm.

Indeed, ample evidence was presented to the Commission showing that naturopathy poses threats to rational public health initiatives, most notably by its opposition to childhood vaccinations. This is extensively documented in the *Naturopathy Monograph*, and also in the study from Children's Hospital mentioned above, in which only 20% of Massachusetts naturopaths polled said that they would recommend childhood vaccinations to parents. When such evidence was presented to the Commission, the naturopathic representatives flatly denied it. It is disturbing to us that the signatories of the pro-licensure report seem to have minimized such a dangerous misrepresentation. In parts of the country in which anti-vaccination movements have had real influence, the incidence of serious, even deadly, childhood diseases has risen alarmingly (see pp. 40-43 of the accompanying monograph for a discussion of this issue).

Because we called this issue to their attention, naturopathic advocates have included language in the pro-licensure report suggesting a requirement for "mandatory tracking of immunization status" of children under the care of naturopaths. This is well intentioned but naïve. All that would be required to defeat this provision is a tacit agreement between the anti-vaccine practitioner and the apprehensive parents.

Bioterrorism, Homeopathy, and Naturopaths

Here is another example of a public health claim that is both outrageous and relevant to current events. Dana Ullman, a nationally-known proponent of homeopathy, has recently recommended a homeopathic preparation to prevent anthrax.⁹ This recommendation has no basis in research and is refuted by the facts of chemistry and biology, because there is no active ingredient in the preparation.

Mr. Ullman is not a naturopath, but there is ample reason to assume that naturopaths in general would subscribe to this irresponsible notion. Homeopathy is a fundamental part of the naturopathic belief system. It is taught, uncritically, in all four naturopathic schools. Mr. Ullman's website, "Homeopathic Educational Services," is listed as a "recommended website" by the National College of Naturopathic Medicine.¹⁰ Homeopathy is promoted in the *Textbook of Natural Medicine* and recommended in virtually every naturopathic treatise. The 1994 edition of the *Journal of Naturopathic Medicine* (the "official publication of the AANP") recommends homeopathic "nosodes," the same sort of preparation recommended by Mr. Ullman for anthrax, as safer and more effective than real vaccines.¹¹ Many naturopaths consider themselves to "specialize" in homeopathy. Among these is Amy Rothenberg, who made several presentations to the Commission and is editor of the *New England Journal of Homeopathy*.

There is no basis for the claim that homeopathic preparations can prevent or cure any disease.¹² We refer the reader to the accompanying *Naturopathy Monograph*, p.45, for a discussion of how scientifically-naïve practitioners are seduced into believing that homeopathy and many other ineffective treatments "work."

6. "Naturopathy is Safer"

Naturopaths claim to be safer than scientifically trained physicians, because they use "safe, natural remedies." Naturopaths, for example, claim to be able to treat diseases such as coronary artery disease and hypertension (high blood pressure) with natural remedies that have essentially no side effects.

⁹ Garsombke K. Alternative Remedies for Anthrax; Homeopathy provides options. *Utne Reader Online*. Oct. 31, 2001. Available at: <http://www.utne.com/bSociety.tmpl?command=search&db=dArticle.db&eqheadlinedata=Homeopathic%20Remedies%20for%20Anthrax>

¹⁰ Homeopathy. From the NCNM Page of Recommended Websites. Available at: <http://www.ncnm.edu/internet.htm#homeopathy>

¹¹ Barrett S. A Close Look at Naturopathy. op cit

¹² Atwood KC. Homeopathy and Critical Thinking. *Scientific Review of Alternative Medicine*. In press.

Response:

The Real Dangers of Naturopathy

There is no evidence that naturopathic practices are safe, except in the deceptive sense that many of them amount to nothing at all. There is ample evidence that misinformation offered by naturopaths is dangerous, as exemplified repeatedly in this report. Two examples of many recommended naturopathic treatments that are unsafe, unnatural, and irrational are chelation therapy for coronary artery disease (see p.12 of the *Naturopathy Monograph*) and colonic enemas for “detoxification.” The safety of many other naturopathic remedies remains a theoretical and anecdotal issue, since no studies have been done, even in states where licensure has existed for decades (one must persist in questioning the integrity of a field that relentlessly sells its methods as safe and effective without ever having subjected them to scientific scrutiny). In fact, in theory, and in anecdotal reports, naturopathy is dangerous. Examples have been cited above, and others abound in the accompanying *Naturopathy Monograph*.

Herbal Sales, Ethics and Exploitation

A particular concern is the unethical peddling of supplements and herbal preparations by naturopaths, who know little of their pharmacology and have a major financial incentive to oversell them. These points are extensively documented in Dr. Atwood’s monograph (pp.13-22 and appendix I). Language in the pro-licensure report intended to respond to this problem (Part IV, 6) is inadequate: “unsubstantiated advertising claims” about products sold by naturopaths are the norm for the field, and “excessive charging” could only be curbed by prohibiting the practice altogether.

7. Competing Factions of Naturopaths

Naturopaths seeking licensure claim that their on-campus training distinguishes them from other, more numerous practitioners who call themselves “naturopaths” or “traditional naturopaths” and whose training is typically obtained through a correspondence course. Those petitioning for licensure assert that the latter group presents a threat to public safety and should therefore be excluded from licensure.

Response:

There is no Demonstrable Difference among Naturopaths

The Commission was shown nothing to support the claim of differing standards of care among naturopaths. All of the implausible, unproven methods that are described in this report and its appendices are advocated by graduates and faculty of “approved” naturopathy schools.

“Traditional naturopaths” also state that their schools are accredited.¹³ The signatories of this report did not closely examine the claims of graduates of naturopathic correspondence schools, and have no opinion regarding the feud between “naturopathic physicians” and “traditional naturopaths,” except to observe that the latter may be less of a threat to public safety because they don’t claim to be primary care physicians.

8. Self-Regulation by Naturopaths

Naturopaths and their patrons claim that they are capable of responsible self-regulation.

Response:

Standard Naturopathic Practice is Substandard Medical Practice

There is no reason to believe that naturopaths can provide responsible self-regulation. The absurd and dangerous practices that permeate the field are not merely on its fringes, but are the standards of practice. Such claims are promoted in the schools, in multiple treatises by naturopaths, on the website of the AANP, and in the *Textbook of Natural Medicine*. Consider the implications for self-regulation by comparing this with evidence-based medical practice: the vast majority of medical doctors know that these entities have no basis in fact or reason and that professing them constitutes unethical practice. When physicians think of discipline among their own ranks, they think of ridding the profession of such practices. It would be inconceivable to see such claims condoned by any board of registration, legitimate professional society, specialty board, medical school, examination, or textbook. In naturopathy, on the other hand, the very leaders of the field are touting these claims.

An Illustrative Case

Here is an example that illustrates this point. In 1999 the Medical Board of California disciplined an internist for treating a child suffering from ADHD (attention deficit hyperactivity disorder) with an anti-fungal drug. The internist had based this treatment on the belief that the child suffered from “candida (yeast) overgrowth” of the gut. This is a spurious “diagnosis” not confirmed by any evidence, but popular among some pseudoscientific practitioners, including naturopaths. It is promoted in the *Textbook of Natural Medicine* by co-editor Joseph Pizzorno, Jr., the former president of Bastyr University (see p.31 of the *Naturopathy Monograph*). The California medical board correctly recognized this treatment as falling outside the standard of acceptable medical care:

The use of any antifungal medication based on the diagnosis of ADHD and/or the history and physical examination of this patient was a departure from the

¹³ By the American Naturopathic Medical Certification and Accreditation Board (ANMCAB). See: <http://www.anma.com/>

standard of practice. * [Footnote: The asterisks (*) in this document denote matters which are negligent, do not meet the standard of practice and are aggregated together as repeated negligent acts which constitutes unprofessional conduct under 2234(c) of the Business and Professions Code.]¹⁴

The Board's decision, which was reaffirmed by an administrative law judge, was to revoke the physician's license unless he submitted to a five-year period of rigorous retraining and observation. Two physicians in New Jersey have also been disciplined for invoking the bogus "candida overgrowth" diagnosis.¹⁵

Consider the paradox that would result from the establishment of a board of naturopathy: diagnosing "candida overgrowth" of the gut as an explanation for ADHD, which is a clear example of quackery, would be accepted as the standard of care for a group of licensed health practitioners in Massachusetts.

Patient Safety Initiatives would be Undermined by a Naturopathy Board

The Massachusetts legislative and executive branches are currently involved in initiatives to reduce medical errors. This will involve, among other things, systematic efforts to discourage substandard care. It would be irrational and self-defeating for the legislature to establish a new board that would legitimize substandard practices.

Health Fraud and the Office of Consumer Affairs

The Office of Consumer Affairs (OCA) is rightfully concerned with protecting Massachusetts' citizens from health fraud. Its "Medical Care Information" web page provides a link to the FTC/FDA statement on fraudulent health claims, which includes several examples of mainstream naturopathic claims.¹⁶ The establishment of a naturopathy board would thus pose an irreconcilable conflict within the OCA, which would house this board.

The Paradox of Naturopathic Self-Regulation

The pro-licensure report includes language intended to persuade the legislature (and the public) that a self-regulating board of naturopaths will provide responsible oversight of naturopathic practitioners. In particular, Part IV, 12 states: "the regulatory authority should be empowered to take disciplinary action against licensees for: (2) fraud, deceit or misrepresentation of facts in connection with the diagnosis, evaluation or treatment of any patient." Legislators might note, however, that virtually every interaction that a naturopath has with a patient

¹⁴ Medical Board of CA vs. Robert Sinaiko, MD. Available at: <http://www.quackwatch.com/11Ind/sinaiko.html>

¹⁵ Barrett S. Dubious "Yeast Allergies." *Quackwatch*. Available at <http://www.quackwatch.com/01QuackeryRelatedTopics/candida.html>

¹⁶ Available at: <http://www.state.ma.us/consumer/Info/health.htm> which links to: <http://www.ftc.gov/bcp/online/pubs/health/frdheal.htm>

involves “fraud, deceit or misrepresentation of facts.” This is to be expected of a field that is based on preconceived fantasies and conjectures, rather than real knowledge. Appended to this report is a series of quotations by leading naturopaths, covering a wide variety of diseases, that further illustrates this point. It is inconceivable that a self-regulating board of naturopaths would take disciplinary action against licensees whose “misrepresentations of facts” are the very standards of the field.

The Arizona Inspector General’s Report

Last year, the State of Arizona conducted an audit of the Arizona Naturopathic Physicians Board of Medical Examiners. The result is a scathing report that describes all manner of corruption and incompetence. This occurred in a state that has had licensure of naturopaths for more than 60 years, and that harbors one of the naturopathic schools. It is of some concern to us that the existence of this document was known to at least one patron of the pro-licensure effort for several months, but he did not to reveal it to the Commission. As the definitive governmental study of naturopathic licensure, the Arizona Report should have been the subject of extensive comment at Commission meetings and in the majority report. Its findings, however, are highly critical of naturopathy and as such were never allowed to be presented. The full text is attached for the objective review of the reader.

9. “Collaboration” with Medical Doctors

The pro-licensure report states that “the Commission believes that naturopathic medicine is complementary to conventional medicine” and recommends that “the naturopathic licensing board, in consultation with the Department of Public Health and the Board of Registration in Medicine, promulgate regulations to establish standards for collaboration between naturopathic doctors and conventional medical doctors.” (Part IV, 5.)

Response:

Naturopaths Do not Seek Collaboration

The authors of the pro-licensure report are mistaken. Naturopaths do not think of what they do as “complementary” to evidence-based medicine. They think of naturopathy as “a distinct system of primary health care,” as revealed by the official definition quoted in Part II of the pro-licensure report itself.¹⁷ This fact is further demonstrated by every naturopathic treatise, which includes a systematic denigration of standard medicine as treating “only the symptoms, not the underlying cause,” and warns the reader against modern, proven pharmaceuticals, which naturopaths call “toxins.”

¹⁷ AANP Definition of Naturopathic Medicine (emphasis added). Available at: <http://aanp.net/position.papers/PP.definition.html>

It is thus highly unlikely that naturopaths could be wedged into a “collaborative” role with medical doctors. This is entirely different from the MD/nurse practitioner issue, in which there was no quarrel between the two groups regarding the rational basis of medicine itself. If naturopaths were to agree to a bill that requires collaboration as a condition of licensure, that should be viewed with suspicion: their training and tenets suggest that they would agree only as a matter of political expediency, and hope to minimize its effects on their practice later. Moreover, any medical doctors who would agree to work with naturopaths are either naïve, or of dubious character themselves. The fact that there may be such MD’s should provide little comfort to anyone concerned with public welfare or professional ethics.

Ethical Requirements for M.D.’s

Indeed, the prospect of medical doctors collaborating with pseudoscientific practitioners is in direct conflict with medical ethics, and hence with the charge of the Board of Registration in Medicine. Medical doctors are bound by a code of ethics that effectively prohibits them from engaging in any collaboration that involves gratuitously unscientific practices. The relevant passages from the American Medical Association Code of Medical Ethics¹⁸ are as follows (emphasis added):

E-3.01 Nonscientific Practitioners.

It is unethical to engage in or to aid and abet in treatment which has no scientific basis and is dangerous, is calculated to deceive the patient by giving false hope, or which may cause the patient to delay in seeking proper care.

E-3.04 Referral of Patients.

A physician may refer a patient for diagnostic or therapeutic services to another physician, limited practitioner, or any other provider of health care services permitted by law to furnish such services, whenever he or she believes that this may benefit the patient. As in the case of referrals to physician-specialists, referrals to limited practitioners should be based on their individual competence and ability to perform the services needed by the patient. A physician should not so refer a patient unless the physician is confident that the services provided on referral will be performed competently and in accordance with accepted scientific standards and legal requirements. (V, VI) Issued prior to April 1977.

¹⁸ AMA Code of Medical Ethics. Available at: <http://www.ama-assn.org/ama/pub/category/2503.html>

E-8.20 Invalid Medical Treatment.

The following general guidelines are offered to serve physicians when they are called upon to decide among treatments:

(1) Treatments which have no medical indication and offer no possible benefit to the patient should not be used (Opinion 2.035).

(2) Treatments which have been determined scientifically to be invalid should not be used (Opinion 3.01).

E-9.132 Health Care Fraud and Abuse.

The following guidelines encourage physicians to play a key role in identifying and preventing fraud:

(1) Physicians must renew their commitment to Section II of the AMA's Principles of Medical Ethics which states that "a physician shall deal honestly with patients and colleagues, and strive to expose those physicians deficient in character, competence, or who engage in fraud or deception."

V. A physician shall continue to study, apply and advance scientific knowledge, make relevant information available to patients, colleagues, and the public, obtain consultation, and use the talents of other health professionals when indicated.

The Massachusetts Medical Society promulgates the same code of ethics, as follows:

The Council of the Massachusetts Medical Society on February 9, 1983, voted to adopt the AMA Principles of Medical Ethics as the Massachusetts Medical Society Code

of Ethics. This Code is intended to establish general principles and rules of conduct for membership in the Society.¹⁹

Science, Honesty, and Informed Consent

Such language, requiring a scientific underpinning for the practice of medicine, represents a fundamental transformation of medical ethics over the past century. It is no longer ethically permissible for physicians to base their judgments primarily on the vicissitudes of personal opinion, patient satisfaction, testimonials, social trends, conjecture, or the many other non-scientific considerations. All of these play a role in compassionate medical practice, of course, but objective evidence must always come first. Even when there is no scientifically validated treatment for a condition, physicians are obliged to explain this to patients in the most honest terms. This is the very basis for our modern understanding of informed consent. It is the most important ethical innovation that modern medicine has to offer.

Naturopaths lack this ethical foundation. They claim that their methods are “continually reexamined in the light of scientific advances,”²⁰ but this is plainly false. Many naturopathic claims are refuted *prima facie* by science: consider the assertion regarding hydrogen peroxide and asthma on p.12 above. Other claims, implausible but not impossible, could long ago have been proved or disproved by simple, straightforward studies that naturopaths have failed to perform: consider the assertion regarding strep throat described on p.15 above. Many more of both types of claims are discussed in the *Naturopathy Monograph*. Naturopaths have not studied their methods for the simple reason that they have always been certain that they work. By any reasonable modern standard, this certitude is unwarranted and dishonest. It is a throwback to the 19th century origins of the field, and not in keeping with the integrity that can reasonably be expected of health care providers in the 21st century.

Ethical Physicians would Oppose Collaboration with Naturopaths

Evidence-based physicians, therefore, are bound by their ethical code to oppose any scheme that would establish a formal collaboration between themselves and naturopaths, because this would inevitably result in unscientific, fraudulent practices being rendered by such a team. The examples given in this report and its appendices provide ample evidence of this truth.

Medical licensees who condone naturopathic methods or premises could be vulnerable to discipline: for unscientific, substandard care; for conduct that undermines public confidence in the medical profession; or for ethical violations such as selling unproven herbs from the office at substantial profits, which are fundamental and are recognized universally by physician licensing boards in this

¹⁹ Code of Ethics. Available at: <http://www.massmed.org/about/ethics.asp>

²⁰ AANP Definition of Naturopathic Medicine. op cit.

country and abroad. For the legislature to nullify such discipline by an act of law would be a negation of the highest order of medical ethics, and a defeat for the public interest.

The DPH should not Condone Naturopathy

Language in the pro-licensure report suggesting that the Department of Public Health be involved in “promulgating regulations to establish standards for collaboration” is subject to the same objections. The DPH, which is interested in patient safety, should not appear to promote implausible, unproven methods in any fashion.

Licensed naturopaths would, moreover, be a giant, unnecessary headache for the DPH. Naturopaths would continue to proclaim that multiple toxins and food allergies are the underlying causes of disease, that heavy metal poisoning is common, that water fluoridation is a health hazard, that bioterrorism can be prevented by homeopathic preparations, that childhood immunizations are dangerous and unnecessary, that most people suffer from chronic yeast infections, and that there are esoteric methods, known only to naturopaths and other “alternative” practitioners, for preventing cancer and other serious diseases. All of these claims are false and in direct conflict with the efforts of the DPH, but would have the appearance of validity once espoused by licensed practitioners. It would be self-defeating, and confusing to the public, for the DPH to appear to play a role in legitimizing such claims.

10. Licensure in other States

Naturopaths claim that their licensure in other states lends legitimacy to their quest for licensure in Massachusetts.

Response:

The Reality of Naturopathic Licensing in Other States

Licensure of naturopaths in other states is a result of several factors, none of which has to do with legitimacy. First, it exists in only 11 states. The real question, then, is why has it been rejected in 39? Some states that license naturopaths have done it for decades, dating to the early part of the 20th century, when modern medical advances were still in their infancy. Most states that had licensure at that time later rescinded it, after it became clear that rational medicine is in the public’s best interest. In two states, Tennessee, and South Carolina, naturopathy is illegal. A few states have granted licensure to naturopaths relatively recently, without any real consideration of the *content* of naturopathic claims and practices, as though somehow the exercise of codifying an otherwise illegitimate practice will make it safe for the public. This is what the licensure effort in Massachusetts attempts to do, and why there is no mention of the real issues involved, i.e., naturopathic claims and practices, in the pro-licensure report.

The Arizona report, as previously described, illustrates the folly of naturopathic licensure in a state that has a relatively large number of practitioners.

Licensure of Naturopaths is Fostered by Disingenuous Business Interests

The recent, successful licensure effort in at least one state, Utah, was financed by the multi-billion dollar dietary supplements industry, which stands to profit from the promiscuous overselling of supplements by naturopaths. This history is documented on p.20 of the *Naturopathy Monograph*, and is typical of the unethical business interest that exists between naturopaths and purveyors of supplements and "natural medicines."

11. Public Demand for Naturopathy

Naturopaths and their patrons claim that there is an increasing public demand for "complementary and alternative medicine" that justifies the licensure of naturopaths at this time.

Response:

The Demand for Naturopathy is Small

While there may be a public *interest* in "CAM" that is more noticeable now than several years ago, this does not reflect an increasing demand for *naturopaths*. Surveys of CAM use in the past decade have documented that most of it consists of relaxation techniques, massage, and casual self-treatment with dietary supplements, readily available to all consumers in the wake of the 1994 Dietary and Supplement Health and Education Act (DSHEA). The largest recent survey of actual use of CAM *practitioners*, also the most representative of the American population, found that about 8% of Americans (not 44% as stated in the press) seek such consultation, and this is mostly accounted for by chiropractors and massage therapists. Naturopathic consultations of any sort were too infrequent to be mentioned, and must be assumed to be included in the category labeled "other," which accounted for 0.4%.²¹ Even many states with licensing have had little demand. New Hampshire, for example, currently licenses only twenty-six naturopaths, although licensure has existed there since 1993.

Interest Alone Does Not Justify Licensing Prior to Investigation

The recent public interest in "CAM" has been fueled, undoubtedly, by DSHEA and the abundance of irresponsible claims made for various implausible methods. The public would like to know if these claims might actually be true.

Enthusiasm for "alternative" methods does not imply that every claim be given *carte blanche* by the state to be portrayed to the public as safe and effective prior

²¹ Druss BG and Rosenheck RA. Association between use of unconventional therapies and conventional medical services. *JAMA*. 1999 Aug 18;282(7):651-6.

to investigation. Dr. Edzard Ernst, Director of the Department of Complementary Medicine, School of Postgraduate Medicine and Health Sciences, University of Exeter, England, has echoed this point. Dr. Ernst is enthusiastic about “alternative medicine” but believes that it must be evaluated according to strict, scientific criteria. In a statement that seems directed at this debate, he writes:

Those who would prefer to bypass rigorous research--for example, by shifting the discussion towards patients' preference--and hope to integrate unproved treatments into routine health care are unlikely to succeed in the long run. Those who believe that regulation is a substitute for evidence will find that *even the most meticulous regulation of nonsense must still result in nonsense.*²²

Evidence-Based Medicine will Inevitably Incorporate Proven Methods

The demand for “alternative” practices can be met, and already is, without a state-sponsored promotion of naturopathy or any other unproven, implausible, and dangerous method. In particular, responsible studies of various herbal preparations are in progress in many settings, and to the extent that these prove useful they will inevitably be incorporated into medical practice.

A Title Protection Act is not Designed to Meet Demand

It is not at all clear, in any event, that a “title protection” act would increase the numbers of naturopaths in Massachusetts, even if it resulted in an increase in the number seeking licensure. If it also resulted in a flight of other naturopaths who, at present, number approximately 70 here, the result could be a net reduction in the number of naturopaths. If the patrons of licensure seriously believe, as stated in their report, that the goal is to fulfill popular demand, they will have defeated their own intent. It seems likely that the real goal is to persuade government to favor one group of naturopaths over another, thus limiting competition.

Why not License Heroin Dealers?

Rational thinking dictates that even if there were a significant demand for the services of an inherently dangerous practice, this would not automatically translate to any legislative action favoring such a practice. Otherwise, why wouldn't the legislature seek to license heroin dealers?

²² Ernst E. The Role of Complementary and Alternative Medicine. *British Medical Journal* 2000;321:1133-1135 (4 November). (Italics added)

The Nature of the Evidence Offered to the Commission by Advocates of Naturopathy

We reiterate that the only comprehensive investigations of the beliefs and claims of naturopathy heard by the Commission were those prepared by the Massachusetts Medical Society and the Board of Registration in Medicine. The pro-licensure report includes several assertions regarding naturopathic treatments and popularity that are false. Here are two examples:

- “Evidence presented to the Commission shows that the science supporting naturopathic medicine is evolving and demand for treatment is increasing.”
- “If delivered by well-trained practitioners, modalities employed by naturopathic doctors are successful in treating a variety of health conditions.”

The Commission heard no evidence to support either of these assertions. Legislators might consider challenging naturopathic advocates to provide even a single example of a method, specific to naturopathy, that has been proven to “successfully treat” any disease.

The naturopathic representatives provided only two “expert” witnesses: Amy Rothenberg, a naturopath who is editor of the *New England Journal of Homeopathy*, and Dr. Alan Trachtenberg, a medical doctor who had taught at one of the naturopathic schools during the 1980’s.

Ms. Rothenberg’s presentation mentioned a few naturopathic clinical practices, which were the only ones presented by advocates. These included the use of various “natural medicines” for the treatment of real diseases, for which there is no evidence of efficacy (see the *Naturopathy Monograph*, pp.13-22, and appendix I); the use of homeopathic preparations, for which there is neither evidence nor plausibility; and a few innocuous practices of dubious value, such as “wrapping the feet with wet blankets to draw the congestion out of the ear.” It is clear to medical experts that the real effect of such ministrations is to offer comfort to naïve patients. There is nothing wrong with offering comfort, of course, but the naturopathic claim is that these practices cure real diseases. Ms. Rothenberg assured the Commission that naturopaths know when to refer patients to medical doctors. Her lack of training in evidence-based medicine, together with her unwavering confidence in naturopathic ministrations, suggested otherwise.

Ms. Rothenberg avoided discussion of the more obviously disturbing naturopathic practices, such as enemas for “detoxification,” “aromatherapy” for the treatment of the acute stroke patient, manipulation of the bones of the skull to treat childhood learning disorders, gems and minerals “worn as jewelry, or placed around the home in special places” for the treatment of asthma, referrals of cancer patients to Mexican clinics for Laetrile and other illegal or discredited treatments, “electrical current in the form of positive galvanism, applied transrectally” for cancer of the prostate, and many more.

Dr. Trachtenberg did not discuss the actual practices of naturopaths. He did belie their claim to be primary care physicians when he stated that they “compare favorably to nurse practitioners and physician’s assistants.” We note that in Massachusetts, nurse practitioners and physician’s assistants are not given the scope to practice independently, but must practice under physician supervision. These practitioners, furthermore, are distinctly more qualified than naturopaths. Any comparison between naturopaths and nurse practitioners must acknowledge that the latter understand that there is a rational, ethical basis for the practice of medicine, while the former do not. Dr. Trachtenberg failed to make this distinction.

Dr. Trachtenberg also made the following assertions, excerpted from the Commission’s minutes:

- “The pre-clinical, basic sciences curricula at naturopathic medical schools is at least as rigorous as that for chiropractors, who are already subject to state licensure.”
- “The scientific evidence about the efficacy of naturopathic medicine is mixed.” (He offered no examples)
- “Some naturopathic interventions are actually superior to commonly-accepted and commonly-used conventional medical interventions.” (He offered no examples)

The first statement is irrelevant, but suggests that the basic science curriculum at naturopathic schools lacks rigor; the other two are false.

Dr. Trachtenberg betrayed a naiveté concerning naturopathic claims when he suggested to the Commission that naturopaths could be the “learned intermediaries” that the public needs to make sense of the myriad “natural remedies” that are freely available because of the Dietary and Supplement Health and Education Act of 1994. In fact, naturopaths lack the scientific expertise and the will to critically evaluate these materials, but promote them anyway. Naturopaths typically sell these agents, at a considerable profit, directly to patients. These points are extensively documented in the *Naturopathy Monograph* (pp.13-22 and appendix I).

The Majority on the Commission did not Wish to Evaluate Naturopathic Claims

The Commission did not Solicit Expert Opinions

It is worrisome that the signatories of the pro-licensure report seemed uninterested in evaluating the claims of naturopaths according to accepted scientific and ethical standards. For example, we must assume that they were skeptical of Dr. Atwood’s critique, perhaps imagining that it represented the slanted view of organized medicine. If so, why did not these members seek independent verification? Why, for example, didn’t they ask for a pulmonary specialist to examine naturopathic claims regarding asthma? Why didn’t they seek a pediatrician to discuss ear infections? Why didn’t they consider a physiologist, who needn’t have been a medical doctor, to discuss naturopathic

pretensions to understanding basic science? Why didn't they ask for a public health specialist, readily available from the DPH (which was represented on the Commission), to address childhood vaccinations, food allergies, and "toxins?" Why didn't they consult an ethicist to consider the conflict of interest at work when naturopaths sell herbs and vitamins to their patients? That is a problem with far worse implications, both for health and for commercial fraud, than is suggested by the pro-licensure report. Suggestions such as these were made by us to the Commission, but were unheeded.

Conjecture vs. Fact

We are concerned that several members of the Commission viewed the arguments merely as differing points of view, with each side having equal validity. This is false. The basic disagreements between medical scientists and naturopaths are not matters of conjecture but of fact. The skin can't absorb enough oxygen to help a victim of acute asthma, any more than a lead brick dropped from the top of the Prudential Center will go to the moon. Laetrile doesn't work. An infant with a temperature of 101° F needs urgent medical attention. There is no relation between the skin's electrical resistance and the presence of a parasite infection. "Ozone enemas" have no role in the treatment of cancer. Squeezing a child's skull cannot cure a learning disorder. These are not examples of "paradigm" differences or political preferences or turf protection or closed-mindedness. These are matters of fact.

Another disturbing assertion made repeatedly by advocates for naturopathic licensure was that the lack of scientific evidence for naturopathy and other "alternative" practices does not distinguish them from evidence-based medicine, because "only 15% of conventional medical practices have been proven scientifically." This is also false, and was misleading to those members of the Commission who are not medically knowledgeable.²³ Misrepresentations such as these are unbecoming a state Commission whose charge is to advise the legislature concerning matters of health and safety.

The Effect of Licensing Health Professions

Public Perceptions

State licensing of a profession inevitably leads to increased public acceptance of the services offered by that profession. In health care, this implies that the government assures the validity of the claims made by the licensed profession. Thus the government has a covenant with its citizens to act with the utmost care and integrity with regard to the licensing of health-related fields.

Health Insurance

Licensing is also a necessary precursor to insurance coverage. The appearance of state endorsement encourages unscientific practitioners to pressure both public and private institutions for reimbursement for ineffective methods. All private insurers in the state of

²³ The evidence for standard medical practices is strong, and growing stronger all the time. See, for example: Imrie RH, Ramey DW. The Evidence for Evidence-based Medicine. *Sci Rev Altern Med* 2001;5:(2)108-108. See, also, pp. 45-48 of the *Naturopathy Monograph* for a further discussion of this point.

Washington, for example, must now reimburse naturopaths by force of the “every category of provider” law.²⁴ This outrageous law turns the concept of “freedom of choice” on its head: the vast majority of subscribers, who recognize the folly of pseudoscientific claims, are now required to subsidize the small minority who don’t. The insurers themselves, who should respect the ethical code of the profession (medicine) that makes their existence possible, are forced by law to violate that code. The Commonwealth of Massachusetts should resist this state of affairs with every fiber of its legislative being.

Public Safety

The public derives benefits from licensure of a health profession only when it can be demonstrated that the profession operates according to established ethical and scientific standards, that deviation from these standards will result in public harm, and that the state has the capacity to oversee the work of licensed providers. Naturopathy fulfills none of these criteria.

During the course of our deliberations, one of us (Dr. Atwood) corresponded with William Jarvis, Ph.D., the executive director of the National Council Against Health Fraud and a professor of public health at Loma Linda University. He has been studying naturopathy for years. Here is what he wrote:

I believe that it is a disservice to the public to give ND’s the look of legitimacy by licensure. True believers will go to ND’s whether they are licensed or not. Licensure places in jeopardy relatively unsophisticated members of the general public who cannot be blamed for thinking that state licensure indicates validity and trustworthiness.

Previous Investigations of Naturopathy have Reached Similar Conclusions

The 1968 Medicare Report

In 1968, naturopaths asked the U.S. Department of Health, Education and Welfare to consider Medicare reimbursement for their practices. The department conducted a thorough investigation and returned an unfavorable decision. The HEW report concluded:

Naturopathic theory and practice are not based on the body of basic knowledge related to health, disease, and health care that has been widely accepted by the scientific community. Moreover, irrespective of its theory, the scope and quality of naturopathic education do not prepare the practitioner to make an adequate diagnosis and provide appropriate treatment.²⁵

²⁴ Insurance Coverage at Bastyr Center for Natural Health.
<http://www.bastyr.edu/clinics/bastyr/info/insurance.asp>

²⁵ HEW Report on Naturopathy (1968). Available at:
<http://www.quackwatch.com/01QuackeryRelatedTopics/Naturopathy/hew.html>

The Most Recent Large Study

Little has changed since that time. A recent treatise on naturopathy came to similar conclusions:

In our research for this chapter, we provided naturopaths and their professional associations ample opportunity to refute the conclusions of several major commissions of inquiry over the years that deemed their therapeutic rationale lacking in scientific credibility. None of our informants was able to convince us that the field had taken these earlier critiques to heart; in fact, precious few seemed to recognize that a problem still exists. [O]ur own bibliographic searches failed to discover any properly controlled clinical trials that supported claims of the profession, except in a few limited areas where naturopaths' advice concurs with that of orthodox medical science. Where naturopathy and biomedicine disagree, the evidence is uniformly to the detriment of the former.

We therefore conclude that clients drawn to naturopaths are either unaware of the well-established scientific deficiencies of naturopathic practice or choose willfully to disregard them on ideological grounds.²⁶

Government should not License Belief Systems

Naturopathy is best understood as a cult. It is based not on science but on a mix of beliefs and testimonials. Naturopaths from different schools disagree on what is included in naturopathy, other than a belief in "the healing power of nature." The Commonwealth of Massachusetts does not and should not license cults, belief systems, or philosophies.

The Commonwealth does not license psychics or astrologers, for example. To do so would be unwarranted, because their claims are evidenced only by the testimonials of their clients but are contradicted by facts. Such claims are remarkably similar to those of naturopaths, and there is likewise a clear, if small, public demand for psychic and astrologic "services." We maintain that to license naturopaths would be equivalent to licensing psychics or astrologers, who have training programs, periodicals, continuing education courses and other trappings of legitimacy, and who make similar claims regarding "healing."²⁷

²⁶ Beyerstein BL and Downey S. Naturopathy. In: Sampson W and Vaughn L, eds. *Science Meets Alternative Medicine: What the Evidence Says about Unconventional Treatments*. Amherst, NY: Prometheus Books; 2000: 141-163

²⁷ See, for example, the websites of the Berkeley Psychic Institute (<http://www.dnai.com/~dejavu/>) and the Kepler College of Astrological Arts and Sciences (<http://www.kepler.edu/index.html>)

We ask, again, that the legislature consider the question of why those favoring naturopathic licensure did not insist on validating naturopathic claims. The majority on the Commission was curiously uninterested in the actual content of naturopathic practices. Why this may be escapes us, for it is this consideration that bears most on public safety.

Conclusions

Naturopathy

After conducting extensive research, we are steadfastly opposed to the licensure of naturopaths. It is obvious to us that doing so would legitimize, in the eyes of the public, a dangerous and unethical practice. Naturopaths themselves have presented data showing that in some states in which licensure has been implemented, their numbers have risen rapidly, and the pressure for more legitimacy, e.g., insurance coverage, is intense. We view such results as a threat to public safety, and maintain that the continuation of the current status of non-licensure, together with laws proscribing the illegitimate practice of medicine, is the best way to protect the public.

The Commonwealth of Massachusetts must not be in the business of promoting quackery, even if it occurs as a result of well-intentioned efforts to provide regulation. Health care misrepresentations by naturopaths, including the several mentioned above and many more discussed in the accompanying documents, abound in the public domain. No legislation can reach into the Internet or censor popular books to refute such misconceptions. Licensure would only appear to legitimize it. Self-regulation by naturopaths is a classic example of “the fox guarding the chicken coop.” Wisdom dictates that the best course for the Commonwealth of Massachusetts is to deny official endorsement of naturopathy and let it remain the relatively insignificant, fringe practice that it has always been.

“Complementary and alternative medicine” in General

1. “Complementary and alternative medicine” (CAM) is not a single entity, but a huge, eclectic assortment of beliefs and claims about health care. These include the traditional, prescientific health beliefs of various cultures and other, relatively modern initiatives stemming from many sources. Many are the fanciful musings of one or a few charismatic figures, frequently from 19th century Europe or America: examples are homeopathy, the sublaxation theory of chiropractic, and naturopathy itself. If there is any common thread that binds these widely disparate claims, it is their lack of scientific validation: many have already been disproved, others have not been scientifically evaluated, and many are incompatible with biological and physical facts.

Thus it is not reasonable to make blanket statements favoring “CAM” as a general concept. Those who do so are either naïve or are ideologues. Each CAM claim

must be evaluated according to its own merits. Any future Commission formed to study nonstandard medical claims should consist of a majority that is interested in a fair and expert evaluation of such claims. It should not consist of ideologues.

2. There will always be fanciful health claims that range from the relatively innocuous to the outright dangerous. Most of these will inevitably fall through the regulatory cracks, in spite of the best intentions of government. It would be impossible to regulate all of them, and unwise to try. Existing laws governing consumer fraud, assault, and the illegitimate practice of medicine should be invoked when necessary. Licensure and registration schemes, however well intentioned, tend to encourage illegitimate health practices, rather than to limit them.

3. The best way for government to help citizens make sense of nonstandard health claims, while respecting freedom of choice, is through education. We recommend that the legislature direct the Department of Public Health and the Office of Consumer Affairs to collaborate on an educational program. We recommend that in doing so, these agencies seek counsel not from advocates, but from experts. There are numerous experts in Massachusetts, covering every medical field, who could help with such a project. There are also organizations of experts who are familiar with nonstandard claims and have already applied scientific scrutiny to many of them. Examples are the National Council Against Health Fraud, now headquartered in Peabody, MA, and the Council for Scientific Medicine, whose membership includes several from the medical schools in Massachusetts. We note that the OCA has already made a good start with its link to the FTC/FDA statement on fraudulent health claims, as described above, but a more comprehensive effort is needed.

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Majority Report
of the
Special Commission on Complementary
and
Alternative Medical Practitioners

A Report to the Legislature
January, 2002

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EXECUTIVE SUMMARY

In 2000, the Massachusetts Legislature established a special commission to study the use of and need for licensing complementary and alternative medical practitioners in Massachusetts. This study was to identify the various forms of complementary alternative medical practices that exist in Massachusetts, estimate the level of usage and availability of third party reimbursement, and identify those types of practices that are appropriate for state regulation and/or licensure. The study was also to include recommendations on possible regulation and/or licensure specifically for naturopathic doctors.

Due to time constraints, the Commission focused its deliberations solely on naturopathic medicine. This report provides a review of naturopathic medicine, describes the therapies involved, and outlines issues related to education and training standards, scope of practice and regulation. The report outlines regulatory approaches, and makes recommendations on some general principles for licensing naturopathic doctors in the Commonwealth.

Summary of Recommendations for Regulation of Naturopathic Doctors

After careful consideration of all of the information and evidence presented, the majority of the Commission has concluded that state licensure of practitioners of naturopathic medicine is both appropriate and necessary for the protection of the public health, safety and welfare.

Based upon the evidence presented, the majority has found (1) at least some of the diagnostic and therapeutic modalities currently employed in the practice of naturopathy may result in direct patient harm if they are not used safely and prudently, and (2) safe use of the modalities in naturopathy requires learned skills and/or systematic training. The Commission also found that clinical evidence to support efficacy of naturopathic treatment is very limited. However, a majority of Commission members are persuaded that at least some forms of treatment—such as the use of ginkgo, saw palmetto, St. John's wort, horse chestnut, kava kava, and cranberry juice—have merit in treating certain medical conditions. At the same time, a minority of members is not convinced that current evidence supports the efficacy of naturopathic medicine.

Finally, it was also clear to Commission members that consumers would benefit from government clarification of minimum standards of professional qualifications and practice in this field. While the number of practitioners in this field is currently relatively small, it is evident that public interest in various forms of complementary or alternative health care is growing rapidly. Given this and the historical precedent of medical research institutions to become interested in certain "natural" remedies, the majority believes that the number of practitioners can be expected to grow to meet increasing market demand for these services.

In developing its recommendations, the Commission was mindful of the principle that, unless it can be shown that a particular form of health care service poses a demonstrable and unacceptable risk of injury or harm, a consumer should be free to make informed choices about his or her health care services. Currently, naturopaths are able to receive their education through various means such as naturopathic universities, correspondence programs, and in-the-field apprenticeships. The Commission thought it appropriate to distinguish between the different levels of education and of obtaining status as a naturopathic doctor by recommending specific requirements for licensure while not prohibiting the general practice of naturopathy by those who do not hold a license. A consumer will be more informed knowing that a person calling him/herself a naturopathic doctor has met the Commonwealth's requirements for licensure, and therefore has been compelled to demonstrate that he or she possesses a certain basic level of knowledge and skill in the field. At the same time, he or she still has the freedom to choose naturopathic services provided by an unlicensed practitioner. Hence, the recommendations presented below have attempted to recognize the diversity of philosophy and practice that exists among practitioners of naturopathic health care while ensuring a minimum level of protection of the public interest.

Following are the summary recommendations for regulating naturopathic doctors. Part IV of this report provides a more thorough discussion of each recommendation.

1. Enact licensing legislation for naturopathic doctors that vests the power to license and regulate such practitioners in a board to be comprised of nine members, including four naturopathic medical doctors, professionals from other health care fields and a public member.

2. Licensing legislation for naturopathic practitioners should take the form of a "title protection" statute, as opposed to a so-called "practice" act. Title protection ensures that those individuals who are licensed abide by the practice standards established by the act and would allow the board to suspend, revoke or otherwise discipline a licensee who violates those standards or regulations.

3. Licensing legislation for naturopathic doctors should contain specific provisions which prohibit unlicensed individuals from using any of the following terms or titles: "naturopathic physician", "naturopathic doctor", "doctor of naturopathy", "N.D.", "naturopathic medicine", "naturopath", or any term that indicates or implies that he or she has been licensed or otherwise approved to practice any form of naturopathic health care by any governmental body. The Commission further recommends that the term "physician" and "primary care" be reserved for medical doctors and that licensed naturopathic doctors be prohibited from using those terms.

4. The definition of the scope of practice of naturopathic medicine should include many of the practices and treatments being taught at naturopathic medical schools yet exclude certain

practices—such as surgery and the prescribing of controlled substances—as beyond the scope of naturopathic medicine (see Part IV for more detail).

5. The naturopathic licensing board, in consultation with the Department of Public Health and the Board of Registration in Medicine, should promulgate regulations to establish standards for required collaboration between naturopathic doctors and conventional medical doctors.

6. The naturopathic licensing board should promulgate ethics regulations that would reduce the potential for conflict-of-interest, prohibit false and misleading claims, and provide for adequate disclosure of a patient treatment plan and obtain informed consent before treatment (see Part IV for more detail.)

7. Applicants for licensure as naturopathic practitioners shall possess a baccalaureate degree or its equivalent, as determined by the board, and shall have attended and graduated from a four-year doctoral program that is accredited or is a candidate for accreditation by an accrediting agency recognized by the U.S. Department of Education. The naturopathic doctoral program shall further be accredited or be a candidate for accreditation by the Council on Naturopathic Medical Education, or its successor. The naturopathic licensing board shall also have the authority to approve candidates for licensure who are graduates of naturopathic medical schools in countries or territories outside of the United States that offer equivalent training and education.

8. The naturopathic licensing board should establish a minimum 1,200 hours clinical training requirement, prior to graduation from a doctoral program, as a prerequisite for licensure. The clinical training may take place in both outpatient and inpatient settings, and may include components from conventional medicine as well as naturopathic medicine.

9. Applicants for licensure should be required to take and pass a uniform, proctored, psychometrically sound examination in order to obtain a license to practice as a naturopathic practitioner. This examination should, in particular, test the diagnostic and therapeutic skills of the applicant. The Commission supports the adoption of a standard national examination.

10. Licensing legislation for naturopathic doctors should contain specific continuing education requirements that must be met in order to renew that license.

11. Licensing legislation for naturopathic doctors should grant broad authority to the licensing board to develop and implement any regulations necessary to protect the public health, safety and welfare.

12. Licensing legislation for naturopathic doctors should contain specific grounds for

taking disciplinary action against providers who engage in certain forms of professional misconduct and violations of regulations of the board.

13. The naturopathic licensing board should establish a list of prohibited practices and treatments where controlled clinical trials have demonstrated a lack of efficacy or a risk of harm. The Commission also recommends that the legislature establish a list of prohibited practices for those practitioners who do not fall under the terms of this proposed act. The Commission further recommends that the naturopathic licensing board, in collaboration with the Department of Public Health and the Office of Consumer Affairs and Business Regulation, review annually research reported or conducted by the National Center for Complementary and Alternative Medicine of the National Institutes of Health and other CAM centers.

PART I: THE PURPOSE OF THIS REPORT

The Massachusetts state Legislature established a special commission to study the use of and need for licensing complementary and alternative medical practitioners in Massachusetts (Section 469 of the Commonwealth of Massachusetts Fiscal Year 2001 Budget Appropriation). The Commission was comprised of the director of the Division of Professional Licensure and included representation from the Massachusetts State Senate, House of Representatives, the Acupuncture Society of Massachusetts, the Board of Registration in Medicine, the Department of Public Health, the Massachusetts Medical Society, and the Massachusetts Society of Naturopathic Physicians. (see Appendix for membership of the Commission).

The enabling legislation directed this Commission to make: a) a reasonable identification of the types of complementary and alternative medical practitioners and therapies available to the citizens of the commonwealth; b) an estimation of the usage of such types of complementary and alternative medical practitioners and therapies by Massachusetts citizens; c) an evaluation of the necessity for state licensure of certain complementary and alternative practitioners, including practitioners of naturopathic medicine, as a consumer protection measure; d) a review of naturopathic education and training standards in existence within the United States; e) a review of the scope of practice in those states that license naturopathy; f) a review of standards of conduct, restrictions, and exclusions that might apply to naturopathy, and g) a review of the availability of third party reimbursements for therapies and services delivered by complementary and alternative practitioners in the Commonwealth.

The Commission was directed to report its findings together with drafts of legislation necessary to carry out its recommendations to the state legislature.

Initially the Commission focused on identifying the various forms of alternative and complementary medicine and therapies and developing reliable estimates of the extent to which each of these modalities are currently used in Massachusetts. In subsequent discussions, that focus was narrowed to include only three practices—naturopathic medicine, homeopathy and massage therapy. Because of the short time frame and complexity of the issues involved, the Commission further restricted its focus to naturopathic medicine.

During its deliberations the Commission developed a set of evaluation criteria by which it would determine the need for regulation of naturopathic doctors. The evaluation criteria were used as a guideline that is modifiable and applicable for future study of other types of complementary and alternative medicines.

The Commission accepted or solicited testimony from the Massachusetts Society of Naturopathic Physicians, from the Massachusetts Medical Society, Massachusetts Board of

Registration of Medicine, and the Coalition for Natural Health, a grassroots organization that represents over 2,500 natural healers nationwide. The Commission also received written testimony supporting licensure from various individuals.

This report provides a review of naturopathic medicine based on the evaluation criteria, describes the therapies involved, and outlines issues related to education and training standards, scope of practice, and regulation. The report outlines regulatory approaches, and makes recommendations on some general principles for licensing naturopathic doctors in the Commonwealth.

PART II: WHAT IS NATUROPATHIC MEDICINE

The Commission looked at a broad range of definitions for complementary and alternative medicine and naturopathy. Following is a review of definitions commonly used nationwide. The Commission wishes to note, however, that its specific recommendations may include many but not all of the practices included in these definitions. The majority of Commission members found that some practices, such as acupuncture, are not taught in naturopathic medical schools in sufficient depth to warrant inclusion in naturopathic scope of practice without a separate license from the Massachusetts Commission on Acupuncture. Other practices, such as surgery and the prescription of controlled substances, are not appropriate for licensed naturopathic practice in this state.

The National Center for Complementary and Alternative Medicine (NCCAM) of the National Institutes of Health defines complementary and alternative medicine as:

[T]hose treatments and healthcare practices not taught widely in medical schools, not generally used in hospitals, and not usually reimbursed by medical insurance companies... Therapies are used alone (often referred to as alternative), in combination with other alternative therapies, or in addition to conventional therapies (sometimes referred to as complementary).¹

The NCCAM additionally describes naturopathic medicine as:

[A]n array of healing practices, including diet and clinical nutrition; homeopathy; acupuncture; herbal medicine; hydrotherapy (the use of water in a range of temperatures and methods of applications); spinal and soft-tissue manipulation; physical therapies involving electric currents, ultrasound and light therapy; therapeutic counseling; and pharmacology.²

Naturopathic medicine includes two basic approaches. Some practitioners do not employ any invasive procedures or prescribe any pharmaceuticals. This group considers themselves to be primarily educators and advocates for healthier lifestyles.

Another group of practitioners, however, has a broader scope of practice. They may perform minor invasive procedures, prescribe pharmaceuticals, and deliver primary health care

¹ <http://nccam.nih.gov/nccam/fcp/index.html#what-is>

² <http://nccam.nih.gov/nccam/fcp/classify>

to patients. This group of practitioners is supported for state licensure by the American Association of Naturopathic Physicians (AANP), a national professional society representing naturopathic doctors. They are educated in recognized schools of naturopathic medicine.

Following are the definitions of naturopathic medicine and its scope of practice as supported by the AANP:

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 doctors are primary health care practitioners, whose diverse techniques include modern and traditional, scientific and empirical methods (American Association of Naturopathic Physicians).³

The following principles are the foundation for the practice of naturopathic medicine as reported by the AANP:

The Healing Power of Nature (Vis Medicatrix Naturae)

The healing power of nature is the inherent self-organizing and healing process of living systems which establishes, maintains and restores health. Naturopathic medicine recognizes this healing process to be ordered and intelligent. It is the naturopathic doctor's role to support, facilitate and augment this process by identifying and removing obstacles to health and recovery, and by supporting the creation of a healthy internal and external environment.

Identify and Treat the Causes (Tolle Causam)

Illness does not occur without cause. Causes may originate in many areas. Underlying causes of illness and disease must be identified and removed before complete recovery can occur. Symptoms can be expressions of the body's attempt to defend itself, to adapt and recover, to heal itself, or may be results of the causes of disease. The naturopathic doctor seeks to treat the causes of disease, rather than to merely eliminate or suppress symptoms.

First Do No Harm (Primum Non Nocere)

Naturopathic doctors follow three precepts to avoid harming the patient:

³ <http://www.naturopathic.org/about/definitions.htm>

- Naturopathic doctors utilize methods and medicinal substances which minimize the risk of harmful effects, and apply the least possible force or intervention necessary to diagnose illness and restore health.
- Whenever possible the suppression of symptoms is avoided as suppression generally interferes with the healing process.
- Naturopathic doctors respect and work with the healing power of nature in diagnosis, treatment and counseling, for if this self-healing process is not respected the patient may be harmed.

Doctor As Teacher (Docere)

The original meaning of the word "doctor" is teacher. A principal objective of naturopathic medicine is to educate the patient and emphasize self-responsibility for health. Naturopathic doctors also recognize and employ the therapeutic potential of the doctor-patient relationship.

Treat the Whole Person

Health and disease result from a complex of physical, mental, emotional, genetic, environmental, social and other factors. Since total health also includes spiritual health, naturopathic doctors encourage individuals to pursue their personal spiritual development. Naturopathic medicine recognizes the harmonious functioning of all aspects of the individual as being essential to health. The multifactorial nature of health and disease requires a personalized and comprehensive approach to diagnosis and treatment. Naturopathic doctors treat the whole person taking all of these factors into account.

Prevention

Naturopathic medical colleges emphasize the study of health as well as disease. The prevention of disease and the attainment of optimal patient health are primary objectives of naturopathic medicine. In practice, these objectives are accomplished through education and the promotion of healthy ways of living. Naturopathic doctors assess risk factors, heredity and susceptibility to disease, and make appropriate interventions in partnership with their patients to prevent illness. Naturopathic medicine asserts that one cannot be healthy in an unhealthy environment and is committed to the creation of a world in which humanity may thrive.

Prevalence of the practice, the number of practitioners in Massachusetts and their caseloads

There are approximately 30 naturopathic doctors currently practicing in the Commonwealth who would be eligible to apply for licensure under the requirements recommended by this report. Several other naturopathic doctors who reside in the state practice in neighboring states that grant licensure. While this number may be relatively small, the Commission believes that public interest in various forms of complementary or alternative health care is growing, and that the number of practitioners can therefore be expected to grow to meet increasing market demand for these services. The Commission also believes that if naturopathic doctors become licensed in Massachusetts, more of them will open practices in Massachusetts, drawing more patients.

Evidence of effective treatment of conditions if treated by well-trained naturopathic medical practitioners

Based on the testimony presented to it, the Commission found that clinical evidence to support efficacy of naturopathic treatment is very limited. However, a majority of Commission members are persuaded that at least some forms of treatment—such as the use of ginkgo, saw palmetto, St. John's wort, horse chestnut, kava kava, and cranberry juice—have merit in treating certain medical conditions.

Naturopathic medicine, like other complementary, alternative and conventional medical practices, faces many challenges to conducting safety and efficacy studies. These include a lack of funding and the relative newness of naturopathic medicine as a health care choice for consumers. While conventional medicine has had the ability to raise government, industry and privately donated monies to conduct research over the last several decades, naturopathic medicine has been unable to attain that same level of resources in order to conduct more thorough studies.

The need for consumer access to information that will help consumers determine which naturopathic medicine practitioners meet certain standards that will increase the quality and safety of treatments, prescriptions and referrals

Since naturopathic doctors are able to receive their education through various means (naturopathic universities, correspondence programs, in-the-field apprenticeships), there is a need to distinguish the different levels of education and of obtaining status as a naturopathic doctor. The consumer will be more informed knowing that a person calling him/herself a naturopathic doctor has met the commonwealth's requirements for licensure, and therefore has been compelled to demonstrate that he or she possesses a certain basic level of knowledge and

skill in the field.

- Governmental clarification of the scope of practice and/or standards of professional practice for naturopathic medicine would enhance informed decision-making by health care consumers**

The aim of government intervention in the practice of a profession via licensure is to protect the public from the dangers of incompetent, negligent or unethical practitioners by establishing minimum standards for licensure, practice and conduct, and by enforcing those standards if a licensed professional engages in misconduct. The Commission agrees that at least some of the modalities currently employed in the practice of naturopathy may result in direct patient harm if they are not used safely and prudently, and that safe use of the modalities in naturopathy requires learned skills and/or systematic training. Government clarification would help consumers identify the qualifications of practitioners and would help to prevent non-diagnosis, misdiagnosis, non-treatment and mistreatment by unqualified practitioners.

- The existence of discernible and consistent educational and clinical training standards for naturopathic medicine**

Training in naturopathic medicine is currently obtained from several different sources including formal education in a naturopathic accredited institution of a required duration, correspondence courses, or apprenticeships, all of which have differing educational standards. The Commission found that graduates of a four-year doctoral level program accredited by the Council on Naturopathic Medical Education are required to complete standardized training that includes clinical nutrition, homeopathic medicine, botanical medicine, psychology, and counseling.

In its deliberations, the Commission agreed that licensed practitioners should meet minimum education and training standards, including graduation from an accredited school that provides clinical training and should pass a standardized national exam.

- The existence and nature of a proctored, psychometrically sound national certification examination**

Naturopathic doctors graduating from an accredited college are required to pass the NPLEX (Naturopathic Physicians Licensing Examination). This standardized national exam is used consistently by other state naturopathic licensing boards, and is similar to the examination process established by other professions such as acupuncture, physical therapy, and chiropractic.

- Evidence of an orderly licensure process of the naturopathic medicine profession in other states**

Currently naturopathic doctors are licensed/registered in 11 states including Alaska, Arizona, Connecticut, Hawaii, Maine, Montana, New Hampshire, Oregon, Utah, Vermont, and Washington, as well as Puerto Rico.

The existence of professional associations with established policies and ethical standards for naturopathic medicine exist

There are two national associations, the American Association of Naturopathic Physicians (AANP) which represents providers of "naturopathic medicine" and the Coalition for Natural Health, a national group of "traditional naturopaths." Additionally, within the Commonwealth there is the Massachusetts Society of Naturopathic Physicians. At a minimum, the AANP and its Massachusetts Society have published a code of ethics and have established operating by-laws.

The existence of published materials, including textbooks and journals, regarding naturopathic medicine and the standards used in developing such materials are sufficient to support licensure

A list of journals and textbooks for naturopathic medicine were presented to the Commission. However, the Commission was not able to determine the quality or reliability of these books or the standards used in developing them.

The presence of federally recognized regional and/or national accreditation bodies for naturopathic medicine education and training programs

Naturopathic medical colleges must have accreditation from the government agency responsible for regulating post-secondary education in the state in which the college is located. Bastyr University in Kenmore, WA, the National College of Naturopathic Medicine in Portland, OR, and the University of Bridgeport College of Naturopathic Medicine in Bridgeport, CT have regional accreditation by a federally recognized accrediting body. The Southwest College of Naturopathic Medicine in Scottsdale, AZ is a candidate for accreditation by a regional body. These programs are also accredited by the Council on Naturopathic Medical Education (CNME). CNME, like the accrediting body for conventional medical schools, is a private accrediting body not recognized by the federal government.

Evidence of available clinical research in the field and a system for informing practitioners of developments

As previously stated, the amount of clinical research in naturopathic medicine is much less than for

conventional medicine. The evidence presented to the Commission suggests that the present system for informing naturopathic practitioners of new developments in the field could be improved. Requiring continuing education as a condition for renewal and the establishment of an annual report on state-of-the-art research to the Joint Committee on Health Care may promote the development of better mechanisms for disseminating such information.

A balance between the administrative, economic and social benefits and costs to the state, insurers, public and naturopathic medicine practitioners associated with regulation or licensure

Administrative costs for licensing naturopathic doctors would be partially offset by licensing fees. Public safety and welfare will be protected as consumers will have access to qualified practitioners and have a means to formally file complaints against unqualified practitioners. Government would then have the ability to discipline these practitioners. Insurance coverage will be at the discretion of the insurer.

Licensure will legitimize effective naturopathic medicine practices, promote consumer access to them, and increase the likelihood of insurance coverage

Naturopathic medicine is an emerging profession. Licensure would promote consumer access to naturopathic doctors and increase usage because more naturopathic doctors will begin to practice in the state. As in other professions, licensure will increase the potential for insurance coverage of licensed naturopaths. However, insurance coverage will be at the discretion of the insurer.

PART IV: RECOMMENDATIONS FOR NATUROPATHIC DOCTOR LICENSING LEGISLATION

After careful consideration of all of the information and evidence presented, the majority of the Commission has concluded that state licensure of practitioners of naturopathic medicine is both appropriate and necessary for the protection of the public health, safety and welfare. Before coming to this decision, Commission members engaged in considerable discussion and debate about whether or not naturopathic practitioners should be subject to licensing requirements, and what those requirements for licensure should be. In developing its recommendations, the Commission was mindful of the principle that, unless it can be shown that a particular form of health care service poses a demonstrable and unacceptable risk of injury or harm, a consumer should be free to make informed choices about what types of health care services he or she wishes to obtain.

The Commission supports the continued integration of naturopathic and conventional medical practice. Accordingly, the Commission recommends the enactment of a naturopathic licensing bill that includes specific requirements for naturopaths to have a collaborative practice agreement with a medical doctor. The Commission believes that naturopathic medicine is complementary to conventional medicine, and that both practices would benefit from an integrative approach. The Commission proposes that the naturopathic licensing board should mandate protocols that detail the nature of the practices and the patterns of collaboration and referral between naturopathic and conventional doctors.

This document frames the scope of practice for licensed naturopathic doctors in this light and is consistent with the core practices defined by eleven states that currently license naturopathic practitioners. The recommendations presented below also recognize the diversity of philosophy and practice that exists among practitioners of naturopathic health care while aiming to ensure adequate protection of the public interest.

1. Board Composition

The Commission recommends that the adoption of licensing legislation for naturopathic doctors that vests the power to license and regulate such practitioners in a board to be comprised of nine members:

- **Four licensed naturopathic medical doctors, appointed by the Governor, who have a minimum of five-years experience in the practice of naturopathic medicine, and for the initial appointments, naturopathic doctors who have a minimum of five-years experience and who are eligible for licensure under the terms of the act;**
- **One physician licensed to practice in Massachusetts, appointed by the Governor;**
- **The commissioner of Public Health or his designee;**

- **The chairman of the Board of Registration in Medicine, or his designee;**
- **One clinical pharmacologist, appointed by the Governor; and,**
- **One member of the public.**

The Commission believes that naturopathy is *complementary* to other more traditional forms of health care and recommends that the board reflect that premise. The Commission believes that, as with all other professional fields in which state licensure is required, the power and the responsibility for licensure and regulation of naturopathic health care practitioners should be placed in the hands of a licensing board within the executive branch. Most licensing boards consist of a majority of members from the professional being regulated. However, the Commission believes that further work needs to be done to link the recognition of naturopathy with the practice of health care practitioners at large. Thus, the Commission recommends that the legislature consider board membership that strikes a proper balance between naturopathic doctors, who can bring their expertise within the field to the board, other health care professionals, who can bring a wealth of traditional medical knowledge and experience to the regulation of naturopathic doctors, and a public member, who represents the voice of consumers.

2. Form of Licensing

The Commission recommends that licensing legislation for naturopathic practitioners take the form of a “title protection” statute, as opposed to a so-called “practice” act.

The evidence presented to the Commission during its deliberations clearly demonstrated that the term “naturopathy” encompasses a very wide range of diagnostic and therapeutic approaches and practices. It is evident, for example, that there are at least two “schools” of naturopathic health care practice. One “school” subscribes to a system of training and professional preparation which is relatively conventional in its approach, if not in its content, as well as a relatively narrow range of “acceptable” diagnostic and therapeutic practices. The other “school” relies on a far less formal and structured approach to preparation for practice and encompasses a potentially very broad range of therapies and modalities. Given this dichotomy and the apparently irreconcilable differences between the two “schools,” the majority of the Commission has concluded that a “title” act, as opposed to a “practice” act, will serve the best interests of the public.

A practice act establishes a regulatory board and prohibits any individual from practicing a particular profession, as defined by the licensing act, unless that person holds a license issued by the board. In contrast, a title protection act “reserves” the privilege of using certain professional titles for those who meet required education, training and examination standards and who are approved for licensure under the terms of the title act. A title act also establishes a regulatory board and defines a scope of practice for those individuals licensed by the board.

The Commission believes that a title act provides assurance to consumers that a governmental body has established minimum standards of qualification for licensure, competence and conduct for those naturopathic practitioners who wish to obtain a license. At the same time, title protection ensures that those individuals who are licensed abide by the practice standards established by the act and would allow the board to suspend, revoke or otherwise discipline a licensee who violates those standards or regulations.

The Commission further believes that a title act will provide for broad consumer choice because it will not restrict entry into the profession, so long as those practitioners who are not licensed do not hold themselves out as licensed or use a restricted title.

3. Title Protection

The Commission recommends that licensing legislation for naturopathic doctors contain specific provisions which prohibit unlicensed individuals from using any of the following terms or titles: “naturopathic physician”, “naturopathic doctor”, “doctor of naturopathy”, “N.D.”, “naturopathic medicine”, “naturopath”, or any term that indicates or implies that he or she has been licensed or otherwise approved to practice any form of naturopathic health care by any governmental body. The Commission further recommends that the term “physician” and “primary care” be reserved for medical doctors and that licensed naturopathic doctors should not hold themselves out as physicians or as primary care providers.

Consistent with its previous recommendation, the Commission believes that the right to use the titles listed above should be reserved to those who meet the education, training, and examination requirements contained elsewhere in the licensing legislation. Such a restriction is necessary to ensure that members of the general public can accurately distinguish between practitioners who meet those standards and those who do not.

The Commission also believes it important to reduce confusion about the use of particular titles by the various health care professions. That is, in so far as the public identifies the provision of a particular health care service by the title of the professional delivering the service, when a particular title is used commonly by different professions it increases the likelihood that the public will be confused about the type of services provided. Hence, the Commission recommends that the title “physician” be reserved for medical doctors. The Commission also notes that while the term “doctor” is used by several professions, it is also used in conjunction with another designation such as “chiropractor,” “dentist,” “podiatrist,” or “optometrist.” In contrast, the term “physician” is generally only used in connotation with medical doctors. (An exception to this use is chiropractors; some chiropractors refer to themselves as “chiropractic physicians.”)

Finally, the Commission heard extensive testimony from both proponents of naturopathic health care and representatives of conventional medicine about primary health care services, and engaged in lengthy debate about this matter. In the course of that testimony, it was noted that the term "primary care physician" has numerous meanings in the health care field. In some contexts, it means a provider who is qualified to furnish a wide range of basic health care services, i.e., the equivalent of the old "general practitioner". In others, it denotes a provider who serves as a "gateway" to more specialized practitioners, and to insurance reimbursement for those services. These various meanings of the term create a potential for public confusion about just what a "primary care physician" can be expected to provide. Therefore, the Commission recommends that naturopathic doctors should be prohibited from referring to themselves as primary care physicians or represent to the public that they practice primary care.

4. Scope of Practice

Naturopathic Medicine is a system of health care practices for the prevention, evaluation, and treatment of illnesses, injuries and/or conditions of the human body through the use of education, nutrition, natural medicines and therapies, and other modalities which are designed to support, stimulate or supplement the human body's own natural self-healing processes. The Commission recommends that the naturopathic licensing bill define a scope of practice to both include the practices and treatments being taught at naturopathic medical schools yet exclude certain practices, such as surgery and the prescribing of controlled substances, as beyond the scope of naturopathic medicine.

Naturopathic medicine includes, but is not necessarily limited to:

- 1) the prevention of human illness, injury or disease through education, dietary or nutritional advice, and the promotion of healthy ways of living;
- 2) the use of physical examinations and the ordering of validated clinical, laboratory and radiological diagnostic procedures, from licensed clinics or laboratories, for the purpose of evaluating injuries, illnesses or conditions in the human body;
- 3) the counseling of a patient regarding natural medicines of mineral, animal or botanical origin, such as food products or extracts, vitamins, minerals, enzymes, digestive aids, and other natural hormones, plant substances, homeopathic preparations, natural antibiotics, topical medicines for the purpose of preventing or treating illnesses, injuries or conditions of the human body;
- 4) the use of manual mechanical manipulation of body structures or tissues, in accordance with naturopathic principles;
- 5) the therapeutic use of physical agents or modalities such as air, water, heat, cold, light, electromagnetic non-ionizing radiation, electrotherapy, diathermy, ultraviolet light, ultrasound, hydrotherapy, and therapeutic exercise for the

purpose of maintaining or restoring normal physiological functioning of the human body; and,

- 6) the mandatory tracking/documentation of immunization status of each patient under eighteen years of age and required referral to primary care or collaborative physician where evidence exists that the individual has not been immunized.

Naturopathic medicine shall not include:

- 1) the performance of surgery or invasive procedures other than those permitted in one through six above;
- 2) the prescribing, dispensing, administration of any drug classified as a controlled substance under MGL 94C;
- 3) the practice of Oriental medicine, including but not limited to acupuncture and Chinese herbal medicine; and,
- 4) the practice of emergency medicine, except as a Good Samaritan rendering gratuitous services in the case of an emergency or for the care of minor injuries.

In order to develop an appropriate scope of practice for licensed naturopathic doctors in Massachusetts, the Commission reviewed several definitions of naturopathic medicine published by various organizations, the scopes of practice adopted by states that license naturopathic doctors, and the curricula of accredited naturopathic medical programs. Based on this review, the Commission developed a scope of practice that it believe satisfies two important goals: (a) the proposed scope of practice responsibly reflects the level of training provided by the accredited programs described under #7 of this part of the report; and (b) the scope of practice provides public protection.

5. Collaboration

The Commission recommends that the naturopathic licensing board, in consultation with the Department of Public Health and the Board of Registration in Medicine, promulgate regulations to establish standards for collaboration between naturopathic doctors and conventional medical doctors.

The regulations shall establish the nature and scope of this collaboration, as well as any protocols that shall be required, and shall include at a minimum:

- 1) The name of the physician(s) who will provide medical information and consultation to the naturopathic doctor;
- 2) Provisions for managing emergencies;
- 3) A provision that the naturopathic doctor must refer a patient to an appropriately licensed

physician, or to a health care facility providing medical services, if a patient has not already seen a physician or been to a medical facility, if said patient has a health problem that requires:

- a) Emergency care
 - b) Emergency diagnostic procedures
 - c) In-patient care
 - d) Surgery
- 4) A provision for referral for any medical service that is not within the scope of practice of naturopathic doctors; and,
 - 5) A provision that the naturopathic licensing board may at any time review, either directly or indirectly, the activities of a licensee to determine whether the activities conform to the applicable guidelines.

6. Ethics and Disclosure

The Commission recommends that the naturopathic licensing board be authorized to promulgate a code of ethics to promote high ethical standards for licensed naturopaths. The code of ethics should at a minimum:

- 1) Prohibit excessive charging for any supplements or other products sold by a naturopathic doctor;**
- 2) Prohibit promotional agreements between manufacturers, wholesalers, or distributors and naturopathic doctors;**
- 3) Require disclosure of alternate sources of supplements and other products, where available;**
- 4) Prohibit unsubstantiated advertising claims as to the safety or efficacy of the treatment;**
- 5) Ensure that the label of any drug, dietary supplement, device, or food used in such treatments is not false or misleading;**
- 6) Require patient notification as to the nature of the diagnosis and treatment, including reasonably foreseeable side effects and obtain a signed consent statement from the patient at the outset of treatment indicating that he or she has been fully informed and accepts the treatment plan; and,**
- 7) Require disclosure to a patient, in the case of a treatment requiring the approval or which may be defined as needing the approval of the federal Food and Drug Administration, that the government has not declared the food, drug, dietary supplement or device to be safe and effective and that the individual uses such food, drug, dietary supplement or device at his or her own risk**
- 8) Prohibit boundary violations between a doctor and a patient**

The Commission recognizes the inherent conflict-of-interest that arises when a practitioner sells a product that he or she may prescribe. However, the Commission recognizes that many supplements recommended by naturopathic doctors are not available to consumers through retail channels. The Commission also recognizes that naturopathic doctors may assay the quality of supplements and custom-compound them for their patients. Hence, the Commission recommends that licensed naturopathic doctors be allowed to sell supplements and other naturopathic products as part of their practice, as long as they follow a strict ethical code promulgated by the naturopathic licensing board.

The Commission further believes that a licensed naturopathic doctor should be required to make full disclosure to his or her patients regarding the diagnosis and proposed treatment of their medical condition. This disclosure, in the form of a written treatment plan and signed consent form at the outset of treatment, is vital to ensuring full and accurate communication between doctor and patient. The written treatment plan may also serve as communication vehicle between a naturopathic doctor and a collaborating physician.

The Commission recommends that the licensed naturopathic doctor's ethical responsibility should also include an obligation to exercise care in any communication with a patient regarding the safety and efficacy of a supplement or product, including a product that may be under review, but not yet approved, by the Food and Drug Administration.

Finally, the Commission recommends that the code of ethics adopted by the naturopathic licensing board should clearly prohibit inappropriate contact between a doctor and patient that undermines the integrity of the professional relationship. The Commission further recommends that the naturopathic licensing board may wish to review and adopt "best practice" ethical standards from other health professions where appropriate.

7. Educational Standards

The Commission recommends that applicants for licensure as naturopathic practitioners shall possess a baccalaureate degree or its equivalent, as determined by the board, and shall have attended and graduated a four-year doctoral program that is accredited or is a candidate for accreditation by an accrediting agency recognized by the U.S. Department of Education. The naturopathic doctoral program shall further be accredited or be a candidate for accreditation by the Council on Naturopathic Medical Education, or its successor. The naturopathic licensing board shall also have the authority to approve candidates for licensure who are graduates of naturopathic medical schools in countries or territories outside of the United States that offer equivalent training and education.

In order to ensure that all naturopathic health care providers possess the same minimum

level of skill and competency, the majority of the Commission's members believe that it is essential to standardize the educational and training process by which they prepare for entry into the field. In particular, Commission members agreed that rigorous training in the basic principles of biological and chemical science which govern human anatomy, physiology and disease processes was essential for proper professional preparation and that the adequacy of such training should not be left to chance. Requiring candidates for licensure to obtain their pre-professional training through uniform, standardized programs of study at educational institutions is the only truly reliable and efficient method of ensuring that each practitioner possesses the knowledge base and practice skills needed for safe practice in the field of naturopathy. Furthermore, oversight of such programs of study by governmentally-recognized accrediting organizations which possess proper levels of expertise in evaluating the quality and adequacy of those programs and their teaching methods is necessary to ensure that the pre-professional education is both sufficient and up to date. In the view of the majority of the Commission's members, allowing licensed practitioners to prepare for entry into the field solely through hands-on "apprenticeships" in the field presents unacceptably high risks of inconsistency and inadequacy in the level of knowledge and/or skill which such practitioners might possess when they begin to care for patients.

8. Clinical Experience

The Commission recommends that the legislation should direct the naturopathic licensing board to establish a minimum 1,200 hours clinical training requirement, prior to graduation from a doctoral program, as a prerequisite for licensure. The clinical training may take place in both outpatient and inpatient settings, and may include components from conventional medicine as well as naturopathic medicine.

The majority of the Commission members believe that classroom training alone is not sufficient to ensure adequate pre-professional preparation for the independent practice of prospective naturopathic health care providers. Most licensed health care professions also require completion of "hands-on" clinical training, either prior to graduation from the college-based program of study or immediately following it, or both, as part of the licensure process. These requirements reflect the view that "learning by doing" is a vital part of becoming a skilled health care practitioner. Post-graduate clinical training is not currently available in naturopathic medicine, but the Commission encourages its use in the future.

9. Examination

The Commission recommends that applicants for licensure be required to take and pass a uniform, proctored, psychometrically sound examination in order to obtain a license to practice as a naturopathic practitioner. This examination should, in particular, test the

broad authority to the licensing board to develop and implement any regulations necessary to protect the public health, safety and welfare.

Licensure statutes in other fields have varied in the scope of the regulatory authority granted to the licensing board. Because of the broad range of diagnostic and therapeutic approaches within naturopathy, the majority of the Commission members believe that the regulatory power granted to the licensing board should be equally expansive and flexible. A standard similar to that established for the Board of Registration in Medicine ("The board shall, after proper notice and hearing, adopt rules and regulations governing the practice of medicine in order to promote the public health, welfare, and safety ...") would be an appropriate model.

12. Grounds for Disciplinary Action

The Commission recommends that the licensing legislation for naturopathic doctors contain specific grounds for taking disciplinary action against providers who engage in certain forms of professional misconduct and violations of regulations of the board.

As with all professional licensing legislation, the regulatory body must be given the authority to take disciplinary action against licensees who engage in certain forms of inappropriate conduct. At a minimum, the Commission believes that the regulatory authority should be empowered to take disciplinary action against licensees for: (1) fraud, deceit or misrepresentation of facts in connection with any application for licensure; (2) fraud, deceit or misrepresentation of facts in connection with the diagnosis, evaluation or treatment of any patient; (3) fraud, deceit or misrepresentation of facts with respect to the provider's qualifications, training or certifications; (4) engaging in a sexual relationship with a patient (including attempting to induce a patient to engage in a sexual relationship with the provider by falsely representing that such behavior will be of clinical benefit to the patient); (5) failure to refer a patient to a conventional medical physician or other properly qualified health care practitioner when such a referral is warranted by accepted standards of professional naturopathic practice; (6) conviction of any criminal offense which reasonably calls into question the provider's fitness to practice; (7) unlawful discrimination in the availability or provision of services to a patient; and (8) violation of any rule or regulation adopted by the licensing authority. In addition, the Commission believes that the licensing authority should be given broad authorization to add other grounds for disciplinary action in order to protect the public interest. The Commission also recommends that the range of disciplinary sanctions available to the regulatory authority be as broad as possible, including license revocation, suspension or denial; probation; reprimand; restitution; supervision of practice; additional continuing education; and authority to seek injunctive relief against unlicensed practitioners.

13. Practice Review/Annual Report

The Commission recommends that the naturopathic licensing board establish a list of prohibited practices and treatments where controlled clinical trials have demonstrated a lack of efficacy or a risk of harm. The Commission also recommends that the legislature establish a list of prohibited practices for those practitioners who do not fall under the terms of this proposed act. The Commission further recommends that the naturopathic licensing board, in collaboration with the Department of Public Health and the Office of Consumer Affairs and Business Regulation, review annually research reported or conducted by the National Center for Complementary and Alternative Medicine of the National Institutes of Health and other CAM centers. The findings should be reported to the Joint Committee on Health Care.

While many “natural” healing practices have a traditional basis and have demonstrated some benefit, others may be harmful—especially when taken with other substances—and may require greater regulatory scrutiny. For example, the federal Food and Drug Administration has warned that clinical studies have shown that St. John’s wort may have a negative interaction with certain prescription drugs, leading to potentially serious complications in the treatment of some illnesses. Hence, the naturopathic licensing board should prohibit a naturopathic doctor from recommending St. John’s wort and other products and remedies when their use is contraindicated.

Finally, evidence presented to the Commission shows that the science supporting naturopathic medicine is evolving and demand for treatment is increasing. Many treatments are based on the accumulated clinical experience of a broad array of complementary and conventional medical practitioners. More scientific research needs to be done to study the effectiveness of these treatments. In particular, new research conducted under the auspices of the National Center for Complementary and Alternative Medicine of the National Institute of Health and other CAM centers is vital to the broader acceptance and development of naturopathic medicine. The Commission believes that the naturopathic licensing board, in conjunction with the Office of Consumer Affairs and Business Regulation and the Department of Public Health, should conduct an annual review of the research reported or conducted by the various centers of complementary medicine in order to increase public awareness and understanding of the practice of naturopathic medicine. The review should include procedures and treatments contained within the scope of practice of naturopathic doctors as defined by the enabling act.

PART V: SUMMARY AND CONCLUSION

In its study of naturopathic medicine, the Commission draws the conclusion that naturopathic medicine is part of a growing trend of complementary and alternative health care options that are being utilized by consumers.

If delivered by well-trained practitioners, modalities employed by naturopathic doctors may be successful in treating a variety of health conditions. However, at the same time, those practitioners who are unqualified and delivering substandard care pose a threat to public safety and welfare.

Because naturopathic medicine is such a broad field and training in the practice can currently be obtained by various means, the Commission agrees that a distinction between those educated at accredited universities and those who obtain their training through correspondence courses should be made. Consumers would benefit from government clarification of minimum standards of professional qualifications and practice in this field by licensing naturopathic doctors under a title protection act.

While the Commission was able to look at naturopathic medicine, there are many other modalities that require further study and research in order to explore more fully their implications in the Massachusetts health care market. We hope that this report and the evaluation criteria developed will be useful for further study of these issues.

Testimony Opposing Naturopathic Licensure in Massachusetts

Presented to the Commonwealth of Massachusetts
Joint Committee on Health Care
May 28, 2003

Kimball C. Atwood, M.D.
Representing the Massachusetts Medical Society

Re: Bill Number: MA03RHB 2603 (Senate no. 661)
Filed: December 4, 2002
Author: Kathleen M. Teahan
An Act Providing for the Registration of Naturopathic Doctors

Introduction

~~The Joint Committee on Health Care is today considering, for the sixth time in seven years, a bill that would make "naturopathic doctors" licensed health care providers in the Commonwealth. In each previous attempt the bill failed to emerge from committee. This year supporters argue that the result should be different because of a state Special Commission convened in 2000 to study the issue. The commission issued two reports in January 2002. The "majority" report, signed by six commission members, recommended licensure for naturopaths [1]. The "minority" report, signed by three, opposed such licensure [1]. Three members abstained. Today's legislation omits some of the provisions of previous bills, particularly those covering obstetrics and surgery. The underlying belief systems of naturopathy remain unchanged, however; only the naturopaths' belief in what they may get from the legislature has been modified.~~

Naturopaths Portray Themselves as "Primary Care Physicians," but Their Training is Substandard

~~The naturopaths who seek licensure here consider themselves to be "primary care physicians." [3] Although Massachusetts law now forbids them from using the term "physician," they will nevertheless portray themselves as being the equivalent: that is what they are told by their schools and their national organization, and that is what is stated in all of their national literature [4]. This is in spite of the fact that their training includes no experience with sick, hospitalized patients, no internship or residency training, and occurs in four obscure institutions that are unaffiliated with academic medical centers and that have been denied accreditation by the U.S. Dept. of Education.~~ →

Naturopathic Practices are Bizarre, Irrational, and Unsafe

Naturopathic practices are a large assortment of erroneous claims mixed with a sprinkling of non-controversial dietary and lifestyle advice. Examples of the first category are the claims that hydrogen peroxide dissolved in a bath can provide vital oxygen through the skin of a patient suffering from an acute asthma attack [5]; that wet compresses applied to the feet of a child with an ear infection can

~~NOT TRUE~~

- NO EXAM
ENTRANCE
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"draw the congestion out of the ear" [6]; that the goldenseal plant can cure a strep throat, thus making penicillin unnecessary [7]; that balloons inflated inside the nose can cure learning disorders [8]; that strokes in progress can be reversed by cold compresses applied over the carotid arteries [9]; that multiple sclerosis can be detected at a very early stage by "pulse" and "tongue" diagnosis and cured by means unknown to modern medicine [10]; that enemas and fasting are necessary to rid the body of "toxins" [11]; that vitamin C is an effective treatment for approximately 100 conditions, including glaucoma, male infertility, and AIDS [12]; that HIV-positive patients should be treated with St. John's wort and garlic (both of which have been shown to interfere with life-saving anti-HIV medicines [13,14]), "acupuncture detoxification auricular program," whole-body hyperthermia, "adrenal glandular," homeopathy, "cranioelectrical stimulation," "digestive enzymes," colloidal silver, and nearly 100 other implausible and dangerous methods [15,16] that high blood pressure and coronary heart disease should be treated with unproven herbs and "chelation therapy" [17]; and much more. Naturopaths advocate these methods as "alternatives" to modern medical care, not merely as "complementary" [18]. Interested legislators can learn more in the minority reports of the Commission and from a variety of other sources that I am happy to provide. I urge you to learn some of the details of naturopathic practice and to ask whether it offers a viable alternative to your own medical care.

Superficial Appearances do not Ensure Validity

The examples I have cited are found on the websites of the national naturopathic organization, of the four schools, and in the only general textbook of the field [12]; thus they are standard naturopathic practices. Superficial appearances of legitimacy, such as the existence of schools, exams, a national organization, and licensure in 11 states cannot provide protection for the public. These trappings cannot make ineffective and dangerous treatments effective or safe.

Government's Responsibility: Licensure Implies Validity and Self-Regulation

There are two reasons that government should deny licensure to any group that professes irrational health claims. The first is that licensure is interpreted by the public as an endorsement of the field. Unsuspecting parents who lack sophistication in science or medicine couldn't be faulted for having their sick children treated by a practitioner who thinks that a hydrogen peroxide bath is effective for asthma, if that practitioner is licensed by the state.

The second reason is that a licensed, self-regulating profession determines its own standards of practice [19]. The bill before you today provides for a nine-member board, of which four would be naturopaths. All that would be necessary for these four to control the majority would be to convince one of the others that they know what they are talking about. Since naturopathic practices are esoteric and baffling to most people, this wouldn't be difficult. Such a board would find that all the practices described above are within the appropriate "standards of care" for naturopaths. Paradoxically, if medical doctors were to engage in the same practices they would be subject to discipline and malpractice suits -- and rightly so.

A Double Standard for Health Care is Wrong

There simply cannot be one standard for one type of "primary health provider" and a different one for another. There must be a single standard, and it must be based on rational decision-making informed by science and clinical research.

The Public Demand for Naturopathy is Miniscule

The contention that naturopathy is in public demand is also false. Every recent survey of the public's use

of non-standard health practices has found that naturopathy was used by too few people to mention, or at most that it was used by fewer than 0.4% of the population [20]. In Massachusetts there are only 30 naturopaths of the sort that are seeking licensure, and nationwide there are only about 1500. The demand for naturopathy is tiny and marginal. It will likely stay that way unless inappropriate governmental endorsement occurs. The Commonwealth should not expend scarce resources to create a board that confers licensure status on these 30 people.

Previous Government Studies have found Naturopathy Unsuitable to the Practice of Medicine

This is not the first time that government has studied naturopathy. In 1968 naturopaths asked the U.S. Department of Health, Education and Welfare (now the Department of Health and Human Services) to give Medicare reimbursement for their practices. The department conducted a thorough investigation and returned an unfavorable decision. The HEW report concluded:

Naturopathic theory and practice are not based on the body of basic knowledge related to health, disease, and health care that has been widely accepted by the scientific community. Moreover, irrespective of its theory, the scope and quality of naturopathic education do not prepare the practitioner to make an adequate diagnosis and provide appropriate treatment [21].

That conclusion remains entirely justified 35 years later. This is from a recent treatise on naturopathy:

In our research for this chapter, we provided naturopaths and their professional associations ample opportunity to refute the conclusions of several major commissions of inquiry over the years that deemed their therapeutic rationale lacking in scientific credibility. None of our informants was able to convince us that the field had taken these earlier critiques to heart; in fact, precious few seemed to recognize that a problem still exists. [O]ur own bibliographic searches failed to discover any properly controlled clinical trials that supported claims of the profession, except in a few limited areas where naturopaths' advice concurs with that of orthodox medical science. Where naturopathy and biomedicine disagree, the evidence is uniformly to the detriment of the former.

We therefore conclude that clients drawn to naturopaths are either unaware of the well-established scientific deficiencies of naturopathic practice or choose willfully to disregard them on ideological grounds [22].

A Threat to Health Insurers, an Insult to Non-MD Practitioners, and a Headache for the Department of Public Health

Licensure of naturopaths would pose problems for health insurers, who would be pressured to pay for ineffective and dangerous services. It would be a slap in the faces of nurse practitioners and physician's assistants, who are far more qualified than naturopaths but who would enjoy less autonomy and the appearance of lower status in the eyes of a public that places its trust in government. It would be a giant headache for the Department of Public Health, which would be inundated by bogus claims of "heavy metal poisoning," "fluoride toxicity," widespread "food allergies," "yeast infections" and "toxins," exaggerated dangers of childhood vaccinations, and other claims common to naturopathic practice (4).

"Collaboration" with Medical Doctors Violates Medical Ethics

Language in the bill that calls for collaboration between naturopaths and medical doctors is in direct conflict with formal codes of medical ethics, which require physicians to eschew unscientific practices themselves and to refrain from referring patients to, or collaborating with, unscientific practitioners [23,24].

Conclusion

Massachusetts legislators should use this opportunity not only to refuse licensure to naturopaths, but to inform them that there is no point in pursuing this goal in the future until and unless the field changes radically. Anything less than this would be contrary to current efforts to make health care safer and more accountable. It would be a huge setback for the public health of a state that enjoys a reputation for having the best medical care in the world.

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February 7, 2011

10

PROPOSED AMENDMENTS TO SENATE BILL NO. 2271

Page 1, line 2, replace "physicians" with "doctors"

Page 1, line 4, replace "physicians" with "doctors"

Page 1, line 8, replace "physician" with "doctor"

Page 1, line 13, replace "physician" with "doctor"

Page 2, line 6, replace "physician" with "doctor"

Page 3, after line 3, insert:

"5. "Naturopathic doctor" means an individual licensed to practice naturopathic health care under this chapter.

6."

Page 3, line 5, replace "physicians" with "doctors"

Page 3, line 10, replace "physician" with "doctor"

Page 3, line 11, replace "6." with "7."

Page 3, line 12, replace "physician" with "doctor"

Page 3, remove lines 15 and 16

Page 3, line 19, replace "physician" with "doctor"

Page 3, line 25, replace "physician" with "doctor"

Page 5, line 2, replace "physician" with "doctor"

Page 5, line 3, replace "physician" with "doctor"

Page 5, line 12, replace "physician" with "doctor"

Page 5, line 20, replace "physician" with "doctor"

Page 5, remove lines 24 through 30

Page 6, remove lines 1 and 2

Page 6, line 4, replace "physician" with "doctor"

Page 6, line 12, after "programs" insert "and may not include controlled substances as that term is defined under section 19-03.1-01"

Page 6, line 14, replace "physician" with "doctor"

Page 6, line 16, replace "physicians" with "doctors"

Page 6, line 21, replace the first "physician" with "doctor"

Page 6, line 29, replace "physician" with "doctor"

Page 6, line 30, after the second underscored comma insert "and"

Page 6, line 30, remove "'naturopathic physician,'"

Page 8, line 26, replace "physician" with "doctor"

Renumber accordingly

Sen. Lee 2-8-2011

#11

PROPOSED AMENDMENT TO SENATE BILL NO.2271

Page 1, line 1, after "A BILL" replace the remainder of the bill with "for an Act to provide for a legislative management study relating to regulation of naturopathic physicians."

BE IT ENACTED BY THE LEGISLATIVE ASSEMBLY OF NORTH DAKOTA:

SECTION 1. Legislative Management Study – Naturopathy Regulation. Legislative management shall consider studying, during the 2011-12 interim, regulation of naturopathic physicians including the duties of naturopathic physicians. Legislative management shall report its findings and recommendations, together with any legislation necessary to implement the recommendations, the sixty-third legislative assembly.

Renumber accordingly

COLORADO

Requires naturopathic doctors to be registered, and specifies that the cost of regulation will be covered through registration fees. Creates a task force to study issues related to the practice of naturopathic medicine, including the scope of practice and patient disclosure requirements. Directs the task force to annually report to the general assembly concerning the practice of naturopathic medicine in Colorado for 3 years. Specifies the scope of practice, prohibited practices, and exemptions. Gives the director of the division of registrations within the department of regulatory agencies rule-making authority. Requires record-keeping and specific disclosures to the public. Specifies complaint, investigation, and disciplinary procedures. Specifies that practicing naturopathic medicine without an active registration for the second or any subsequent offense is a class 6 felony. Makes an appropriation and transfers revenues to the capital construction fund. Repeals the naturopath law in 2014, subject to sunset review.

12-37.7-104. Title and designation. (1) A PERSON REGISTERED
7 AS A NATUROPATHIC DOCTOR MAY USE THE TITLE "NATUROPATHIC
8 DOCTOR" OR THE LETTERS "N.D." WHEN ACCOMPANIED BY THE WORDS
9 "NATUROPATHIC DOCTOR". PERSONS REGISTERED UNDER THIS ARTICLE
10 SHALL NOT USE:

- 11 (a) THE ABBREVIATIONS "NMD" OR "N.M.D.";
 - 12 (b) THE TERM "PHYSICIAN";
 - 13 (c) THE TERM "DOCTOR" UNLESS DIRECTLY PRECEDED BY THE
14 TERM "NATUROPATHIC"; OR
 - 15 (d) THE TERM "NATUROPATHIC MEDICAL DOCTOR".
- 16 (2) ON AND AFTER JANUARY 1, 2010, ANY PERSON REGISTERED
17 PURSUANT TO

12-37.7-107. Prohibitions. (1) A NATUROPATHIC DOCTOR SHALL
18 NOT:

- 19 (a) PRESCRIBE, DISPENSE, OR ADMINISTER PRESCRIPTION DRUGS
20 OTHER THAN VITAMIN B-12 INJECTABLES;
- 21 (b) PERFORM SURGICAL PROCEDURES;
- 22 (c) PRACTICE OR CLAIM TO PRACTICE:
 - 23 (I) MEDICINE OTHER THAN NATUROPATHIC MEDICINE; OR
 - 24 (II) AS A PHYSICIAN, DOCTOR OTHER THAN A NATUROPATHIC
25 DOCTOR, MEDICAL DOCTOR, OSTEOPATH, DENTIST, PODIATRIST,
26 OPTOMETRIST, PSYCHOLOGIST, ADVANCED PRACTICE NURSE, PHYSICIAN
27 ASSISTANT, CHIROPRACTOR, PHYSICAL THERAPIST, ACUPUNCTURIST, OR

-11- HB09-1175

1 ANY OTHER HEALTH CARE PROFESSIONAL UNLESS LICENSED BY THE STATE
2 AS SUCH;
3 (d) USE ANESTHESIA OTHER THAN TOPICAL ANESTHETICS;
4 (e) ADMINISTER IONIZING RADIATION OR RADIOACTIVE
5 SUBSTANCES;
6 (f) PERFORM CHIROPRACTIC ADJUSTMENTS AS DEFINED IN SECTION
7 12-33-102, MANIPULATION AS REFERENCED IN SECTION 12-33-102, OR
8 PHYSICAL THERAPY AS DEFINED IN SECTION 12-41-103, INCLUDING JOINT
9 MOBILIZATION;
10 (g) PRACTICE OBSTETRICS;
11 (h) RECOMMEND THE DISCONTINUATION OF, OR COUNSEL AGAINST,
12 A COURSE OF CARE INCLUDING, WITHOUT LIMITATION, A PRESCRIPTION
13 DRUG THAT WAS RECOMMENDED OR PRESCRIBED BY ANOTHER HEALTH
14 CARE PRACTITIONER REQUIRED TO BE LICENSED PURSUANT TO THIS TITLE;
15 (i) TREAT CANCER; EXCEPT THAT A NATUROPATHIC DOCTOR MAY
16 TREAT CONCOMITANT CONDITIONS AND THE SYMPTOMS AND SIDE EFFECTS
17 OF CANCER;
18 (j) TREAT A PATIENT WHO INFORMS THE NATUROPATHIC DOCTOR
19 THAT HE OR SHE IS UNDER THE CARE OF A PHYSICIAN LICENSED UNDER
20 ARTICLE 36 OF THIS TITLE UNLESS THE PATIENT IS ADVISED AS PART OF THE
21 DISCLOSURE STATEMENT IN SECTION 12-37.7-112 TO INFORM THE
22 TREATING PHYSICIAN THAT HE OR SHE IS SEEKING TREATMENT FROM A
23 NATUROPATHIC DOCTOR;
24 (k) TREAT MENTAL HEALTH CONDITIONS; COMMUNICABLE
25 DISEASES; NEUROLOGIC CONDITIONS; DIABETES; RENAL CONDITIONS;
26 METABOLIC SYNDROMES; TOXICITY; DISEASES OF THE HEART, LUNGS,
27 CARDIOVASCULAR SYSTEM, OR ENDOCRINE SYSTEM; OR ANY CONDITION
-12- HB09-1175
1 FOR WHICH SIGNS OR SYMPTOMS DO NOT IMPROVE BY DOCUMENTED
2 EVIDENCE WITHIN TWENTY-FIVE DAYS UNLESS THE PATIENT IS ADVISED,
3 IN A WRITTEN DOCUMENT SIGNED BY THE PATIENT, TO CONSULT A
4 LICENSED PHYSICIAN;
5 (l) USE CHELATION;
6 (m) TREAT A CHILD WHO IS LESS THAN TWO YEARS OF AGE;
7 (n) TREAT A CHILD TWO YEARS OF AGE OR OLDER, BUT LESS THAN
8 EIGHT YEARS OF AGE UNLESS THE NATUROPATHIC DOCTOR:
9 (I) COMPLIES WITH ALL PUBLIC HEALTH LAWS;
10 (II) PROVIDES TREATMENT ONLY:
11 (A) IN CONSULTATION WITH A MEDICAL DOCTOR LICENSED
12 PURSUANT TO ARTICLE 36 OF THIS TITLE; OR
13 (B) IF THE CHILD'S PARENT OR GUARDIAN SIGNS A WAIVER STATING
14 THAT HE OR SHE REFUSES TO HAVE THE CHILD TREATED IN CONSULTATION
15 WITH A MEDICAL DOCTOR, IN WHICH CASE THE NATUROPATHIC DOCTOR

16 SHALL, IN WRITING, ADVISE THE PARENT OR GUARDIAN THAT THE PARENT
17 OR GUARDIAN IS RESPONSIBLE FOR FOLLOWING ALL APPLICABLE LAWS;
18 AND
19 (III) DOES NOT:
20 (A) PERFORM INVASIVE PROCEDURES;
21 (B) PERFORM ENEMAS;
22 (C) PERFORM DEVELOPMENTAL ASSESSMENTS; OR
23 (D) TREAT CHRONIC MEDICAL PROBLEMS WITHOUT PROVIDING A
24 DISCLOSURE TO THE CHILD'S PARENT OR GUARDIAN PURSUANT TO SECTION
25 12-37.7-112; OR
26 (e) PERFORM COLONIC IRRIGATION.

Review in 2014

IDAHO

BOISE, Idaho (AP) — A Senate committee has voted in favor of repealing a law requiring naturopathic physicians to be licensed by the state.

The Health and Welfare Committee passed the repeal bill unanimously Tuesday, sending it on to the full Senate.

The bill's sponsor, Sen. Joyce Broadsword, R-Sagle, cited "total disagreement" over training standards between the Idaho Chapter of the American Association of Naturopathic Physicians and the Idaho Association of Naturopathic Physicians. She said repealing the law would be the best way to move forward.

"This will allow the organization(s) as a whole to have a fresh start," Broadsword said.

Idaho's naturopathic licensing law was passed in 2005 to require naturopathic physicians to be licensed in order to write prescriptions and perform minor surgery.

But differing opinions about what kind of education is necessary to obtain an Idaho license has kept the five-member state Board of Naturopathic Medical Examiners from drafting rules over the last four years to regulate the handful of licenses that have been awarded.

The Idaho Chapter of the American Association of Naturopathic Physicians wants to require physicians to attend one of five naturopathy colleges accredited by the U.S. Department of Education and pass a national test to get a license, something other states have done to distinguish between training levels and to protect the public.

The Idaho Association of Naturopathic Physicians contends such a narrow standard won't accommodate people with years of experience and skills, but not a formal education from one of the schools.

The state board is made up of two members from each of the rival groups and former state Rep. Jack Barraclough from Idaho Falls, who was appointed by Gov. C.L. "Butch" Otter.

Without the law, naturopaths would still be able to use heat, water, light, air and massage techniques under a separate Idaho law.

Several naturopathic physicians from the AANP voiced support for repealing the law. No one from the IANP chose to testify before the Senate committee Tuesday.

Joan Haynes, a naturopathic physician who helped write the 2005 law, said she would prefer repealing the law and starting over.

"The rules submitted this year are inappropriate," she said.

A spokesman for the Idaho Medical Association, representing medical doctors, which helped draft the licensing law after fighting it for years, said the association regretted agreeing to it.

Ken McClure, the association's lobbyist, called licensing naturopathic physicians a "noble experiment" but said "we've kind of thrown up our hands at this point."

Broadsword said repealing the law would allow the groups to come up with new legislation they could agree on.

FLORIDA

NATUROPATHS

HB by

SB by

FMA Contact: Michelle Jacquis (850) 251-2288

FMA Position

The FMA and many other health care associations are strongly opposed to naturopaths once again being licensed by the state of Florida as health care providers. This bill allows unqualified persons to practice several health care professions, including medicine. Under the bill, a person who attends a school of naturopathy would be allowed to diagnose, treat, operate and prescribe for disease, pain, injury or other physical or mental condition. This is the definition of the practice of medicine.

Background

The bill revives the Board of Naturopathic Medicine and recreates the profession of naturopathy in Florida. In the 1920s, the state of Florida began licensing naturopaths, but ended the process in 1959. In 1985, all individuals who were licensed prior to 1959 were granted active licenses under a grandfather clause. Currently, only a few individuals are practicing naturopathy with an active license.

The House Committee on Health Care prepared an Interim Project Report in January 2004, titled

"Sunrise Report on Proposed Licensure of Naturopathic Physicians." **The House report, citing**

concerns expressed by the Department of Health, states "...the proposed licensure of naturopathic physicians would likely increase the risk of harm to the public..." The report

expresses particular concern that the bill goes beyond allowing a naturopath to practice naturopathy – it would allow a naturopath to prescribe controlled substances.

The bill requires applicants for a naturopathic license to attend a naturopathic school. According to the House report, some of the colleges providing four-year programs are not yet fully accredited. The people who graduate from these schools are not adequately trained to become treating physicians, yet would be given the title "Naturopathic Physician" or "Doctor of Naturopathic Medicine" under this bill. The bill will allow "doctors" who are not adequately trained to, among other things, perform surgery, prescribe controlled substances and perform psychotherapy. Since 1996, 20 different states have rejected licensing initiatives, including 12 states that have rejected initiatives more than once. There has been no consumer driven demand for licensing naturopaths in Florida. Florida should not become one of the few states to pass this type of legislation.

Discussion

The prerequisites for becoming a naturopath do not adequately prepare a person to perform the

acts that the scope of practice would allow.

A medical doctor receives the following training:

1. A Bachelor's degree in science;
2. Two years of medical school consisting primarily of classroom study;
3. Two years of medical school consisting of clinical work; and
4. A three-year labor-intensive residency program consisting of hands-on clinical practice.

In addition, many physicians complete a fellowship lasting two to four years and consisting of more clinical, hands-on practice.

A physician receives a minimum of SIX years of classroom study and FIVE years of clinical

practice before he/she becomes licensed as a physician in Florida.

A naturopath would be allowed to perform the same acts as a medical doctor, but is not required to receive a bachelor's degree.

It is also important to note that the Medical Quality Trust Fund is not adequately funded. It

would not be fiscally prudent for the Trust Fund to take on an inadequately funded profession

when the fund is already being depleted.

Conclusion

The Florida Medical Association, as well as many other health care associations, believes that it

is imperative for the safety and welfare of patients and the general public that naturopaths not be

licensed by the state of Florida as health care practitioners. They simply do not have the education or training needed to safely treat patients. It is also important to note that the Florida

Association of Naturopathic Medicine opposes this legislation.

AMA article

Ultimately, the AANP would like to see naturopaths licensed in all 50 states to the full extent of their scope of practice, which the AANP says includes prescribing medication, attending childbirth and performing minor office-based surgery. These are activities organized medicine says fall under physicians' purview. In general, organized medicine doesn't agree licensing naturopaths is the best way to protect patients.

Jim King, MD, an American Academy of Family Physicians board member, said family physicians want to make sure those who perform these services are adequately trained, particularly those who call themselves primary care doctors. The AAFP, like the AMA, does not have specific policy on naturopaths.

"How much training do they have? Are we comparing apples to apples?" he said. "Much of this legislation is looking to bypass going to medical school. That's the concern most physicians have."

The Medical Society of the State of New York, for instance, said language in a bill it's battling is overly broad. For example, the measure defines naturopathic medicine as all that's covered within the naturopathic curriculum. If the bill passes, MSSNY officials say, naturopaths could perform general surgery if it were taught.

General surgery is not taught, but minor surgical procedures are. MSSNY officials say it would be better to limit naturopaths to approved natural therapies if licensure is permitted and let physicians do the diagnosing.

Kansas: requires registration, does not license.

65-7212. Board of healing arts to adopt naturopathic formulary; naturopathic formulary advisory committee. The board shall adopt a naturopathic formulary which lists the drugs and substances which are approved for intramuscular or intravenous administration by a naturopathic doctor pursuant to the order of a physician. The board shall appoint a naturopathic formulary advisory committee which shall advise the board and make recommendations on the list of substances which may be included in the naturopathic formulary. The naturopathic formulary advisory committee shall consist of a licensed pharmacist, a person knowledgeable in medicinal plant chemistry, two persons licensed to practice medicine and surgery, and two naturopathic doctors licensed under this act.

History: L. 2002, ch. 203, § 31; L. 2010, ch. 126, § 11; Jan. 1, 2011.

65-7213. Naturopathic acupuncture specialty certification. (a) In order to practice naturopathic acupuncture, a naturopathic doctor shall obtain a naturopathic acupuncture specialty certification from the board. The board may issue this specialty certification to a naturopathic doctor who has:

- (1) Submitted an application and paid certification fee to be determined by the board;
- (2) completed basic oriental medicine philosophy from a college or university approved by the board and 500 hours of supervised clinical training under a trained naturopathic acupuncturist's supervision.

(b) The provisions of this section shall take effect on and after January 1, 2003.

History: L. 2002, ch. 203, § 32; July 1.

65-7214. Naturopathic advisory council; membership; expenses; legislature to consider establishing alternative health care board. (a) There is established a naturopathic advisory council to advise the board in carrying out the provisions of this act. The council shall consist of five members, all citizens and residents of the state of Kansas appointed as follows: Three members shall be naturopathic doctors appointed by the state board of healing arts; one member shall be the president of the state board of healing arts or a person designated by the president; and one member appointed by the governor shall be from the public sector who is not engaged, directly or indirectly, in the provision of health services. Insofar as possible persons appointed to the council shall be from different geographic areas. If a vacancy occurs on the council, the appointing authority of the position which has become vacant shall appoint a person of like qualifications to fill the vacant position for the unexpired term, if any.

Kansas and shall provide a copy of the protocol to the board within 10 days of entering into the protocol.

(b) Each written protocol between a physician and a naturopathic doctor shall contain the following information:

- (1) The date on which the protocol was signed and the signatures of the physician and the naturopathic doctor;
- (2) the license number of the physician and the registration number of the naturopathic doctor;
- (3) the names of the drugs and substances from the naturopathic formulary, which is specified in K.A.R. 100-72-8, that the naturopathic doctor will be allowed to administer and the method of administration of each drug and substance;
- (4) the usage and dosage authorized for each drug and substance;
- (5) any warning or precaution associated with the administration of each drug and substance;
- (6) a statement that a current copy of the protocol will be maintained at each practice location of the physician and the naturopathic doctor and that any change made to the protocol will be provided to the board within 10 days of making the change;
- (7) a statement that the physician is professionally competent to order each drug and substance that the protocol authorizes the naturopathic doctor to administer and that treating the conditions identified in the protocol is within the lawful and customary practice of the physician;
- (8) a statement that the authority to administer any drug or substance intravenously is limited to times when the physician either is physically present in the same building or can be present within five minutes at the location where the service is performed;
- (9) the identification of any task or service that the physician delegates to any unlicensed person working with the naturopathic doctor;
- (10) a statement that emergency procedures have been established by the physician and adopted by the naturopathic doctor to protect the patient in the absence of the physician and that the naturopathic doctor is competent to carry out those emergency procedures; and
- (11) any conditions imposed by the physician on the naturopathic doctor before the administration of any of the drugs and substances listed in the protocol.

(c) Each written protocol shall be reviewed by the physician and naturopathic doctor at least annually, and each review shall be signed and dated on the current copy of the protocol.

(Authorized by K.S.A. 65-7203; implementing K.S.A. 65-

The members of the council appointed by the governor shall be appointed for terms of three years and until a successor is appointed. The members appointed by the state board of healing arts shall serve at the pleasure of the state board of healing arts. If a member is designated by the president of the state board of healing arts, the member shall serve at the pleasure of the president.

(b) Members of the council attending meetings of the council, or attending a subcommittee meeting thereof authorized by the council, shall be paid amounts provided in subsection (e) of K.S.A. 75-3223 and amendments thereto from the healing arts fee fund.

(c) During the 2003 regular session of the legislature the legislature shall consider establishing an alternative health care board composed of representatives as may be designated from existing health care regulatory agencies, alternative health care providers and members of the general public for purposes of advising the legislature on matters relating to alternative health care, administering the naturopathic doctor registration act and performing such other duties as may be established by law.

(d) The provisions of this section shall take effect on and after January 1, 2003.

History: L. 2002, ch. 203, § 33; July 1.

65-7215. Injunctive remedies for violations. (a) When it appears

65-7217. Professional liability insurance required. Professional liability insurance coverage shall be maintained in effect by each naturopathic doctor as a condition to rendering professional service as a naturopathic doctor in this state. The board shall fix by rules and regulations the minimum level of coverage for such professional

65-7219. Nothing in act construed to require insurance reimbursement or indemnity for services as a naturopathic doctor. On and after January 1, 2011, nothing in the naturopathic doctor licensure act or in the provisions of K.S.A. 40-2,100 through 40-2,105, and amendments thereto, or K.S.A. 2009 Supp. 40-2,105a through 40-2,105d, and amendments thereto, shall be construed to require that any individual, group or blanket policy of accident and sickness, medical or surgical expense insurance coverage or any provision of a policy, contract, plan or agreement for medical service

K.A.R. 100-72-8. Naturopathic formulary. The following list shall constitute the naturopathic formulary for drugs and substances that are approved for intramuscular (IM) or intravenous (IV) administration, or both, by a naturopathic doctor pursuant to a written protocol entered into with a physician:

(a) Electrolytes and carrier solutions:

- (1) Sterile water (IV, IM);
- (2) electrolyte solution (IV);
- (3) lactated ringers (IV);
- (4) saline solution (IV); and

- (5) half normal saline (IV);
 - (b) vitamins:
 - (1) Vitamin C (IV);
 - (2) B complex (IV, IM);
 - (3) folic acid (IV, IM);
 - (4) vitamin D (IV);
 - (5) vitamin E (IV);
 - (6) vitamin K (IV, IM);
 - (7) vitamin A (IV, IM);
 - (c) minerals:
 - (1) Calcium (IV, IM);
 - (2) chromium (IV, IM);
 - (3) copper (IV, IM);
 - (4) iron (IV, IM);
 - (5) zinc (IV, IM);
 - (6) iodine (IV, IM);
 - (7) magnesium (IV, IM);
 - (8) selenium (IV, IM);
 - (9) molybdenum (IV, IM);
 - (10) vanadium (IV, IM);
 - (11) phosphorus (IV, IM); and
 - (12) manganese (IV, IM);
 - (d) amino acids:
 - (1) Amino acids, singular or in combination (IV);
 - (2) glutathione (IV, IM);;
 - (3) tryptophan (IV); and
 - (4) 5 hydroxy tryptophan (IV);
 - (e) botanicals:
 - (1) Glycyrrhizin (IV, IM); and
 - (2) thujone-free artemisia (IV, IM): and
 - (f) the following miscellaneous drugs and substances:
 - (1) Lipids (IV);
 - (2) co-enzyme Q 10 (also known as ubiquinone or Co-Q 10) (IV, IM);
 - (3) alpha lipoic acid (IV, IM);
 - (4) hydrochloric acid (IV);
 - (5) epinephrine (IM);
 - (6) chelators, only with prior board approval:
 - (A) EDTA (IV); and
 - (B) DMPS (IV);
 - (7) diphenhydramine hydrochloride (IV, IM); and
 - (8) atropine sulfate (IV).
- (Authorized by K.S.A. 65-7203; implementing K.S.A. 65-K.A.R. 100-72-9. **Written protocol.** (a) Each physician entering into a written protocol with a registered naturopathic doctor shall be licensed to practice medicine and surgery in the state of

PROPOSED AMENDMENTS TO SENATE BILL NO. 2271

Page 1, line 2, replace "naturopathic physicians" with "naturopaths"

Page 1, line 4, replace "naturopathic physicians" with "naturopaths"

Page 1, line 8, replace "naturopathic physician" with "naturopath"

Page 1, line 13, replace "naturopathic physician" with "naturopath"

Page 2, line 6, replace "naturopathic physician" with "naturopath"

Page 3, line 1, after "means" insert "nonprescriptive"

Page 3, line 4, after the underscored period insert "\"Naturopath\" means an individual licensed to practice naturopathic health care under this chapter."

6."

Page 3, line 5, replace "naturopathic physicians" with "naturopaths"

Page 3, line 9, remove "naturopathic"

Page 3, line 10, replace "physician" with "naturopath"

Page 3, line 11, replace "6." with "7."

Page 3, line 11, remove "naturopathic"

Page 3, line 12, replace "physician" with "naturopath"

Page 3, remove lines 15 and 16

Page 3, line 19, replace "naturopathic physician" with "naturopath"

Page 3, line 25, replace "naturopathic physician" with "naturopath"

Page 4, line 16, remove "That contain the naturopathic formulary list created by the board;"

Page 4, line 17, remove "f."

Page 5, line 2, replace "naturopathic physician" with "naturopath"

Page 5, line 3, replace "naturopathic physician" with "naturopath"

Page 5, line 5, remove "unless the"

Page 5, line 6, replace "drug or device is included on the naturopathic formulary list" with ", except if authorized by the board a naturopath may prescribe antibiotics and hormones that are not controlled substances"

Page 5, line 12, replace "naturopathic physician" with "naturopath"

Page 5, line 20, replace "naturopathic physician" with "naturopath"

Page 5, remove lines 24 through 30

Page 6, remove lines 1 through 12

Page 6, line 14, replace "naturopathic physician" with "naturopath"

Page 6, line 16, replace "naturopathic physicians" with "naturopaths"

Page 6, line 21, replace "naturopathic physician" with "naturopath"

Page 6, line 29, replace "naturopathic physician" with "naturopath"

Page 6, line 29, remove "doctor of naturopathic medicine."

Page 6, line 30, remove "doctor of naturopathy", "naturopathic doctor", "naturopathic physician."

Page 6, line 31 remove "and the abbreviation "N.D." when used to imply any of these titles"

Page 7, line 1, replace "these terms or initials" with "this title"

Page 8, line 26, replace "naturopathic physician" with "naturopath"

Renumber accordingly

February 7, 2011

14

PROPOSED AMENDMENTS TO SENATE BILL NO. 2271

- Page 1, line 2, replace "physicians" with "doctors"
- Page 1, line 4, replace "physicians" with "doctors"
- Page 1, line 8, replace "physician" with "doctor"
- Page 1, line 13, replace "physician" with "doctor"
- Page 2, line 6, replace "physician" with "doctor"
- Page 3, line 2, after the underscored period insert "The term does not include prescriptive drugs or devices."
- Page 3, line 4, after the underscored period insert "\"Naturopathic doctor\" means an individual licensed to practice naturopathic health care under this chapter."
- 6."
- Page 3, line 5, replace "physicians" with "doctors"
- Page 3, line 10, replace "physician" with "doctor"
- Page 3, line 11, replace "6." with "7."
- Page 3, line 12, replace "physician" with "doctor"
- Page 3, remove lines 15 and 16
- Page 3, line 19, replace "physician" with "doctor"
- Page 3, line 25, replace "physician" with "doctor"
- Page 4, line 15, after the underscored semicolon insert "and"
- Page 4, line 16, remove "That contain the naturopathic formulary list created by the board;"
- Page 4, line 17, remove "f."
- Page 5, line 2, replace "physician" with "doctor"
- Page 5, line 3, replace "physician" with "doctor"
- Page 5, line 5, remove "unless the"
- Page 5, line 6, remove "drug or device is included on the naturopathic formulary list"
- Page 5, line 11, after the underscored period insert "A naturopathic doctor may not hold out to the public that the naturopathic doctor is a primary care provider."
- Page 5, line 12, replace "physician" with "doctor"
- Page 5, line 20, replace "physician" with "doctor"
- Page 5, remove lines 24 through 30
- Page 6, remove lines 1 through 12

Page 6, line 14, replace "physician" with "doctor"

Page 6, line 16, replace "physicians" with "doctors"

Page 6, line 21, replace the first "physician" with "doctor"

Page 6, line 29, replace "physician" with "doctor"

Page 6, line 30, after the second underscored comma insert "and"

Page 6, line 30, remove "'naturopathic physician','"

Page 8, line 26, replace "physician" with "doctor"

Renumber accordingly

2-15-2011

#15

Amendment to Senate Bill No. 2271

Page 5, line 5, remove "drug or"

Page 5, line 5, remove "unless the"

Page 5, line 6, remove "drug or device is included on the naturopathic formulary list"

2-15-2011

Amendment to Senate Bill No. 2271

#16

Page 5, line 5, remove "or device unless the"

Page 5, line 6, remove "drug or device is included on the naturopathic formulary list"

Page 5, line ~~20~~₁₃, after "purposes" insert "a prescriptive device and"

OR

Page 5, after line ~~13~~₂₃, create a new subsection to allow for prescription of devices

PROPOSED AMENDMENTS TO SENATE BILL NO. 2271

Page 1, line 2, replace "naturopathic physicians" with "naturopaths"

Page 1, line 4, replace "naturopathic physicians" with "naturopaths"

Page 1, line 8, replace "naturopathic physician" with "naturopath"

Page 1, line 13, replace "naturopathic physician" with "naturopath"

Page 2, line 6, replace "naturopathic physician" with "naturopath"

Page 3, line 1, after "means" insert "nonprescriptive"

Page 3, line 2, after the underscored period insert "The term does not include prescriptive drugs."

Page 3, line 4, after "5." insert """Naturopath" means an individual licensed to practice naturopathic health care under this chapter."

6."

Page 3, line 5, replace "naturopathic physicians" with "naturopaths"

Page 3, line 9, remove "naturopathic"

Page 3, line 10, replace "physician" with "naturopath"

Page 3, line 11, replace "6." with "7."

Page 3, line 11, remove "naturopathic"

Page 3, line 12, replace "physician" with "naturopath"

Page 3, remove lines 15 and 16

Page 3, line 19, replace "naturopathic physician" with "naturopath"

Page 3, line 25, replace "naturopathic physician" with "naturopath"

Page 4, line 16, remove "That contain the naturopathic formulary list created by the board;"

Page 4, line 17, remove "f."

Page 5, line 2, replace "naturopathic physician" with "naturopath"

Page 5, line 3, replace "naturopathic physician" with "naturopath"

Page 5, line 5, remove "or device unless the"

Page 5, line 6, remove "drug or device is included on the naturopathic formulary list"

Page 5, line 11, after the underscored period insert "A naturopath may not hold out to the public that the naturopath is a primary care provider."

Page 5, line 12, replace "naturopathic physician" with "naturopath"

Page 5, line 13, after "purposes" insert "a prescriptive device and"

Page 5, line 20, replace "naturopathic physician" with "naturopath"

Page 5, remove lines 24 through 30

Page 6, remove lines 1 through 12

Page 6, line 13, replace "43-57-06." with "43-57-05."

Page 6, line 14, replace "naturopathic physician" with "naturopath"

Page 6, line 16, replace "naturopathic physicians" with "naturopaths"

Page 6, line 20, replace "43-57-07." with "43-57-06."

Page 6, line 21, replace "naturopathic physician" with "naturopath"

Page 6, line 26, replace "43-57-08." with "43-57-07."

Page 6, line 29, replace "naturopathic physician" with "naturopath"

Page 6, line 29, remove "doctor of naturopathic medicine."

Page 6, line 30, remove "doctor of naturopathy", "naturopathic doctor", "naturopathic"

Page 6, line 30, remove "physician."

Page 6, line 31, remove "and the abbreviation "N.D." when used to imply any of these titles"

Page 7, line 1, replace "these terms or initials" with "this title"

Page 7, line 3, replace "43-57-09." with "43-57-08."

Page 7, line 7, replace "43-57-10." with "43-57-09."

Page 7, line 23, replace "43-57-11." with "43-57-10."

Page 8, line 5, replace "43-57-12." with "43-57-11."

Page 8, line 8, replace "43-57-13." with "43-57-12."

Page 8, line 25, replace "43-57-14." with "43-57-13."

Page 8, line 26, replace "naturopathic physician" with "naturopath"

Page 8, line 28, replace "43-57-15." with "43-57-14."

Page 10, line 18, replace "43-57-16." with "43-57-15."

Page 11, line 11, replace "43-57-17." with "43-57-16."

Page 11, line 21, replace "43-57-18." with "43-57-17."

Renumber accordingly

PROPOSED AMENDMENTS TO SENATE BILL NO. 2271

Page 1, line 2, replace "naturopathic physicians" with "naturopaths"

Page 1, line 4, replace "naturopathic physicians" with "naturopaths"

Page 1, line 8, replace "naturopathic physician" with "naturopath"

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Page 2, line 6, replace "naturopathic physician" with "naturopath"

Page 3, line 1, after "means" insert "nonprescriptive"

Page 3, line 2, after the underscored period insert "The term does not include prescriptive drugs."

Page 3, line 4, after "5." insert "\"Naturopath\" means an individual licensed to practice naturopathic health care under this chapter."

6."

Page 3, line 5, replace "naturopathic physicians" with "naturopaths"

Page 3, line 9, remove "naturopathic"

Page 3, line 10, replace "physician" with "naturopath"

Page 3, line 11, replace "6." with "7."

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Page 3, remove lines 15 and 16

Page 3, line 19, replace "naturopathic physician" with "naturopath"

Page 3, line 25, replace "naturopathic physician" with "naturopath"

Page 4, line 16, remove "That contain the naturopathic formulary list created by the board;"

Page 4, line 17, remove "f."

Page 5, line 2, replace "naturopathic physician" with "naturopath"

Page 5, line 3, replace "naturopathic physician" with "naturopath"

Page 5, line 5, remove "or device unless the"

Page 5, line 6, remove "drug or device is included on the naturopathic formulary list"

Page 5, line 11, after the underscored period insert "A naturopath may not hold out to the public that the naturopath is a primary care provider."

Page 5, line 12, replace "naturopathic physician" with "naturopath"

Page 5, line 13, after "purposes" insert "a prescriptive device and"

Page 5, line 20, replace "naturopathic physician" with "naturopath"

Page 5, remove lines 24 through 30

Page 6, remove lines 1 through 12

Page 6, line 13, replace "43-57-06." with "43-57-05."

Page 6, line 14, replace "naturopathic physician" with "naturopath"

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Page 6, line 21, replace "naturopathic physician" with "naturopath"

Page 6, line 26, replace "43-57-08." with "43-57-07."

Page 6, line 29, replace "naturopathic physician" with "naturopath"

Page 6, line 29, remove "doctor of naturopathic medicine."

Page 6, line 30, replace the first underscored comma with "or"

Page 6, line 30, remove ", naturopathic doctor, naturopathic physician."

Page 6, line 31, remove "and the abbreviation N.D. when used to imply any of these titles"

Page 6, line 31, replace "who" with "that"

Page 7, line 1, replace "these terms or initials" with "either or both of these titles"

Page 7, line 3, replace "43-57-09." with "43-57-08."

Page 7, line 7, replace "43-57-10." with "43-57-09."

Page 7, line 23, replace "43-57-11." with "43-57-10."

Page 8, line 5, replace "43-57-12." with "43-57-11."

Page 8, line 8, replace "43-57-13." with "43-57-12."

Page 8, line 25, replace "43-57-14." with "43-57-13."

Page 8, line 26, replace "naturopathic physician" with "naturopath"

Page 8, line 28, replace "43-57-15." with "43-57-14."

Page 10, line 18, replace "43-57-16." with "43-57-15."

Page 11, line 11, replace "43-57-17." with "43-57-16."

Page 11, line 21, replace "43-57-18." with "43-57-17."

Renumber accordingly

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Page 3, line 11, remove "naturopathic"

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Page 3, remove lines 15 and 16

Page 3, line 19, replace "naturopathic physician" with "naturopath"

Page 3, line 25, replace "naturopathic physician" with "naturopath"

Page 4, line 16, remove "That contain the naturopathic formulary list created by the board."

Page 4, line 17, remove "f."

Page 5, line 2, replace "naturopathic physician" with "naturopath"

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Page 5, line 12, replace "naturopathic physician" with "naturopath"

Page 5, line 13, after "purposes" insert "a prescriptive device and"

Page 5, line 20, replace "naturopathic physician" with "naturopath"

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Page 6, line 21, replace "naturopathic physician" with "naturopath"

Page 6, line 26, replace "43-57-08." with "43-57-07."

Page 6, line 29, replace "naturopathic physician" with "naturopath"

Page 6, line 29, remove "doctor of naturopathic medicine."

Page 6, line 30, replace the first underscored comma with "or"

Page 6, line 30, remove ", naturopathic doctor", "naturopathic physician."

Page 6, line 31, replace "imply any" with "reflect either"

Page 6, line 31, replace "who" with "that"

Page 7, line 3, replace "43-57-09." with "43-57-08."

Page 7, line 7, replace "43-57-10." with "43-57-09."

Page 7, line 23, replace "43-57-11." with "43-57-10."

Page 8, line 5, replace "43-57-12." with "43-57-11."

Page 8, line 8, replace "43-57-13." with "43-57-12."

Page 8, line 25, replace "43-57-14." with "43-57-13."

Page 8, line 26, replace "naturopathic physician" with "naturopath"

Page 8, line 28, replace "43-57-15." with "43-57-14."

Page 10, line 18, replace "43-57-16." with "43-57-15."

Page 11, line 11, replace "43-57-17." with "43-57-16."

Page 11, line 21, replace "43-57-18." with "43-57-17."

Renumber accordingly

SB 2271 #20

Dear members of the Senate Human Services Committee,

My name is Steven Schmidt. I am a physician undergoing training in emergency medicine at the University of Nebraska Medical Center in Omaha, Ne. Formerly a resident of Killdeer, ND and will be returning to the state of my birth after completion of my training program. Please recommend a "do pass" on SB 2271. I believe this bill will provide much needed oversight to an evolving field of medicine. In my training as an Emergency Physician, I have been exposed to instances of ill effects resulting from use of "naturopathic" remedies. History has shown that many of the medicines we use ranging from pain killers to heart failure medications have their origin in the natural world and may have much to offer today's patients. However, many of my fellow osteopathic physicians have minimal exposure to these increasingly common medications. As such, a fully licensed and regulated body of oversight for Naturopathic Physicians would be of much benefit to our state. Thank you for your consideration.

Steven Schmidt, MD

From: Scott Turner [mailto:svalpaca@hotmail.com]
Sent: Friday, February 04, 2011 5:22 PM
To: Lee, Judy E.; Uglem, Gerald P.; Berry, Spencer D.; Dever, Dick D.; Mathern, Tim
Subject: SB 2771

Dear Senate Human Services Committee Members,

It was brought to my attention that my recent opinion concerning SB 2771 may have been misunderstood during testimony this week. Thus giving the impression that osteopaths in the state are opposed to this bill. I want to send a short note of clarification.

I would like to go on record as an Osteopath that I am not opposed to Naturopaths practicing in the state of North Dakota. Actually my past training has included spending over 3 years taking courses taught by a Naturopath. A Naturopath has treated my family and me in past.

Dr Mark Bell from Minot, President of the ND Osteopathic Association was contacted to see if the Association gave an opinion concerning Naturopaths practicing in the state. He informed me that the state Osteopathic Association has not released any statement opposing Naturopaths practicing the state of ND.

Unfortunately, it appears that some misinformation was presented in testimony this week. I support the licensure of Naturopathic doctors but believe the Non-Compete clause should be removed. I would recommend a "Do Pass" with this amendment.

Sincerely,

Scott Turner DO

#1

Testimony on SB 2271
House Human Services
10:30 a.m., March 14, 2011

Mr. Chairman and members of the Committee. I am Margaret Sitte, Senator from District 35, Bismarck.

Let me begin with a story. My mother lived alone in her own home until the age of 95, never missing one of her grandchildren's in-town or out-of-town basketball games. She routinely saw her medical doctor for her Type II diabetes and heart condition. She also saw an ophthalmologist for cataract surgery and regular checkups. But sometimes modern medicine didn't have all the answers.

For instance, at about age 88, she was told that macular degeneration was setting in. Never one to sit idly by, she went to a local health food store and started taking lutein esters. When she returned to her ophthalmologist six months later, he couldn't believe her eyes and said, "I've never seen anyone improve from macular degeneration. What have you done?" When she told him, he said, "Keep doing it."

In her early 90s, Mother's carotid artery was getting plugged with plaque, and her doctor warned her of an impending stroke, telling her she was just too risky a case to consider surgery. Again she talked to the owner of the health food store and started taking cayenne pepper tablets. Six months later, her internist told her he couldn't believe the strong pulse in her carotid artery, saying no one's artery gets unplugged on its own.

These stories and others like it could fill volumes. We all know of people who have tried alternative therapies and have experienced healing. We also know that we would prefer to get information on nutrition and supplements from someone who has studied them in four years of post-graduate school. We don't want just anyone to be able to claim the title of "naturopath," resulting in unqualified people treating patients. For this reason, this bill proposes a new Board of Integrative Health Care to license naturopathic doctors.

So just what is a naturopathic doctor? Let's look at Attachment 1.

Why do we need naturopathic doctors? Let's turn to Attachment 2, a letter from Dr. John Fischer and an article about him in the UND Medicine magazine. Dr. Fischer is giving several million dollars to UND to establish a professorship in integrative medicine.

The profession of naturopathic doctors is growing, especially in rural areas where doctors are hard to come by. In Montana, there were ten naturopathic doctors twenty years ago when the state first began to license them. Today Montana has 70 practicing naturopathic physicians.

North Dakota's numbers are small. Currently, we have two practicing naturopathic doctors in the state, but four others are looking to come within the next year. Next, I want you to hear from Beth Allen, one of the naturopathic doctors, who will walk you through the bill. Many others have also come to testify, so I will conclude by asking for your favorable recommendation on SB 2271.

Taken from the American Association of Naturopathic Physicians
www.naturopathic.org

What is a Naturopathic Doctor? Naturopathic physicians combine the wisdom of nature with the rigors of modern science. Steeped in traditional healing methods, principles and practices, naturopathic medicine focuses on holistic, proactive prevention and comprehensive diagnosis and treatment. By using protocols that minimize the risk of harm, naturopathic physicians help facilitate the body's inherent ability to restore and maintain optimal health. It is the naturopathic physician's role to identify and remove barriers to good health by helping to create a healing internal and external environment.

Naturopathic physicians work in private practices, hospitals, clinics and community health centers. NDs practice throughout the United States and Canada. Qualified naturopathic physicians undergo rigorous training before they become licensed healthcare practitioners. Visit our Professional Education page to learn about naturopathic education.

NDs treat all medical conditions and can provide both individual and family healthcare. Among the most common ailments they treat are allergies, chronic pain, digestive issues, hormonal imbalances, obesity, respiratory conditions, heart disease, fertility problems, menopause, adrenal fatigue, cancer, fibromyalgia and chronic fatigue syndrome. NDs can perform minor surgeries, such as removing cysts or stitching up superficial wounds. However, they do not practice major surgery. NDs are trained to utilize prescription drugs, although the emphasis of naturopathic medicine is the use of natural healing agents.

Your First Visit A naturopathic physician will take time with you. During your first appointment, your doctor will take your health history, find out about your diet, stress levels, use of tobacco and alcohol, and discuss why you're there. He or she may perform an examination and order diagnostic tests. Naturopathic physicians keep themselves up-to-date on the latest scientific research and incorporate this evidence into their treatments. The naturopathic physician will work with you to set up a customized health management strategy. If necessary, your doctor will refer you to other health care practitioners.

A first visit with a patient may last one to two hours and follow-up visits range from 30 to 60 minutes, although this varies depending on the ND. Naturopathic physicians need sufficient time to ask questions and understand the patient's health goals. NDs also need time to gather information, do an appropriate examination and teach his or her patients about managing their condition and improving their health. An ND may also use diagnostic tests to fully understand their patient's health status. Besides taking the time to carefully and fully assess a patient's root problem, NDs speak and understand the language of conventional medicine. They can diagnose the way MDs do—yet, they bring to the patient a whole new arsenal of treatments and insights. Instead of waiting for a disease to emerge, NDs work to head it off before it happens.

Your Health *The below articles provide a wonderful introduction to the preventive, natural, and holistic perspective of naturopathic health care. Watch this page for regularly-added new articles.*

Nutrition, Weight Loss, and Diabetes

Another Reason for the Terrible Twos
Back to School: Healthy Eating for Kids
Create a Healthier Halloween
The Dirt on Supplements
A Healthy Balance: Food vs. Supplements
Healing the Aging Metabolism
Losing Weight the Natural Way
Naturopathic Diagnosis and Treatment of Diabetes and Prediabetes
What to Look for in a Vitamin
What We Know About Losing Fat and Keeping It Off
What You Need to Know About Type II Diabetes

Allergies and Respiratory Illness

Allergies: Natural Solutions
Do You Have a Toxic Workplace?
Don't Let Food Allergies Get You Down
Gluten: A Lurking Danger in the Pantry
Natural Treatments for Your Seasonal Allergies

Cold and Flu

Preparing Yourself for the Flu Season Naturally

Heart Health

Treating High Blood Pressure Naturally
Naturopathic Approaches to Managing Your Cholesterol

Digestive Health

Natural Elimination of IBS Symptoms
Probiotics and Our Children's Health
Good Bugs - Good Health!

Natural Medicine

Adrenal Fatigue Explained
Cheating on Your Doc?
Homeopathy – A Primer
Health Plans Less Traveled: Natural Medicine
Mind-body Integrative Medicine: Treating the Whole Person
Natural Remedies for Summertime First Aid
Two Hundred And Six Bones, One Important Mission!
Staying Healthy On Vacation

Mental Health

Beat the Winter Blues! Seasonal Affective Disorder
Common Migraine Triggers and Prevention Techniques
Sleep Checklist: Six Tips for a Good Night's Sleep
Sleep Naturally
Staying Healthy and Reducing Stress During the Holidays
The Unmedicated Mind

Men's Health

Naturopathic Treatments for Common Pelvic and Abdominal Problems

Women's Health

Estrogen Dominance: Too Much of a Good Thing Can Certainly Be BAD!
An Integrative Prevention Plan for Breast Cancer

Licensed States & Licensing Authorities Currently, 15 states, the District of Columbia, and the United States territories of Puerto Rico and the United States Virgin Islands have licensing laws for naturopathic doctors. In these states, naturopathic doctors are required to graduate from an accredited four-year residential naturopathic medical school and pass an extensive postdoctoral board examination (NPLEX) in order to receive a license. For information about the Naturopathic Physicians Licensing Examination Board (NPLEX) and the North American Board of Naturopathic Examiners (NABNE), please see our Education page.

Licensed naturopathic physicians must fulfill state-mandated continuing education requirements annually, and will have a specific scope of practice defined by their state's law. The states that currently have licensing laws for naturopathic physicians are:

- Alaska
- Arizona
- California
- Connecticut
- District of Columbia
- Hawaii
- Idaho
- Kansas
- Maine
- Minnesota
- Montana
- New Hampshire
- Oregon
- Utah
- Vermont
- Washington
- United States Territories: Puerto Rico and Virgin Islands

Professional Education A licensed naturopathic physician (N.D.) attends a four-year graduate-level naturopathic medical school and is educated in all of the same basic sciences as an M.D., but also studies holistic and nontoxic approaches to therapy with a strong emphasis on disease prevention and optimizing wellness. In addition to a standard medical curriculum, the naturopathic physician is required to complete four years of training in clinical nutrition, acupuncture, homeopathic medicine, botanical medicine, psychology, and counseling (to encourage people to make lifestyle changes in support of their personal health). A naturopathic physician takes rigorous professional board exams so that he or she may be licensed by a state or jurisdiction as a primary care general practice physician. Please see the AANMC's Professional Competency Profile for more information.

National Organizations

Federation of Naturopathic Physicians Licensing Authorities

President: Craig Runbeck, NMD
Phone: (602) 542-8242
Email: craigrunbeck@npbomex.az.gov
344 SW 7th St.
Suite B
Newport, OR 97365-4915
Phone & Fax: (541) 265-6378
Email: fnplaorg@hotmail.com
www.fnpla.org

The federation is an organization of members of state licensing boards.

United States Licensing Organizations

Alaska Department of Community and Economic Development

Division of Occupational Licensing Naturopathic Section
P.O. Box 110806
Juneau, AK 99811-0806
Phone: (907) 465-2695
Email: stacie.johnston@alaska.gov
www.dced.state.ak.us/occ/pnat.htm

Arizona Naturopathic Board of Medical Examiners

Executive Director: Craig Runbeck, NMD
1400 W. Washington Ave, #230
Phoenix, AZ 85007
Phone: (602) 542-8242
www.npbomex.az.gov

Osteopathic Medical Board of California

Naturopathic Medicine Committee
Contact: Francine Davies
1300 National Drive, Suite 150
Sacramento, CA 95834
Mailing Address: PO Box 980490
West Sacramento, CA 95798-0490
Phone: (916) 928-4785
Fax: (916) 928-4787
Email: naturopathic@dca.ca.gov
www.naturopathic.ca.gov/

Connecticut Board of Naturopathic Examiners
410 Capitol Avenue, MS#12APP
P.O. Box 340308
Hartford, CT 06134-0308
Phone: (860) 509-7562
Email: oplc.dph@ct.gov
www.dph.state.ct.us

District of Columbia Department of Health Advisory Committee on Naturopathic Physicians

Licensing Specialist: Antoinette Stokes
717 14th Street, NW, Suite 600
Washington, DC 20005
Phone: (877) 672-2174
Fax: (202) 727-8471
Web site: <http://hpla.doh.dc.gov/hpla/cwp/view,a,1195,q,494455.asp>

Hawaii Board of Examiners in Naturopathy

Executive Officer: Candace Ito
DCCA-PVL, Attn: NAT
P.O. Box 3469
Honolulu, HI 96801
Phone: (808) 586-2704
Email: naturopathy@dcca.hawaii.gov
<http://hawaii.gov/dcca/areas/pvl/boards/naturopathy/>

Kansas State Board of Healing Arts

235 S. Topeka Blvd
Topeka, KS 66603-3068
Phone: (785) 296-7413
Toll Free: (888) 886-7205
Fax: (785) 296-0852
www.ksbha.org

Maine Board of Complementary Health Care Providers

Contact: Geraldine Betts

35 State House Station

Augusta, ME 04333-0035

Phone: (207) 624-8689

Email: comphealth.board@maine.gov

http://maine.gov/pfr/professionallicensing/professions/complementary/naturopathic_doctor.htm

Minnesota Board of Medical Practice

Naturopathic Advisory Council

Chair: Helen Healy, ND

University Park Plaza

2829 University Avenue, S.E., Suite 500

Minneapolis, MN 55414-3246

Phone: (612) 617-2130

<http://www.state.mn.us/portal/mn/jsp/home.do?agency=BMP>

Montana Alternative Health Care Board

301 S. Park, 4th Floor

P.O. Box 200513

Helena, MT 59620-0513

Phone: (406) 841-2394

Email: dlibsdahc@mt.gov

http://www.mt.gov/dli/ahc/licenses/ahc/npp_license.asp

New Hampshire Department of Health and Human Services

Licensing & Regulative Services

129 Pleasant Street

Concord, NH 03301-3857

Phone: (603) 271-0853

Toll-Free: (800) 852-3345 x4814

<http://www.dhhs.nh.gov/DHHS/LRS/ELIGIBILITY/naturopathic-license.htm>

Oregon Board of Naturopathic Examiners

800 NE Oregon Street, Suite 407

Portland, OR 97232

Phone: (971) 673-0193

Email: obne.info@state.or.us

<http://www.oregon.gov/OBNE/index.shtml>

Utah Naturopathic Physicians Licensing Board

160 East 300 South

Salt Lake City, UT 84111

Phone: (801) 530-6628

<http://www.dopl.utah.gov/licensing/naturopathy.html>

Vermont Office of the Secretary of State

Office of Professional Regulation Naturopathic Physicians Advisors

Contact: Kristy Kemp

National Life Building

North FL2

Montpelier, VT 05620-3402

Phone: (802) 828-2373

<http://vtprofessionals.org/opr1/naturopaths/>

Washington State Department of Health Naturopathy Program

Health Professions Quality Assurance

PO Box 47865

Olympia, WA 98504-7865

Phone: (360) 236-4700

Fax: (360) 236-4818

<http://www.doh.wa.gov/hsqa/Professions/Naturopathy/default.htm>

To House Human Services Committee
North Dakota State Legislature
March 7, 2011

Gentlemen,

I am writing to express my strong support for SB2271, the naturopathic licensing bill.

As a Minot, N.D. native and a 1965 graduate of the the U.N.D. School of Medicine I have practiced high tech medicine for almost 45 years. I have gradually come to realize that we as physicians are not health care providers, but disease care providers. We know little about what constitutes good health or how to maintain it, and concentrate primarily on disease.

Naturopathy has a much higher emphasis on maintaining good health. It also treats disease, but with more natural, benign therapies, and is not captive to the pharmaceutical industry as we M.D.s are. In recognition of the need for a different approach to medicine I have established a professorship in integrative medicine at U.N.D School of Medicine.

(see attached article)

The people of North Dakota deserve a choice, an alternative to drug oriented allopathic medicine. Naturopathy is the best alternative I am aware of.

Please support health care choice and freedom by approving the naturopathic licensing bill.

Respectfully,


John R. Fischer M.D.

Unexpected Reformer: Alumnus Supports Integrative Medicine

by Pamela D. Knudson Photography: provided by John Fischer, MD
Taken from North Dakota Medicine



An avid outdoorsman, John Fischer, MD (BS Med '65), of Gunnison, CO, is supremely health-conscious; since 1976, his diet has been derived almost entirely from what he has hunted, caught or trapped. Through his major gift to establish an integrative medicine program at UND, he wants to see medical students "exposed, at a very practical level," to basic modalities of complementary and alternative treatment, he says, that are "equally efficacious, safer and better for the patient than drugs."

As a Harvard-trained neuroradiologist and interventional radiologist, John Fischer, MD (BS Med '65), has "climbed to the top of the high-tech medical mountain," he says.

"There is no good health at the top of the mountain; only disease. Disease and enormous costs."

The physician who spent his career performing the most sophisticated, high-tech procedures is an unlikely, yet passionate, advocate for a growing movement in medicine

that emphasizes a broad, holistic approach to patient care, focusing on wellness and encompassing a wide variety of proven and even ancient practices that American doctors have been reluctant or unwilling to adopt.

In the United States, "we don't have a health care system; we have a disease care system," he maintains. "We focus on disease care; there is little interest in health."

Fischer has come "full circle," he says, back to the opposite end of medicine which espouses less reliance on expensive high-tech procedures, surgeries and medications and embraces the fundamentals of good health: basic nutrition, exercise and a good, healthy lifestyle.

Ineffective, expensive, potentially dangerous

The use of "high-tech medicine has rarely made anyone healthy," he says, acknowledging that, with it, "we've been able to ameliorate some disease, extend a few lives. But it certainly doesn't give you good health."

He's deeply concerned about the American health care system and that, as a country, "we can't afford this high-tech medicine that produces so few benefits. The runaway cost of health care is financially catastrophic. It is time to focus on good health instead of disease. We need to keep people out of the disease care system."

Further, "physicians are slaves to drug companies. If you take away our prescription pads, we're impotent," he asserts. "There's more to medicine than peddling pharmaceuticals, some of which are very toxic, even lethal... Others do more harm than good."

When society surveys the alarming evidence of medical errors and the serious side effects of the drugs physicians prescribe, he observes, "doctors are dangerous to your health."

He notes that 89 percent of people over 60 years old are taking at least one prescription medication, and most are taking several. "The good physician of the future will be judged by the number of drugs they get people off of."

While not condemning drug companies, Fischer recognizes that their "sole motive is profit," and that physicians' dependence on pharmaceuticals is rooted in their medical training.

"I want to change that," he says. "Medical students should be exposed to alternative treatment methods early on, so they become comfortable with them and knowledgeable in their use. Then, they will be able to combine the best of pharmaceutical medicine and alternative medicine in their treatment of patients. It does not have to be 'either/or.' It can be 'both.'"

The goal is to "naturally incorporate alternative medicine into their practices," he says. "There's so much more out there that physicians can use -- good therapies that would help them in their practice and that patients would love to use" instead of drugs.

Gentler, more benign approach

Fischer is convinced that part of creating a health care system in our country includes patient care that encompasses naturopathy, homeopathy, biological approaches such as herbs, vitamins and supplements, therapeutic massage and manipulation, traditional Chinese medicine, Ayurveda as well as mind-body medicine involving patient support groups and meditation.

"There are gentler, more benign ways of treating disease than they learn in medical

school," he says. "I want to blend the best of both worlds – the allopathic with the alternative."

"We don't have drug deficiencies, we have lifestyle deficiencies," he says. "People have to take control of their own health. The two pillars of good health are diet and exercise. Doctors cannot give you good health. They can point the direction, but only you can give yourself good health. It is not a gift; it is a choice."

Charles Christianson, MD, associate dean for clinical education and associate professor of family and community medicine, Grand Forks, who is spearheading the school's efforts concerning integrative medicine, echoes this viewpoint, noting, "Our students need familiarity with these modalities.

"Students who understand these modalities are non-judgmental and comfortable getting history from patients" that includes their use of alternative treatments, he says. Studies show that Americans make more visits to complementary and alternative health providers than to primary care physicians.

"We intend to take what's proven in the field of complementary and alternative medicine and integrate it into the practice of allopathic medicine."

Christianson is also keenly interested in "the mechanisms, the biologically active agents, that make something work in the body," and foresees that aspect as part of a potential research prong in the school's incorporation of integrative medicine.

"It will really impact teaching in the clinical setting," he says. "We will be engaging our faculty, in a positive way, around how we teach our students."

Major financial commitment

Fischer is so passionate about the need for complementary and alternative medical education that he's made a major contribution to the UND medical school to establish the **John R. Fischer, M.D., Professorship in Integrative Medicine.** He's committed to encouraging young doctors to leave behind their dependency on the drug industry and gain exposure, early on, to integrative medicine.

The UND medical school's orientation to family medicine and primary care is "a good setting" for this initiative, he says. Its "patient-centered learning" approach to medical education is "the perfect way to introduce alternative methods that are equally efficacious, safer and better for the patient than drugs.

"The sooner they're exposed to it, the more comfortable they'll be."

Fischer, who attended medical school at Harvard with **Andrew Weil, MD,** has sought his classmate's advice on prospects to fill the Professorship in Integrative Medicine. A prolific author, Weil is considered a pioneer in the progression toward a naturalistic approach to health and wellness. He established the Arizona Center for Integrative Medicine at the University of Arizona, the first in the country to offer training in integrative medicine.

"We don't have to re-invent the wheel," Fischer affirms, "but we can change the shape of the wheel, and personalize the program in North Dakota to fit North Dakota.

"Students will benefit in the short run. The people of North Dakota will benefit in the long run."

Mr. Chairman and Members of the Committee,

My name is Beth Allen. I am a Naturopath practicing in Bismarck and the lobbyist for the North Dakota Association of Naturopathic Doctors (#218). Senate Bill 2271 has been introduced on behalf, and I have been asked to explain the key points of the bill.

Senate Bill 2271 is a licensing bill for Doctors of Naturopathic Medicine, commonly called Naturopaths. The three major objectives of this bill are to: outline the criteria for licensing, define our scope of practice and establish a Board of Integrative Health Care to issue licenses and regulate integrative health practitioners. Some sections are written to apply to just Naturopaths, and others are written to apply to all professions that may come under this board in the future. The section title stipulates when it applies to just Naturopaths.

Page 1

- (Line 6) Section 1 exempts Naturopaths from NDCC chapter 43-17 which regulates Physicians in order to create a new section of code specific to Doctors of Naturopathic Medicine.
- (Line 10) Section 2 creates an amendment to the Physicians chapter. It clarifies that Naturopaths must comply with reporting requirements when a patient's wound appears to be related to a crime and must provide referral information to a patient that is a victim of domestic violence or sexual assault.

Page 2

- (line 17) Section 3 begins the creation of a new century code chapter, 43-57 for Naturopaths, starting with 43-57-01 Definitions. It defines several important terms, most importantly, what is an approved

naturopathic medical college. Naturopathic medical schools must be nationally accredited, 4 year, on-site, graduate level medical schools.

Page 3

- (Line 18) 43-57-02 creates a new Board of Integrative Health Care. This board will regulate Naturopaths. We anticipate that it will also regulate other providers of integrative care in the future, such as acupuncturists. The board will include four medical professionals and one consumer. The medical professionals will be: 1 doctor of naturopathic medicine, 1 medical or osteopathic doctor, 1 pharmacist and 1 acupuncturist.

Page 4

- (Line 11) 43-57-03 lists the powers and duties of the board, such as establishing licensing exams, licensing fees and continuing education. Subsections 1b and 1d apply specifically to Naturopaths. The rest of the sections apply to all potential professional licensees of the board.

Page 5

- (Line 2) 45-57-04 outlines the scope of practice of a Naturopath. It defines what we can and cannot do. We may not: prescribe drugs, do radiation treatments or perform surgery. In, subsection 2 (line 12) Naturopaths may use each of the 5 major natural treatment therapies from our training: nutrition and supplements, herbal medicine, homeopathic remedies, patient education and counseling, and physical medicine. In subsection 3 (line 20) Naturopaths may conduct exams and tests necessary to diagnose a patient.

Page 5

- (Line 24) 43-57-05 clarifies that when the naturopathic scope of practice overlaps with other licensed professionals, this law would not infringe on other licensed professionals (e.g. chiropractors, physical therapists).

Page 6

- (Line 1) 43-57-06 requires that Naturopaths follow all state and local public health requirements that apply to our scope of practice, such as reporting communicable diseases.
- (Line 7) 43-57-07 prevents anyone who does not have a license from practicing naturopathic medicine or advertising that they are a Naturopath. This does not affect health food stores since they only sell products to consumers, they are not diagnosing and treating patients. It does not prevent family members or friends from giving advice, since they are not claiming to be Naturopaths. But it does prevent someone who lacks credentials from advertising that they are a Naturopath and charging money for their services.
- (Line 14) 43-57-08 requires filing an application for licensure.
- (Line 18) 43-57-09 lists the requirements necessary to obtain a naturopathic license. In addition to the standard requirements of good moral character, mental and physical capacity, and a history free of criminal or ethical violations, subsection 1a (line 11) requires graduation from an approved college and subsection 1b (line 12) requires passing a national competency exam. The NPLEX part 1 and 2 is listed as an example. This is the national board exam required in all licensed states at this time.

Page 7

- (Line 4) 43-57-10 allows the board to waive exam requirements and develop reciprocity agreements if a Naturopath has already been licensed in another state, provided that the other state's requirements are deemed equivalent by the board.
- (Line 17) 43-57-11 requires the board to issue a license when all requirements have been met.
- (Line 20) 43-57-12 establishes the criteria to renew a license for all professions under this board. All licenses renew every 2 years and require a renewal fee, plus the number of continuing education credits established by the board. Failure to renew means the license has expired and the individual must reapply for a new license.

Page 8

- (Line 6) 43-57-13 allows hospitals to hire a Naturopath.
- (Line 9) 43-57-14 outlines the disciplinary powers of the board for all professionals licensed under this board. (Line 10) Subsection 1 lists the disciplinary actions that can be taken: revocation, suspension, probation, limitations, censure, charitable service and fines. (Line 23) Subsection 2 outlines all of the grounds for action, such as fraud, deception, criminal conviction, chemical dependency, disability that affects competency, violating confidentiality, negligence, sexual misconduct, inappropriate care and lack of pertinent patient documentation.

Page 10

- (Line 1) 43-57-15 outlines the procedures to investigate a complaint and to appeal a decision.

- (Line 25) 43-57-16 allows the board to pass the costs of investigation and prosecution on to the licensee. It also allows the licensee to appeal the costs to an administrative law judge.

Page 11

- (Line 4) 43-57-17 establishes the ability to enforce this chapter by declaring violations a class B misdemeanor and allowing a civil injunction.

- (Line 9) Section 4 is an application provision necessary to set up staggered terms for board members.

Two documents are attached to this testimony. The first is a comparison of the education and clinical training for Doctors of Naturopathic Medicine, Medical Doctors and non-qualified, online naturopathy programs. The second attachment is a comparison of scopes of practice in the United States and Canada. This bill provides a limited scope of practice. We are not proposing any amendments and respectfully request a Do Pass as written.

Two members of our association, Faye Johnson and Lezlie Link will be testifying to further explain naturopathic medicine. Thank you for your time. I'd be happy to answer any questions you may have.

Naturopathic Medical Education Comparative Curricula

Comparing Curricula of Naturopathic Medical Schools,
Conventional Medical Schools, and Non-accredited "N.D." Programs

National College of Naturopathic Medicine	Bastyr University-Naturopathic Medicine	Yale University	Johns Hopkins	Medical College of Wisconsin	Trinity College of Natural Health	Clayton College of Natural Health
Federally & Regionally Accredited Naturopathic Medical School	Federally & Regionally Accredited Naturopathic Medical School	Federally & Regionally Accredited Conventional Medical School	Federally & Regionally Accredited Conventional Medical School	Federally & Regionally Accredited Conventional Medical School	Non-accredited Naturopathic Medical Training	Non-accredited Naturopathic Medical Training

Basic and Clinical Sciences:

Anatomy, Cell biology, Physiology, Histology, Pathology, Biochemistry, Pharmacology, Lab diagnosis, Neurosciences, Clinical physical diagnosis, Genetics, Pharmacognosy, Bio-statistics, Epidemiology, Public Health, History and philosophy, Ethics, and other coursework.

1548	1639	1420	1771	1363	272	100
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Clerkships and Allopathic Therapeutics:

including lecture and clinical instruction in Dermatology, Family Medicine, Psychiatry, Medicine, Radiology, Pediatrics, Obstetrics, Gynecology, Neurology, Surgery, Ophthalmology, and clinical electives.

2244	1925	2891(+thesis)	3391	2311	0	0
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Naturopathic Therapeutics:

Including Botanical medicine, Homeopathy, Oriental medicine, Hydrotherapy, Naturopathic manipulative therapy, Ayurvedic medicine, Naturopathic Case Analysis/Management, Naturopathic Philosophy, Advanced Naturopathic Therapeutics.

588	633	0	0	0	336	300
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Therapeutic Nutrition

144	132	0	0	0	176	50
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Counseling

144	143	Included in psychiatry (see above)	Included in psychiatry (see above)	Included in psychiatry (see above)	0	25
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TOTAL HOURS OF TRAINING

4668	4472	4311+thesis	5162	3674	784+dissertation	475+dissertation
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Sources:

Curriculum Directory of the Association of American Medical Colleges
www.trinityschool.org/nd.php

COMPARISON OF SCOPES OF PRACTICE FOR NATUROPATHIC DOCTORS IN STATES, TERRITORIES, AND PROVINCES*

Location	Licensed NDs ¹	Rx Formulary	IV Therapy	Obstetrics	Use of Diagnostic Imaging Tests	Office Procedures	Physical Medicine	Clinical Nutrition Bot Med, Hydro and Homeopathy	Rec'd JNAT
ALASKA	43	None	No	No	Yes	Limited	Yes	Yes	0
ARIZONA	715	Broad (DEA)	Yes	Yes	Yes	Yes	Yes	Yes	30
CALIFORNIA	991	Broad (DEA) with MD Oversight	Yes (w/ Cert)	Yes (w/ Cert)	Yes	Yes	No (per NPA regulations)	Yes	30
CONNECTICUT	252	None	No	No	TBD	No	Yes	Yes	15
WASHINGTON D.C.	29	TBD	No	Yes (w/ prescriber and MD collaboration)	Yes (can't order)	Yes	Yes	Yes	15
HAWAII	103	Broad	Yes	Yes	Yes	Yes	Yes	Yes	
IDAHO	14	None	No	No (separate as a day license)	No	No	Yes	Yes	20
KANSAS	15	TBD	Yes	No	Yes	No	Yes	Yes	50
MAINE	24	Limited	Yes (Schedule or doctor order)	No	Order only ²	Yes	Yes	Yes	37
MINNESOTA	24	None	TBD	No	Order only ²	Yes	Yes	Yes	
MONTANA	71	Broad (DEA)	Yes	Yes (w/ Cert)	Yes	Yes	Yes	Yes	0
NEW HAMPSHIRE	62	Broad (DEA)	Yes	Yes (w/ Cert)	Yes	Limited	Yes	Yes	50
OREGON	765	Broad (DEA)	Yes (w/ CME)	Yes (w/ Cert)	Yes	Yes	Yes	Yes	25
PUERTO RICO	1	None	No	No	Yes	No	TBD	Yes	
UTAH	33	Medium (DEA)	Yes	Yes (w/ MD)	Yes	Yes	Yes	Yes	12
VIRGIN ISLANDS	7	TBD board creation	Yes	Yes	Yes	Yes	Yes	Yes	
VERMONT	327	Medium (DEA)	Yes	Yes (w/ Cert)	Yes	Yes (limited to obstetrics)	Yes	Yes	15
WASHINGTON	972	Broad (DEA)	Yes	No (separate in day license)	Order only ²	Yes	Yes	Yes	20
Total	3854³								
BRITISH COLUMBIA		Limited	Yes	TBD	Yes	Yes	Yes	Yes	
MANITOBA		None	Yes	TBD	Yes	No	Yes	Yes	
ONTARIO		Limited	Yes	TBD	No	No	Yes	Yes	
NOVA SCOTIA		None	Yes	TBD	Yes	No	Yes	Yes	

*Don't make life decisions based on this information. Always go to the state licensing board, the state association and the current statutes in the Resources section to confirm.
¹Rx Caveat: See the States Formulary in the resources section for specifics.
 a. California: Can Rx Schedule 3-5 when done with an MD. Else, can only Rx hormones and epinephrine.
²Diagnostic Imaging - Order Only means that ND cannot interpret for diagnosis.
³Office procedures typically includes minor surgery.
⁴This does not take into account those licensed in multiple states, or that are licensed and not practicing.
⁵With the exception of South Carolina, Florida, Tennessee, and Iowa, where it is against the law for a person to claim to be a practitioner of naturopathy.
⁶Does not include Virgin Islands and Puerto Rico.

#3

SB 2271

Faye Johnson

March 14, 2011

Mister Chairman and members of the committee. My name is Faye Johnson and I am a Naturopathic Doctor from Bismarck and I am here to testify in favor of Senate Bill 2271.

Many of you might be curious as to what happens during an actual naturopathic medical consult. My first office call lasts for an hour and a half. During this time the client is given plenty of time to give their full medical history and history of the current complaint. I do a quick assessment of their health and give them my recommendations which are individualized to the clients and based on the six principles that guide our medicine:

- The healing power of nature
- First do no harm
- Doctor as teacher
- Treat the whole person
- Identify and treat the cause
- Prevention

These recommendations may include a combination of the following:

- Diet and lifestyle changes
- Vitamin and mineral supplements
- Herbs
- Homeopathic preparation
- Physical medicine

6. Referral to another practitioner

Follow-up appointments generally last about 30 minutes to an hour depending on the complexity of the case.

I am in my 8th year of practice in Bismarck and am booked out for 3 months. I tell you that because the people of North Dakota are hungry for this medicine. Our medicine shines in the areas of chronic illness, people who cannot tolerate prescription medication, and in my experience strange complaints. 90% of the clients I see have been through the traditional medical model and still need extra help. This is a very unique, gentle, yet highly effective medicine that can provide relief to so many who suffer.

Mr. Chairman and Members of the Committee,

For the record, my name is Lezlie Link. I am a licensed Naturopathic Doctor in the state of Arizona. I was born and raised here in Bismarck, and am excited to be moving home this April. I am testifying in support of SB 2271.

Naturopathic medicine works. This is documented in many studies, five of which I am going to talk about today. I have provided a link to the studies I will discuss. The first study examines the effectiveness of naturopathic medicine in the treatment of cardiovascular disease. Canadian postal workers with elevated cardiovascular risk were treated with naturopathic medicine for one year. The study demonstrated a societal cost savings of \$1025 per employee. Additionally, naturopathic medicine decreased absenteeism, increased the number of additional productive days, decreased metabolic syndrome, decreased the likelihood of a major cardiovascular event, and finally, saved the life of at least one person. Those are statistics that any business would like to have.

The second study examines anxiety. It looked at 81 patients with anxiety over a three-month period and how the patients were affected by naturopathic medicine. This study demonstrated that naturopathic medicine decreased anxiety measurement scores better than psychotherapy. Also, it went on to demonstrate significant clinical benefit in mental health, concentration, fatigue, social functioning, vitality, and overall quality of life.

The third study investigates the cost-effectiveness of naturopathic care for chronic low back pain when compared to a standardized physiotherapy regimen. Naturopathic medicine improved quality-adjusted life-years and reduced societal costs by \$1212 per study participant.

Moving on to the fourth study, which examines the effectiveness of naturopathic medicine regarding rotator cuff tendinitis. The study showed a reduction in rotator cuff tendinitis by both the use of standardized physical therapy and naturopathic medicine but showed an even greater clinical and statistically significant improvement in shoulder pain and quality of life with the use of naturopathic medicine. Secondary significant improvements provided by naturopathic medicine included improvements in physical function, bodily pain, general health, vitality, emotional and mental health markers, and patient-specific concerns.

The final study is a comparison of health care expenditures among insured users and nonusers of complementary and alternative medicine (CAM) in the state of Washington. This study looks at insured patients with back pain, fibromyalgia syndrome, or menopausal symptoms who used CAM providers for some aspect of their care. The results showed that CAM users overall had lower expenditures than nonusers, an average of \$367 less than nonusers. CAM users had higher outpatient costs, however, these costs were offset by lower inpatient and imaging costs. Interestingly, CAM using patients with more advanced diseases averaged \$1420 less than nonusers.

I believe the state of North Dakota needs more people like myself that can provide a link between medical and alternative medicine. I held off on coming back to ND for almost 2 years because of lack of licensure and regulation. After graduation, I entered an accredited General Family Practice Residency Program for naturopathic medicine before making the decision to come home. This decision wasn't easy for me. Spending the last two years in Arizona, a licensed state, I trained and worked with NDs, MDs, DOs, NPs, and PAs. I am used to consulting with other medical professionals and referring my patients when the patient and I need their expertise. Without licensure in ND, I cannot use my skill set to the fullest extent, and I am less effective for my patients and my profession. I do know this, patients and medical professionals want the information I have learned. Six months ago, a St. Alexius pharmacist called me to ask whether she should allow a prescription to be filled. I said no. I explained that the home nurse didn't have experience with this treatment and should not be administering it. Naturopathic physicians are trained to be safe and we realize our boundaries. I want to come home, my family wants me to come home, and this state needs me to come home.

In conclusion, I ask for a DO PASS on SB 2271, licensure for naturopathic doctors.

1 - Cost & Effectiveness of the Whole Practice of Naturopathic Doctors in Preventing Cardiovascular Disease - Preliminary Findings

http://theintegratorblog.com/site/index.php?option=com_content&task=view&id=682&Itemid=189

2 - Naturopathic Care for Anxiety: A Randomized Controlled Trial

http://www.ccnm.edu/research/mental_health/naturopathic_care_anxiety

3 - Cost-effectiveness of naturopathic care for chronic low back pain <http://www.ccnm.edu/node/2254>

4 - Naturopathic Treatment of Rotator Cuff Tendinitis Among Canadian Postal Workers: A Randomized Controlled Trial <http://onlinelibrary.wiley.com/doi/10.1002/art.24675/pdf>

5 - Does CAM Access Reduce Healthcare Expenditures?

http://www.naturalmedicinejournal.com/article_content.asp?article=82

#5

HOUSE HUMAN SERVICES COMMITTEE MEETING MARCH 14, 2011

COURT UNION ROOM 10:30 AM

REGARDING: SB 2271 NATUROPATHIC LICENSING

MR. CHAIRMAN and COMMITTEE MEMBERS

My name is Glen Hyland. I am a medical doctor with specialties in Internal Medicine and Radiation Oncology. I have practiced in North Dakota for nearly 35 years. (1976-2011). I am board certified in Radiation Oncology ABR and in Holistic (Integrative) Medicine ABHM. I am a proponent of SB 2271.(Naturopathic licensure)

For the last 60 years, Cancer Therapies have focused on the concept of Destroying Cancer Cells, by the Standard Approaches (Surgery; Chemotherapy; and Radiation). We even declared war against these Cancer Cells in 1972 (President Nixon).

I am proud that the Oncology Community's basic and clinical research programs have produced marked improvements in the treatment of some Childhood Cancers, leukemias, and Lymphomas. However, I am saddened that the Initial Responses to Intensive Combined Modality treatments of Advanced Adult Solid Tumors (ex: Lung, Pancreas, Brain, Colon, Breast) have not translated (are not accompanied) by marked improvements in overall survival or cure.

Whether these Intensive Cancer Therapies are often associated with both early and delayed Side Effects which can alter a patients Quality of Life (QOL). These side effects are associated with decreased function of multiple organ systems: Nervous system; GI tract; Immune system; Endocrine (thyroid; adrenal); Skin; Urologic system etc).

Individualized nutritional therapies may help to restore organ system functions and may help to decrease the severity and duration of side effects of Cancer Therapy. Naturopaths trained and certified by four year degree granting naturopathic colleges are highly trained in nutrition approaches that help restore organ function. They are very valuable colleagues and consultants to the Cancer Care Therapy Team.

Naturopaths are increasingly recognized for their specialized training, and are being recruited by the prestigious Cancer Care Centers. MDAH, many East and West Coast Cancer Centers have Naturopaths on staff. Cancer Treatment Centers of America has long recognized the expertise of Naturopaths.

Naturopaths are highly trained in wellness improvement of patients. These approaches establish the optimal organ reserves allowing the highest levels of human functioning.

I strongly support a do pass for the Naturopathic Licensure Bill 2271, for it will facilitate Cancer Care Programs of North Dakota to acquire needed nutritional expertise, to provide highly individualized nutritional approaches for the improvement of Quality of Life of Cancer Patients.

Thank You for kind attention,

Glen R. Hyland MD Integrative Oncologist

My personal perspective regarding the practice differences between Naturopathic and Allopathic (traditional USA) are as follows:

1. Allopathic physicians Focus on determining a Disease Diagnosis, Documenting many levels of Evidence which support this Diagnosis, and Prescribing a Standard Treatment.
2. Naturopathic physicians Focus on Wellness, Document many levels of Evidence that reveal Why the patient is Not at a level of Optimum Health.
3. Allopathic physicians mainly use a Diagnosis-Treatment plan approach model.
4. Naturopathic physicians mainly use Prevention of Disease approach model.
5. Patients of Allopathic Physicians benefit from being good historians of their illness, and cooperative in completing the Therapy Prescription to obtain the best results.
6. Patients of Naturopathic Physicians benefit if they partner with their physician by taking the responsibility for changing their Lifestyle under the guidance of their Naturopath.
7. The Allopathic Disease-Treatment model excels for rapid onset aggressive diseases and Trauma.
8. The Naturopathic Prevention-Wellness model excels in treatment of chronic diseases, and in the prevention of disease, while improving Human performance and function.
9. Both Allopathic and Naturopathic models are important for health care. Integrating the two models I believe will be the best way of decreasing Health Care cost while preserving a superior health care system

6

Testimony of Scott J. Schneider
P.O. Box 1092
Fargo, ND 58107

In support of SB2271 (A Bill for an act relating to the regulation of naturopathic doctors)

House Human Services Committee, Rep. Robin Weisz, Chairperson
North Dakota Legislature
March 14, 2011

Chairperson Weisz, and members of the House Human Services Committee. My name is Scott Schneider. I live in Fargo. I am here today to testify in support of SB2271, which, if passed, would license and regulate naturopathic doctors (NDs) in North Dakota.

I am testifying here today as a private citizen and resident of North Dakota. My testimony contains solely my own thoughts and opinions. Because I am employed by the Federal Government, I am required to advise you that my testimony does not constitute, and must not to be construed as constituting, the position of the United States Government, or of any of its elected or appointed officials, or agencies, or employees. I am here in Bismarck today to testify on my own time and at my own expense.

I support the passage of SB2271, which passed the Senate 47-0, because I believe that naturopathic medicine is a legitimate school of medicine which can complement the conventional practice of medicine in our state. Furthermore, it can provide North Dakota's health care consumers with additional safe choices for health care.

We have excellent conventional medical care available to us here in North Dakota. I have lived most of the past 25 years in Bismarck where I have been cared for by excellent M.D.s, several of whom are personal friends. My son-in-law is also an M.D. Notwithstanding my lifelong excellent care by M.D.s practicing conventional medicine, I first experienced naturopathic medicine five years ago when a serious health problem did not respond well to the conventional medical treatment, which was the prescription of a pharmaceutical drug. Fortunately, a naturopathic treatment approach did work for me over a period of time, and I was able to regain my health.

In late June 2005, I was returning to Bismarck from vacation and stopped in Jamestown for my second 20 oz. cup of coffee of the morning. By the time I reached Bismarck I was feeling fairly severe chest pain. Although I thought it was just some kind of heartburn, I called my family doctor to ask what I should do. Because of my continuing chest pain, his nurse directed me to go to the Emergency Room to get checked out. After two hours of testing in the ER, the ER doctor advised me that I had not had a heart attack, my heart and all major systems were in fine shape, and that the problem appeared to have been acid reflux, or G.E.R.D. (gastroesophageal reflux disease). He prescribed an acid-blocking pharmaceutical drug and advised me to make an appointment with my family doctor as soon as possible.

Within a week, I met with my own doctor, an M.D., who concurred in the GERD/acid reflux diagnosis and prescribed a different acid blocker drug, which I immediately began taking on a daily basis. By early August I was experiencing further digestive problems, which I assumed were related to the acid reflux problem. By mid-September, I was having even worse digestive problems, and, for the first time, began experiencing serious difficulty when consuming dairy products. After follow-up visits to my family doctor and allergy M.D. during the Fall, I was given a series of standard medical tests to determine the cause of my continuing digestive difficulties, including a colonoscopy in early November, but nothing unusual was found to be the cause of my worsening digestive discomfort.

In early January 2006, because my digestive problems were continuing, I went to my allergy doctor and took some expensive food allergy tests not covered by my health insurance to determine if a food allergy was the partial cause of my digestive problems. The food allergy test results showed a strong sensitivity to gliadin, a protein similar to gluten, which is found in wheat, rye, barley, and sometimes oats, and casein, which is found in dairy products. I severely limited my consumption of wheat and other gliadin-containing products and dairy products, but my digestive problems did not resolve, even though they abated somewhat. I then ceased taking the acid blocking drug as I believed it to be the major cause of my continuing and worsening digestive problems. Things improved, but my digestive system was still not functioning properly.

In February 2006, I met a naturopathic doctor (N.D.) for the first time following the recommendation of a friend, who is very knowledgeable about a variety of the healing arts. I described to the N.D. my GERD medical diagnosis, acid blocker drug treatment, resulting digestive problems which had not been resolved, and recent food allergy testing. The N.D. suggested that I could try some lifestyle changes, over-the-counter (OTC) supplements and vitamins to support the areas of the body that were experiencing difficulty, and an allergy reduction technique using acupuncture. Fortunately, the acupuncture treatment and supplements worked over time and, within 4-5 months, my digestive problems were eliminated and I was able to fully regain my health. I can now eat all of the dairy products I wish, and am able to occasionally eat wheat and other foods containing gliadin or gluten, even though it is better if I restrict their intake to no more than 2-3 times per week rather than daily. I know the naturopathic-based treatment combined with the cessation of acid blocker drugs saved my health, and my wife believes it saved my life.

I have no criticism whatsoever of my medical doctors in the diagnosis and treatment of my GERD. I understand that the mainstream medical treatment for GERD, an acid blocker drug, works for many people. If the acid blocker had worked for me, I would have gone on my merry way taking one pill a day and eating whatever I wanted to eat. Unfortunately, my body could not tolerate the prescribed acid blocker drug, it caused additional digestive problems for me, and I needed to find a better way to resolve the problems.

I strongly support conventional medicine as practiced by M.D.s and D.O.s (doctors of osteopathy) here in North Dakota, and elsewhere. I also strongly support the practice of naturopathic medicine as a branch of medicine which can provide healing to people facing many maladies and diseases. I do not consider conventional medicine and naturopathic medicine to be alternatives to each other because the term "alternative" suggests the two are "mutually exclusive." I consider conventional medicine and naturopathic medicine to be complementary because each respective branch of medicine has a different perspective, focus, emphasis and area of expertise, which complement one another in the treatment of health problems. Although there is an area of overlap involving certain health problems which both disciplines seek to treat, and within that area they use different treatment modalities, the existence of multiple treatment methods for the same problem provides health care consumers with more treatment choices. Patients who may not respond well to one type of treatment should be given the opportunity to try something else, such as a person who cannot tolerate serious prescription drugs which have potential serious side effects, but wishes to try a more basic health approach to solve their health problems.

Competent, qualified naturopathic doctors should be licensed, regulated and allowed to practice naturopathic medicine in North Dakota, as they already are in several other states. This is a win-win situation because it will ensure that only qualified N.D.s are practicing naturopathic medicine, and health care consumers will have more safe choices of treatments. M.D.s will continue to focus on the areas of medical care they are so well trained and qualified to provide.

I strongly recommend that this Committee give SB 2271 a "Do Pass" recommendation, and pass the bill in the House.

Thank you.

Scott J. Schneider



Dr. Kathleen Allen
Naturopathic Physician.

March 12, 2011

RE: SB 2271 Naturopathic Licensing Bill

Dear Members of the House Human Services Committee, North Dakota State Legislature

My name is Kathleen (Lempe) Allen . I am a naturopathic physician from Washington State. However, I was raised and educated in North Dakota. Most of my family still lives in North Dakota and I visit regularly. Please recommend a "do pass" on SB 2271.

I now have a thriving family medicine practice in a small rural town in Washington. I would have considered moving back to North Dakota to serve a small rural community in my home state after I completed my doctorate, but there was no provision in the state law to license me as a primary care provider. To practice as I was trained would be considered practicing medicine without a license in North Dakota. In Washington State, I am an integral part of the health care delivery system. I perform standard well child exams, annual physicals, order labs/imaging, write prescriptions, and administer vaccines. My services are covered by most major insurance providers such as Blue Cross or Blue Shield. I have a network of providers to whom I refer patients when they require services beyond the scope of my family medicine practice. As a naturopathic physician, I am able to advise and treat patients with conventional medicines, and I am also able to advise them about natural therapies. Importantly, naturopathic physicians are experts on herb/drug/nutrient interactions. With such a large segment of the population opting for complementary and alternative medicine, it is critical that North Dakota pass this legislation. Please follow this link (<http://www.motherchildmedicine.com/about/education.php>) to see the details about the extent of my training as well as more information about the kind of service I am able to provide in Washington State.

Please make it easier and safer for your citizens to have access to the kind of integrative primary care medicine that naturopathic physicians provide. Please make it easier for citizens to identify providers that are truly qualified to attend to their health care needs.

If there is a law that creates licensure for naturopathic physicians, I would consider maintaining a license to practice in Washington as well as North Dakota so that I could provide care during my summer stays in the Red River Valley. Thank you for your consideration of this important issue.

Sincerely,

Dr. Kathleen Allen

Fargo North High School Graduate, Class of 1989
Benjamin Franklin Junior High Alumnus
Longfellow Elementary Alumnus

January 24, 2011

To The Members of the North Dakota Legislature:

I am writing this letter to encourage you to support licensure for Naturopathic doctors in North Dakota, Bill #SB2271. This is a bill that would give licensure in North Dakota to graduates of an accredited Doctor of Naturopathy program.

I am a physician, board certified in family medicine. I also am a diplomate of the American Board of Integrative Holistic Medicine. I practice in Northwest Minnesota and am medical director of Riverview Family Practice and Integrative Medicine Center in Crookston, MN. Many of my patients live in North Dakota and my colleagues practice in North Dakota. I also have an appointment as Clinical Assistant Professor in the Department of Family and Community Medicine at University of North Dakota School of Health Sciences. This letter is a personal statement and does not reflect any opinion of the University or its faculty and administration.

Integrative medicine integrates natural therapies with conventional medicine. This is a field of medicine that has been growing in the United States over the last 10-15 years. With help from scientific research, much of which has been funded by the National Institutes of Health National Center for Complementary and Alternative Medicine (NCCAM,), we have learned how nutrition, certain vitamins, herbs and supplements and other treatment modalities have a positive impact on our health.

As Complementary and Alternative Medicine has become more popular, a multi-billion dollar industry has developed offering products and treatments. Some of these are legitimate and others are not. It is important to have well trained professionals in Integrative Medicine such as Doctors of Naturopathic Medicine, available to educate, guide and treat patients rather than receiving health care advice from the clerk at the health food store or Wal-Mart, someone who got an on-line certificate or even someone who just claims they know about natural medicine. In addition, those patients that do ask their medical provider advice about dietary supplements often do not get the information they need because their physicians have not been trained in the field. Having licensure for Naturopathic doctors in North Dakota will help to assure North Dakotan patients that they are receiving health care from providers who have been educated at legitimate accredited institutions who are licensed, and hence regulated, professionals.

Doctors of Naturopathic Medicine, (N.D.s) are legitimate, integrative medicine practitioners who provide valuable health care and health education. Most allopathic (conventional) medical doctors have not received training in the fields that are taught to naturopathic physicians. In addition there are many complex syndromes and health problems (i.e. fibromyalgia, chronic fatigue syndrome, irritable bowel syndrome, PMS, chronic headaches) for which N.D.s treat quite effectively while conventional medicine and its pharmaceuticals do not have much to offer. Having N.D.s available to help patients with this kind of care is not only welcomed, but vital to the public health of our communities. This is where the word "complementary" fits in; N.D.s can complement the care that conventional M.D.s provide.

I have worked closely with many different N.D.s during my 25 years of practice. There are times that N.D.s have referred patients to me for a diagnostic work up to rule out (or in) a medical problem, or for continuing or initiating conventional care (such as for diabetes or heart disease) to use in conjunction with the therapeutic modalities offered by the N.D. Most of the national conferences I attend are also attended by NDs and often there are presenters who are NDs. If N.D.s are licensed in North Dakota, M.D.s in the state will have a reliable group of professionals to whom they can refer those patients who express interest in complementary therapies or who have a problem for which conventional medicine has not provided them any relief from their suffering. One example of how physicians and N.D.s work together is demonstrated by hospitals and clinics, many of which are affiliated with esteemed medical education institutions, that have Integrative Medicine Clinics for which Doctors of Naturopathic Medicine, are part of the health care team.

As we learn more about health and illness, we recognize that it takes many different kinds of providers to offer comprehensive care. Licensing Naturopathic doctors will provide North Dakotans with safe access to another important field of health care. I strongly encourage members of the legislature to support Bill #SB2271.


Debra G. Bell, M.D.

March 25, 2011

PROPOSED AMENDMENTS TO REENGROSSED SENATE BILL NO. 2271

Page 3, line 20, after the first "of" insert "at least"

Page 3, line 20, remove ", one of whom must be a naturopath, one of whom must be an"

Page 3, line 21, replace "acupuncturist, one of whom" with ". Each profession regulated by the board must have one member on the board representing that profession, in addition, one member"

Page 3, line 21, replace the second "of whom" with "member"

Page 3, line 22, after the underscored comma insert "one member must be an advance practice registered nurse."

Page 3, line 22, after "and" insert "at least"

Page 3, line 22, replace "of whom" with "but no more than two members"

Page 3, line 22, replace "a layperson" with "laypersons"

Page 3, line 25, remove "four"

Page 3, line 26, remove "naturopath"

Page 3, line 26, after "appointment" insert "for a newly regulated profession"

Page 3, line 26, remove ", and except the"

Page 3, line 27, remove "acupuncturist appointment, who needs not be licensed"

Page 4, line 1, remove "no more than two"

Page 4, line 2, replace "members appointed annually" with "appointments distributed evenly from year to year"

Page 4, line 14, remove "of naturopathic medicine which are consistent"

Page 4, line 15, replace "with the education provided by approved naturopathic medical colleges" with ", which must be consistent with the required education for each profession regulated by the board"

Page 4, line 18, replace "approve naturopathic medical colleges" with "establish educational standards for each profession regulated by the board as appropriate"

Page 5, line 1, replace "licensed" with "regulated"

Page 5, after line 1, insert:

"43-57-04. Board duties in regulating professions - Subgroups.

1. The board shall establish a subgroup for each profession regulated by the board. The board shall appoint at least three and no more than five members of the profession to serve as volunteer members of the subgroup. A subgroup member must be a licensed member of the profession, except in the case of a newly regulated profession in which

case each subgroup member must be eligible for licensure. The board may appoint a board member to serve on a subgroup representing that board member's profession. The subgroup members serve at the pleasure of the board.

2. A subgroup established under this section shall serve in an advisory capacity to advise the board when requested by the board. The subgroup on its own motion may advise the board as the subgroup determines necessary.
3. The board may not take any action that impacts a profession regulated by the board as a whole or which impacts one or more licensees of that profession unless the board first consults with and requests the recommendation of the appropriate subgroup. If the board takes an action that is contrary to a subgroup's recommendation, the board shall articulate in writing why the subgroup's recommendation was not followed.

43-57-05. Petition to the board - Inclusion as a board-regulated profession.

An existing occupational or professional board of this state or agency of this state which regulates the practice of a health profession or a representative of a health profession that is not regulated by this state may submit to the board a petition and proposed bill draft requesting inclusion of that health profession as a profession regulated by the board. Upon receipt of a petition and proposed bill draft submitted under this section, the board shall review the petition and may work with the person submitting the petition to provide assistance in accomplishing this requested inclusion."

Page 5, line 2, replace "43-57-04." with "43-57-06."

Page 5, line 24, replace "43-57-05." with "43-57-07."

Page 6, line 1, replace "43-57-06." with "43-57-08."

Page 6, line 7, replace "43-57-07." with "43-57-09."

Page 6, line 14, replace "43-57-08." with "43-57-10."

Page 6, line 18, replace "43-57-09." with "43-57-11."

Page 7, line 4, replace "43-57-10." with "43-57-12."

Page 7, line 17, replace "43-57-11." with "43-57-13."

Page 7, line 20, replace "43-57-12." with "43-57-14."

Page 8, line 6, replace "43-57-13." with "43-57-15."

Page 8, line 9, replace "43-57-14." with "43-57-16."

Page 10, line 1, replace "43-57-15." with "43-57-17."

Page 10, line 25, replace "43-57-16." with "43-57-18."

Page 11, line 4, replace "43-57-17." with "43-57-19."

Renumber accordingly

#1

Proposed Amendments for SB 2271 (Representative Porter)

Page 3, line 29, after the period insert:

"For each subgroup governed by the board of integrative health, membership shall consist of three individuals. Two of these individuals shall be licensed members of the subgroup, and the remaining member shall be a public member. One member of the subgroup shall have membership on the board of integrative health. The subgroups shall be responsible for the profession the subgroup licenses. The final approval of proposed rules shall remain with the board of integrative health and shall follow the administrative rules process as outlined in section 28-32-02. All complaints and investigations shall remain as a function assigned by the board of integrative health."

Page 5, after line 1, insert:

"43-57-04. Petition to the board – Inclusion as an integrative health profession.

1. An existing occupational or professional board of this state or agency of this state which regulates the practice of a health profession may submit to the board of integrative health a petition requesting inclusion of that health profession as an integrative health profession regulated by the board of integrative health. Upon receipt of a petition submitted under this subsection, the board of integrative health and the entity submitting the petition shall work together to prepare a bill draft to accomplish this requested inclusion. For the next legislative session following receipt of the petition, the board of integrative health shall request introduction of the bill draft.
2. Representatives of a health profession that is not regulated by an existing occupational or professional board of this state or by an agency of this state may submit to the board on integrative health a petition requesting inclusion as an integrative health profession regulated by the board of integrative health. Upon receipt of a petition submitted under this subsection, the board of integrative health shall determine whether to prepare and request introduction of a bill draft to accomplish the requested inclusion."

Renumber accordingly

#1

Initial applications – Education and testing exception.

Notwithstanding the education and examination requirements for licensure under subdivisions a and b of subsection 1 of section 43-58-05, if an applicant is a bona fide resident of the state for the six months immediately preceding the effective date of this Act, was practicing as a naturopath in this state immediately preceding the effective date of this Act and was required to apply for licensure under this chapter in order to continue that practice, and does not meet the educational or examination requirements or both, the board may issue a license or limited license to that applicant if, following an examination of the applicant's education and experience, the board determines the applicant has sufficient education and experience to prepare the applicant to practice as a naturopath.

#2

11.0700.04003
Title.

Prepared by the Legislative Council staff for
Representative ~~Damschen~~
March 29, 2011

PROPOSED AMENDMENTS TO REENGROSSED SENATE BILL NO. 2271

- Page 1, line 1, replace "chapter" with "chapters"
- Page 1, line 1, after "43-57" insert ", 43-58, and 43-59"
- Page 1, line 2, after the first "to" insert "creation of the state board of integrative health,"
- Page 1, line 2, after "naturopaths" insert ", and regulation of music therapists"
- Page 1, line 13, replace "43-57" with "43-58"
- Page 2, line 21, remove "Approved naturopathic medical college" means a college and program granting the"
- Page 2, remove lines 22 through 29
- Page 2, line 30, remove "2."
- Page 3, remove lines 1 through 3
- Page 3, line 4, replace "4." with "2."
- Page 3, line 4, replace "a person" with "an individual"
- Page 3, line 4, after "chapter" insert "and under chapter 43-58 or 43-59"
- Page 3, remove lines 5 through 17
- Page 3, line 20, after the first "of" insert "at least"
- Page 3, line 20, remove ", one of whom must be a naturopath, one of whom must be an"
- Page 3, line 21, replace "acupuncturist, one of whom" with ". Each profession regulated by the board must have one member on the board representing that profession. In addition, one member"
- Page 3, line 21, replace the second "of whom" with "member"
- Page 3, line 22, after the underscored comma insert "one member must be an advance practice registered nurse."
- Page 3, line 22, after "and" insert "at least"
- Page 3, line 22, replace "of whom" with "but no more than two members"
- Page 3, line 22, replace "a layperson" with "laypersons"
- Page 3, line 25, remove "four"
- Page 3, line 26, remove "naturopath"
- Page 3, line 26, after "appointment" insert "for a newly regulated profession"
- Page 3, line 26, remove ", and except the"
- Page 3, line 27, remove "acupuncturist appointment, who needs not be licensed"

Page 4, line 1, remove "no more than two"

Page 4, line 2, replace "members appointed annually" with "appointments distributed evenly from year to year"

Page 4, line 13, after "chapter" insert "and chapters 43-58 and 43-59"

Page 4, line 14, remove "of naturopathic medicine which are consistent"

Page 4, line 15, replace "with the education provided by approved naturopathic medical colleges" with ", which must be consistent with the required education for each profession regulated by the board"

Page 4, line 18, replace "approve naturopathic medical colleges" with "establish educational standards for each profession regulated by the board as appropriate"

Page 4, line 27, replace "under this chapter" with "by the board"

Page 4, line 29, after "chapter" insert ", chapter 43-58, and chapter 43-59"

Page 5, line 1, replace "licensed" with "regulated"

Page 5, remove lines 2 through 30

Page 6, remove lines 1 through 30

Page 7, replace lines 1 through 16 with:

"43-57-04. Board duties in regulating professions - Subgroups.

1. The board shall establish a subgroup for each profession regulated by the board. The board shall appoint at least three and no more than five members of the profession to serve as volunteer members of the subgroup. A subgroup member must be a licensed member of the profession, except in the case of a newly regulated profession in which case each subgroup member must be eligible for licensure. The board may appoint a board member to serve on a subgroup representing that board member's profession. The subgroup members serve at the pleasure of the board.
2. A subgroup established under this section shall serve in an advisory capacity to advise the board when requested by the board. The subgroup on its own motion may advise the board as the subgroup determines necessary.
3. The board may not take any action that impacts a profession regulated by the board as a whole or which impacts one or more licensees of that profession unless the board first consults with and requests the recommendation of the appropriate subgroup. If the board takes an action that is contrary to a subgroup's recommendation, the board shall articulate in writing why the subgroup's recommendation was not followed.

43-57-05. Petition to the board - Inclusion as a board-regulated profession - Consideration of additional health care professions.

1. An existing occupational or professional board of this state or agency of this state which regulates the practice of a health profession or a representative of a health profession that is not regulated by this state may

submit to the board a petition and proposed bill draft requesting inclusion of that health profession as a profession regulated by the board. Upon receipt of a petition and proposed bill draft submitted under this section, the board shall review the petition and may work with the person submitting the petition to provide assistance in accomplishing this requested inclusion.

2. If a committee of the legislative assembly considers a measure to regulate a health care profession with fewer than fifty likely members, the committee shall consider whether it is desirable and feasible to have the state board of integrative health, some other existing board, or an existing state agency regulate that profession rather than create a new board.
3. If the membership of a board-regulated profession increases to at least one hundred licensees, the board may introduce legislation creating an independent board to regulate that profession."

Page 7, line 17, replace "43-57-11." with "43-57-06."

Page 7, line 19, after "chapter" insert "and under chapter 43-58 or 43-59"

Page 7, line 20, replace "43-57-12." with "43-57-07."

Page 8, remove lines 6 through 8

Page 8, line 9, replace "43-57-14." with "43-57-08."

Page 10, line 1, replace "43-57-15." with "43-57-09."

Page 10, line 25, replace "43-57-16." with "43-57-10."

Page 11, line 4, replace "43-57-17." with "43-57-11."

Page 11, line 5, after "chapter" insert ", chapter 43-58, or chapter 43-59"

Page 11, line 7, after "chapter" insert ", chapter 43-58, or chapter 43-59"

Page 11, after line 8, insert:

"SECTION 4. Chapter 43-58 of the North Dakota Century Code is created and enacted as follows:

43-58-01. Definitions.

As used in this chapter, unless the context otherwise requires:

1. "Approved naturopathic medical college" means a college and program granting the degree of doctor of naturopathy or naturopathic medicine which must require as a minimum a four-year, full-time resident program of academic and clinical study and which:
 - a. Is accredited, or has the status of candidate for accreditation, by an organization approved by the board, such as the council on naturopathic medical education; or
 - b. Has been approved by the board after an investigation that determines that the college or program meets education standards

equivalent to those established by the accrediting agency under subdivision a and complies with the board's rules.

2. "Board" means the state board of integrative health care created under chapter 43-57.
3. "Homeopathic preparations" means nonprescriptive substances prepared according to the official homeopathic pharmacopoeia of the United States. The term does not include prescriptive drugs.
4. "Licensee" means an individual licensed by the board under this chapter.
5. "Naturopath" means an individual licensed to practice naturopathic health care under this chapter.
6. "Naturopathic health care", "naturopathic medicine", or "naturopathy" means a system of primary health care practiced by naturopaths for the prevention, diagnosis, and treatment of human health conditions, injury, and disease. The purpose of naturopathic health care, naturopathic medicine, or naturopathy is to promote or restore health by the support and stimulation of the individual's inherent self-healing processes. This is accomplished through education of the patient by a naturopath and through the use of natural therapies and therapeutic substances.
7. "Naturopathic physical application" means the therapeutic use by a naturopath of the actions or devices of electrical muscle stimulation, galvanic, diathermy, ultrasound, ultraviolet light, hydrotherapy, and naturopathic manipulative therapy. The term does not include manipulation of the spine.

43-58-02. Exemptions.

Many of the therapies used by a naturopath, such as the use of nutritional supplements, herbs, foods, homeopathic preparations, and such physical forces as heat, cold, water, touch, and light, are not the exclusive privilege of naturopaths, and their use, practice, prescription, or administration by individuals not licensed to practice naturopathic medicine is not prohibited by this chapter. This chapter does not restrict or apply to the scope of practice of any other profession licensed, certified, or registered under the laws of this state.

43-58-03. License required - Title restrictions.

1. A person may not practice naturopathy without a current naturopathic license issued by the board.
2. A naturopath may use the title "naturopath" or "doctor of naturopathic medicine" and the abbreviation "N.D." when used to reflect either of these titles. A person that uses these terms or initials as identification without having received a naturopathic license under this chapter is engaging in the practice of naturopathy without a license.

Effective January
1, 2012, a

43-58-04. Qualifications for licensure.

In order to obtain a license to practice naturopathic medicine in this state, an application must be made to the board. The application must be upon the form adopted by the board and must be made in the manner prescribed by the board.

43-58-05. Application for licensure.

1. An applicant for naturopathic licensure shall file an application on forms provided by the board showing to the board's satisfaction that the applicant is of good moral character and satisfied all of the requirements of this chapter and chapter 43-57, including:
 - a. Successful graduation of an approved naturopathic medical college;
 - b. Successful completion of an examination prescribed or endorsed by the board, such as part I and part II of the naturopathic physicians licensing examinations;
 - c. Physical, mental, and professional capability for the practice of naturopathic medicine in a manner acceptable to the board; and
 - d. A history free of any finding by the board, any other state licensure board, or any court of competent jurisdiction of the commission of any act that would constitute grounds for disciplinary action under this chapter and chapter 43-57. The board may modify this restriction for cause.
2. The application must be accompanied by the board-established license fees and application fees and by the documents, affidavits, and certificates necessary to establish that the applicant possesses the necessary qualifications.

insert

new language
re: Initial applications -
Education and testing
exception



43-58-06. Licensure granted without examination to individuals licensed in other states.

- The board may issue a naturopathic license by endorsement to an applicant who has complied with licensure requirements and who has passed an examination given by a recognized certifying agency approved by the licensing agency if the board determines the examination was equivalent in every respect to the examination required under this chapter.
2. The board may enter reciprocal agreements with licensing agencies of other states providing for reciprocal waiver of further examination or any part of the examination.
 3. If an applicant is exempt from the examination required under this chapter, the applicant shall comply with the other requirements for licensure. The board may adopt rules allowing for temporary and special licensure to be in effect during the interval between board meetings.

43-58-07. Practice of naturopathic health care.

1. A naturopath may practice naturopathic medicine as a limited practice of the healing arts as exempted under section 43-17-02. A naturopath may not:

- a. Prescribe, dispense, or administer any prescription drug;
 - b. Administer ionizing radioactive substances for therapeutic purposes;
 - c. Perform a surgical procedure; or
 - d. Claim to practice any licensed health care profession or system of treatment other than naturopathic medicine unless holding a separate license in that profession. A naturopath may not hold out to the public that the naturopath is a primary care provider.
2. A naturopath may prescribe and administer for preventive and therapeutic purposes a prescriptive device and the following nonprescriptive natural therapeutic substances, drugs, and therapies:
- a. Food, vitamins, minerals, dietary supplements, enzymes, botanical medicines, and homeopathic preparations;
 - b. Topical drugs, health care counseling, nutritional counseling and dietary therapy, naturopathic physical applications, and therapeutic devices; and
 - c. Barrier devices for contraception.
3. A naturopath may perform or order for diagnostic purposes a physical or official examination, ultrasound, phlebotomy, clinical laboratory test or examination, physiological function test, and any other noninvasive diagnostic procedure commonly used by physicians in general practice and as authorized by the board.

43-58-08. Public health duties.

A naturopath has the same powers and duties as a licensed physician with regard to public health laws, reportable diseases and conditions, communicable disease control and prevention, recording of vital statistics, health and physical examinations, and local boards of health, except that the authority and responsibility are limited to activities consistent with the scope of practice established under this chapter and chapter 43-57.

43-58-09. Employment by hospitals.

A hospital may employ a naturopath in the same manner as provided under section 43-17-42.

SECTION 5. Chapter 43-59 of the North Dakota Century Code is created and enacted as follows:

43-59-01. Definitions.

As used in this chapter, unless the context otherwise requires:

1. "Board" means the state board of integrative health care created under chapter 43-57.
2. "Licensee" means an individual licensed by the board under this chapter.
3. "Music therapist" is an individual who practices music therapy.

4. "Music therapy" is the specialized use of music and the materials of music to restore, maintain, and improve the following areas of functioning: cognitive, psychological, social or emotional, affective, physical, sensory or sensorimotor, motor, communicative, and physiological functioning. Techniques used in the practice of music therapy include the use of music to provide participatory individual and group experiences; musical improvisation; therapeutic development of verbal skills and nonverbal behavior; receptive music learning; lyric discussions; memory recall; music and imagery; self-expression through composition and songwriting; socialization and enhancement of self-esteem through music performance; relaxation to music, including stress and pain management; learning through music; cultural and spiritual expression; development of fine and gross motor skills through responses to rhythm; respiratory and speech improvements through sound production; sensory integration and stimulation; increased awareness of music for development of recreation and leisure interests; and interactive verbal techniques to help facilitate, elicit, or summarize the techniques listed in this subsection and build the therapeutic relationship.

43-59-02. Music therapy - License required - Title restrictions - Exceptions.

1. Effective August 1, 2012, a person may not hold out as practicing music therapy, hold out as being a music therapist, or use a title or other designation indicating the person is a music therapist in this state unless that person is an individual licensed under this chapter and chapter 43-57.
2. The licensure provisions of this chapter do not prevent or restrict the practice, services, or activities of any individual licensed in another profession or any individual supervised by a licensed professional from performing work incidental to the practice of that profession or occupation, if that individual does not represent the individual as a music therapist.

43-59-03. Qualifications for licensure.

1. In order to obtain a license to practice music therapy in this state, an application must be made to the board. The application must be upon the form adopted by the board and must be made in the manner prescribed by the board.
2. An applicant for licensure to practice music therapy shall file an application on forms provided by the board showing to the board's satisfaction that the applicant is an individual of good moral character, is at least eighteen years of age, and satisfied all the requirements established by the board which may include:
 - a. Successful graduation of a board-approved educational program;
 - b. Successful completion of a board-approved examination prescribed or endorsed by the board;
 - c. Hold in good standing a board-approved designation, such as:
 - (1) A music therapist board-certified credential from the certification board for music therapists; or

- (2) A professional designation from the national music therapy registry, which may include registered music therapist, certified music therapist, and advanced certified music therapist.
- d. Physical, mental, and professional capability for the practice of music therapy in a manner acceptable to the board;
- e. A history free of any finding by the board, any other state licensure board, or any court of competent jurisdiction of the commission of any act that would constitute grounds for disciplinary action under this chapter or chapter 43-57. The board may modify this restriction for cause.
- 3. The application must be accompanied by the board-established license fees and application fees and by the documents, affidavits, and certificates necessary to establish that the applicant possesses the necessary qualifications."

Renumber accordingly