

2015 SENATE HUMAN SERVICES

SB 2194

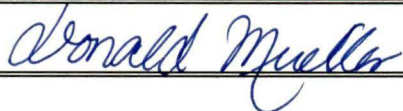
2015 SENATE STANDING COMMITTEE MINUTES

Human Services Committee Red River Room, State Capitol

SB 2194
1/19/2015
J# 22139

- ☐ Subcommittee
☐ Conference Committee

Donald Mueller



Explanation or reason for introduction of bill/resolution:

A bill relating to the regulation of naturopaths, and relating to the regulation of naturopaths.

Minutes:

Attach #1: Testimony written by George J Hruza, American Society for Dermatologic Surgery Association
Attach #2: Testimony by Elizabeth Allmendinger
Attach #3: Testimony written by Beth Allen
Attach #4: Testimony by Stephanie Nishek
Attach #5: Testimony by Dr. Lezlie Link
Attach #6: Testimony by Dr. Glen Hyland, MD
Attach #7: Dr. Sara Reinke
Attach #8: Testimony by Cheryl Rising, FNP
Attach #9: Testimony by Andrea Toman
Attach #10: Testimony by Stephen Stripe
Attach #11: Testimony written by Kwanza Devlin, MD
Attach #12: Supporting Documentation, Naturopathy Scope of Practice with Curriculum of study
Attach #13: Testimony written by Molly Ferguson
Attach #14: Testimony written by Leah Schneck
Attach #15: Testimony written by Harold Nelson
Attach #16: Testimony by Kevin Oberlander

Note:

Defintion acronym: N.D. is Naturopathic Doctors.

Senator Jessica Unruh introduced SB 2194 to the committee, and spoke IN FAVOR of SB 2194.

Elizabeth Allmendinger, doctor of Naturopathic Medicine, testified IN FAVOR of SB 2194. (attach #2) End of oral/written testimony (10:30). Ms. Allmendinger also provided documentation regarding the select scope of practice variations by state for naturopathy and the curriculum of study (attach #12).

Senator Warner can you think of any prescription medicines other than injectable vitamins, minerals and hormones where you would need prescriptive authority.

Ms. Allmendinger indicated that naturopathic medicine uses a wide variety of prescriptive medications and that will be provided in further testimony. **Senator Warner** asked if they were regulated. **Ms. Allmendinger** answered regarding prescription medication such as

antibiotics, anything that a doctor or nurse practitioner would be prescribing, we utilize those things as well.

Written testimony by **Beth Allen** (attach #3). No oral testimony provided.

Written testimony by **Molly Ferguson** (attach #13). No oral testimony provided.

Written testimony by **Leah Schneck**, RN (attach #14). No oral testimony provided

Stephanie Nishek, a licensed doctor of naturopathic medicine, spoke IN FAVOR of SB 2194 (attach #4) End of oral/written testimony (16:33). Ms. Stephanie Nishek also provided additional written testimony:

Written testimony by **Harold Nelson** (Attach #15). No oral testimony provided.

No questions.

Dr. Lezlie Link, a doctor of naturopathic medicine, testified IN FAVOR of SB 2194 (attach #5). Oral/Written testimony ends (19:50). No questions

Dr. Glen Hyland, testified IN FAVOR of SB 2194 (attach #6). Oral/written testimony ends (23:45). No questions.

Written testimony by **Dr. Sara Reinke** (attach #7), no oral testimony provided.

Cheryl Rising testified In FAVOR of SB 2194 (attach #8).

Andrea Toman testified IN FAVOR of SB 2194 (attach #9) (25:37)

Chairman Judy Lee indicated that they have attempted on at least two different occasions to actually require some education of midwives and that did not move forward.

Ms. Toman stated that if they are happy with that, she's happy with that as long as it doesn't infringe on the other options we already have available.

No further testimony IN FAVOR

OPPOSED TO SB 2194

Written testimony OPPOSED to SB 2194 by **George J. Hruza**, MD, American Society for Dermatologic Surgery Association (attach #1) sent to Chairman Judy Lee through email.

Courtney Koebele Executive Director of the North Dakota Medical Association and also Director of the North Dakota Psychiatric Association Society, spoke IN OPPOSITON to SB 2194. We will be submitting testimony opposing. Introduced Dr. Steven Stripe, and provided Dr. Devlin written testimony.

(27:45)

Kwanza Devlin, MD, provided written testimony IN OPPOSITION to SB 2194 (attach 11)

Dr. Stephen C. Stripe spoke IN OPPOSITION to SB 2194. (attach #10) Oral/written testimony ends (34:45)

Senator Howard Anderson, Jr. stated that he was old enough to remember osteopaths back in there earlier days. Some of the things you said were said about osteopaths in those days. Talk about the transition or comparison.

Mr. Strip indicated that osteopathic medicine has advanced since its inception. Osteopathic was also manipulating bones but also some training with medicine. Over time, the manipulative training is optional. They get the same training as in medical school. If naturopaths want to do this, they should come to the scientific-based way of medicine. People will tell stories that work, those are anecdotes. It doesn't necessarily mean it's true. The placebo effect is when someone lays their hands on someone and thinks they cure someone.

(37:00)

Paulette Defamingo testified IN OPPOSITION to SB 2194. Practiced as a traditional or direct entry midwife for 32 years. I'm not against naturopaths. I'm not even against them doing home births. This is not specified in bill if births are in home, cars, etc. The only problem is that home birthing parents in North Dakota want the right to choose what kind of home birth they have and who attends. They want to the right to choose and not be forced into choose someone not comfortable with. Paulette indicated this is the part that she is concerned with. If once there's a licensing for the naturopaths, then it's very easy to change and take out naturopath and all of a sudden regulate everybody who is doing home births.

Chairman Judy Lee indicated that it couldn't happen without your group coming and packing the room. Chairman Judy Lee again voiced her strong opinion in favor of education and certification of midwives. In this particular case, it is talking about those who are licensed as naturopaths to do these services. No impact on midwife.

Duane Hodack, Executive Board of Medical Examiners, testified IN OPPOSITION to SB 2194. The definition of minor office procedure may not be consistent with the medical definition of this, and could be contrary to surgical and invasive procedures. There is also a question of differing diagnosis to be able to recognize what you know, but what you don't know. Regarding the prescriptive authority, refer to **Senator Howard Anderson, Jr.** Having the group do write their own formularies and being in control of that when it is typically in statute is of concern. It was a big benefit in getting rid of controlled substances, because that's a real issue in North Dakota, and expanding this is an issue.

Chairman Judy Lee asked about definition of minor office procedure.

Senator Howard Anderson, Jr. we've had medical association about minor medical procedures, could naturopaths come up with a more specific definition that they are more comfortable with, and then as an intermediary step as they move forward in their practice we might include that definition in here more specifically, and then at least that would overcome that roadblock.

Mr. Hodack indicated they could certainly do this.

Chairman Judy Lee stated that the naturopaths might want to look at the statutory definition of minor office procedures and see if it suits them.

Mr. Hodack indicated yes.

No further testimony Opposing

NEUTRAL TESTIMONY FOR SB 2194 (43:35)

Kevin Oberlander, registered pharmacist, spoke neutral. (attach #16) At recent meeting, the board takes a neutral position.

Senator Warner asked for clarification of off label use of drugs. What the positions of this, experimental use?

Mr. Oberlander indicated that a physician with prescriptive privileges has the right to prescribe a drug for off-label use.

Senator Howard Anderson, Jr. provided further clarification, as long as the State of North Dakota says that these people can prescribe, then the FDA will allow them to prescribe off-label just like any other authorized prescriber.

Recess

2015 SENATE STANDING COMMITTEE MINUTES

Human Services Committee
Red River Room, State Capitol

SB 2194
1/19/2015
22157

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Explanation or reason for introduction of bill/resolution:

A bill relating to the regulation of naturopaths, and relating to the regulation of naturopaths.

Minutes:

Attach #1: Testimony by Dr. Shari Orser

These minutes are from committee work on January 19, 2015.

Senator Howard Anderson, Jr. provided information. If the Naturopaths could get with the physicians and solve the problem with the definitions on minor office procedures, they may be in pretty good shape. With pharmacy, we have solved the issue of prescriptive authority. They can't dispense. The development of their formulary is pretty broad. They can do this by their board and rule, they can start out with formulary and then expand by rule and as others come on. That will work out alright. The exclusion of most controlled substances will mean that drug seekers won't be after them to prescribe narcotics all the time, and that will help them and the rest of us as well. They could move ahead with it.

Chairman Judy Lee asked they are part of the affiliated health board. There would be a couple of those people on that board that would be developing the rules. Under the heading of those who want to do this, are they developing the rules.

Senator Howard Anderson, Jr. indicated yes.

Senator Dever stated he is trying to find in the bill where they talk about doing sutures. Maybe that is what is referred to as methods for repair. School nurse could do these minor things.

Chairman Judy Lee any requirements for training and education is an improvement.

Senator Warner asked for information on scheduled drugs.

Senator Howard Anderson, Jr. stated scheduled drugs, they included schedule 1, which means if North Dakota authorizes medical marijuana, they won't be able to prescribe it because that is a schedule 1. Schedule 2 are the hard narcotics and amphetamines and

so forth used for pain, for ADHD treatment, most potential for abuse and addiction. Schedule 3 are narcotics in combination with other things, like Tylenol with codeine. They reduce the risk of abuse because the Tylenol is stronger than the codeine. Schedule 4 drugs are lower level of abuse, like tranquilizers, valium, sleep meds. Schedule 5 is less than an 1/8 of codeine in a cough syrup. So the biggest number 5 is the lowest level of abuse. Schedule 1 does not have medical use in the United States.

Senator Warner asked about injectable anesthetics.

Senator Howard Anderson, Jr. anesthetics typically are not scheduled. Now if you were going to use pre-anesthesia with fentanyl, that's a scheduled drug. Senator Howard Anderson, Jr. provided clarification on the different drugs.

Chairman Judy Lee asked if the naturopaths should dispense, prescribe?

Senator Howard Anderson, Jr. said no, they cannot.

Chairman Judy Lee indicated that question is minor office procedure.

Senator Warner asked if biologics are included as drugs or a separate thing.

Senator Howard Anderson, Jr. indicated most are not scheduled. Injectable for immunizations are biologics.

Chairman Judy Lee asked if there is anything for our intern, Femi, to do?

Senator Howard Anderson, Jr. said let them come back to us.

V. Chairman Oley Larsen asked about the childbirth, midwife people here against the bill?

Chairman Judy Lee indicated no. The concern was raised from Paulette that as long as it doesn't regulate them, they are fine.

(12:08)

Courtney Koebele introduced Dr. Shari Orser, physician in Bismarck.

Dr. Orser, obstetrician/gynecologist in Bismarck, spoke OPPOSED to SB 2194. (Attach #1). Testimony end (15:02)

Chairman Judy Lee talked about choices. Chairman Judy Lee didn't disagree with a thing Dr Orser said. If we have some people who have some training in delivering babies versus only people who have no training in delivering babies, that's maybe slightly better. If we tell them they can't do it, they don't go to physicians.

Dr. Orser doesn't know what to do about this either. We would like to see only trained people delivering babies, in hospitals or birthing centers, where immediate medical care is available. I wish there was a way to impress upon people the risks of at home births.

Chairman Judy Lee discussed the triplets born, and such a challenge because if everything goes fine, that's fine, unless things don't go fine. The liability issue, not even good data, about situations that something happens at the hospital may have been from Mom and baby who were never seeing a physician and then ends up at the hospital.

Senator Howard Anderson, Jr. asked do you know enough about the American Midwifery Certification Board to know if the training of the naturopath could be extended to make them eligible for certification.

Dr. Orser responded not sure if just open to certified midwives or others.

Chairman Judy Lee asked if Dr. Kalanek could come over from Board of Nursing, perhaps they could have a parallel training.

Senator Dever asked if certified midwives deliver babies outside the hospital.

Dr. Orser answered not that she is aware of. The ones practicing in North Dakota are all affiliated with a hospital or obstetrician as their affiliated physician.

Chairman Judy Lee indicated that 2 certified in Minnesota practicing in the valley, but one retired. People in North Dakota could make use of those services because we didn't say they couldn't. We were sort of regretting that because the few who were available in North Dakota, we lost the services of someone who was trained and certified in Minnesota.

CLOSED HEARING

Chairman Judy Lee assigned Femi to contact and seek information from Dr. Constance Kalanek, executive board of nursing, answer questions about the American midwifery certification board.

2015 SENATE STANDING COMMITTEE MINUTES

Human Services Committee
Red River Room, State Capitol

SB 2194
1/20/2015
22234

☐ Subcommittee
☐ Conference Committee

Donald Mueller



Explanation or reason for introduction of bill/resolution:

A bill relating to the regulation of naturopaths, and relating to the regulation of naturopaths.

Minutes:

Attach #1: email from Tim Davenport

These are minutes from committee work on January 20, 2015.

Email to **Chairman Judy Lee** from Tim Davenport, National Registry of Naturopathic Practitioners, asking for a NO vote on SB 2194 (attach #1).

V. Chairman Oley Larsen indicated that he had talked to someone and the reason for opposition is the larger group of people that are certified are not through an accredited entity. So the small group who has gone to Seattle to get accredited program is very small. There is no registry of the folks in that group, they don't belong to anybody. The person who talked to him who went to Seattle got the 4 year degree and further accreditation and certification, so that is why that group is opposed to it. If this bill goes through, they can't be called a doctor, can be a naturopath but not a naturopathic doctor.

Senator Dever indicated that many were opposed to calling them doctors. Senator Dever went to the website of registry, referencing back to attachment #1, and downloaded their four-page application. The primary point is paying them \$250.00. Senator Dever read the code of ethics for registered naturopathic diplomats from their website. This group doesn't have the training but want to be on a level par with them.

Senator Howard Anderson, Jr. has the question here that Connie Kolanek needs to answer from the testimony of Dr. Shari Orser. She states, those who claim midwifery training are not certified by the National Midwifery Certification board. Are you familiar with that board and what their requirements would be so the naturopathic doctors get accreditation with that board with very little addition to their training.

Connie Kolanek looked at lay-midwifery a few years ago, we looked at the North American Registry of Midwives. The naturopathic physician would take the additional 3 years of

training would fall within that particular registry of midwives. They are called professional midwives. There are a number of professions that fall under this, North Dakota doesn't recognize them.

Chairman Judy Lee indicated there are nurse midwives. The recognition by board of nursing for one of those American Midwife Recertification Board, do you have to be a nurse to get that certification first.

Ms. Kolanek indicated they would be eligible with the North American Registry of Midwives.

Chairman Judy Lee what is your personal opinion regarding the training or observations and categories of training, licensure, that applies to here? We can't stop them from doing this.

Ms. Kolanek In terms of what the board supports, its certification and education in the are of practice. There's movement in other states with midwifery path, doesn't know if good or bad.

Senator Dever 2 issues - training, and birthing a baby outside a hospital. We have copy of curriculum and it is pretty extensive. But the greater concern is the availability of emergency services.

Ms. Kolanek indicated that is one of the additional training concepts that they have in their training curriculum is the out-of-hospital setting.

V. Chairman Oley Larsen stated that in this discussion with this individual he was asking about doing small medical procedures, she will be able to go to a home and deliver a baby, if hemorrhage, she can suture up. Will this legislation allow this if it goes forward.

Ms. Kolanek stated number 3 on page 4, it needs to be tightened up considerably. It seems pretty broad and approved by the board. Maybe there needs to be some more work in that area so it is more specific, by the board of neuropathic child birth.

Chairman Judy Lee stated that maybe we need more detail. They are under this new affiliated health board because there are so few of them that they can't afford their own board. It's a great idea to having this umbrella board except there aren't enough of any profession on that list that are capable of developing rules.

Senator Howard Anderson, Jr. when you read the whole thing, it does talk about 3 additional year program for certification, including national certification in midwifery endorsed by the board such as the North American Registry of Midwives. This would be considerably additional training to do this. Board won't approve it unless additional training.

Ms. Kolanek responded that, for example, letter "A", successfully complete a 3 year clinical certificated midwifery curriculum, she would add "accredited by" the organization rather than approved by the board. Should it not be accredited by the board, standardization of curriculum.

Senator Howard Anderson, Jr. any idea who that accredited agency might be.

Ms. Kolanek indicated the first thing is they have to be approved by the Department of Education to provide this education. She indicated she would have to do further research to provide recommendation.

Chairman Judy Lee stated that isn't your job that isn't yours.

Senator Warner stated, in section 3, a naturopath may not practice childbirth attendance unless certified. That's a limitation. If no authority, then they could attend like a regular midwife. Senator Warner is struggling with definition practicing medicine without a license. Are you charging for your fees or services? You can have anybody do anything. But if charging a fee, then practicing medicine.

Chairman Judy Lee indicted letter from ASDSA is strongly opposed to this because the minor office procedures is too lose, and we need to look at that also.

V. Chairman Oley Larsen stated that his knowledge to get accredited, superintendents were going on internet and then they were qualified. They did make a rule that it had to be accredited school, a list that everyone falls under.

Ms. Kolanek indicated yes.

V. Chairman Oley Larsen followed up stating all these online classes that you buy a degree from, they are not from the accredited facilities.

Senator Howard Anderson, Jr. indicated that many of them are accredited schools. We don't accept them because they are not accredited by the agency of the American Society of Health Systems Pharmacists that is specifically accredited technician programs, as an example in his field. Their college is accredited but their course is not.

Ms. Kolanek stated that is how they get around this. In looking at #3, it should be accredited.

Senator Howard Anderson, Jr. asked them to come in to suggest who the accrediting agency might be, and that we won't approve this unless they tell us who that is.

Chairman Judy Lee indicated this is good idea. The frustration is that we can say naturopaths can't do this, and yet someone else can do this.

Senator Dever asked what prevents them from doing home births

Chairman Judy Lee indicated nothing.

Senator Warner asked about the disciplinary powers is you can take the license away, so that's why they don't renew license. This board could take away the license if they didn't do the course of study. If we take it out of the bill, then we unleash the beast.

Senator Howard Anderson, Jr. stated there is a difference on someone who does something on their own, but naturopath, we are giving consumer some confidence.

Mr. Kolanek indicated heard from a lot of those people previous sessions.
End of Dr. Kolanek.
(19:27)

Chairman Judy Lee asked Courtenay Koebele for some help.

Courtenay Koebele indicated minor office provision is very vague. Ms. Koebele didn't know if there is a separate definition for minor office procedures. There are a lot of ways that could be interpreted.

Senator Howard Anderson, Jr. what we asked them to do is to get together with you and nursing board and identify those things that they could do, a way to start. Make the list specific enough.

Chairman Judy Lee is it fair that the organizations have to come up with a list when they oppose this.

Ms. Koebele agreed, likes the practice act as it is. Problems with physician rights, midwifery, and there will be other bills where others want to be licensed within their training. But feel the practice act is correct as it sits.

Chairman Judy Lee stated that it's interesting that somebody would spend that many years in school when they don't see it as a valid health care career.

Ms. Koebele agreed. They are very nice people, probably do good work. There is a distinct education. What medical students and residents get is different, all engrained. Naturopaths are trained in the natural way. Not trained to use the prescription meds, hopping on at the tail end.

Chairman Judy Lee indicated that Senator Howard Anderson, Jr. didn't have a bad idea, but it would be hard for Ms. Koebele and others to work with.

Chairman Judy Lee asked if naturopaths could provide more information on minor office procedures and then ask Ms. Koebele and nurse association to see if they have problems. Suggest that they tighten up the language on office procedure, and accredited program in midwifery.

Senator Dever indicated that maybe over the years we've had similar conversations with other professions, like chiropractors. It's not the intention of the naturopaths to encroach on scope of practice as doctor; they see it as an alternative. Seems what they want to do is what a doctor might not do himself but ask his nurse to do.

Chairman Judy Lee asked if he would be okay with this requesting that they tighten up that definition. **Senator Dever** indicated he would have no problem with that at all.

Senator Warner was interested in tightening up is whether the skin is broken. Injection, skin tag, is a different level then doing something more complicated. Levels of severity or risk.

Chairman Judy Lee indicated in their definition, it says repair and care incidental to superficial lacerations and abrasions, superficial lesions and the removal of foreign bodies located in superficial tissues.

Senator Warner indicated he could see a nurse doing certain things, but not doing stitches. But not necessarily the same as naturopaths.

V. Chairman Oley Larsen stated his concern with the conversation he had upstairs, it's just skin tag, but they have no idea that it could be cancer. The position of these folks is great to keep center of balance. But you need to go to a doctor to have some of this done. Wart removal ended up being a big deal for his son.

Chairman Judy Lee noted the assignment to naturopaths for definition of minor office procedure; review accredited program; prescribing prescriptions; **Senator Howard Anderson, Jr.** indicated that pharmacists are comfortable with prescribing. We only have a half dozen of these doctors of naturopathic, and we can handle that.

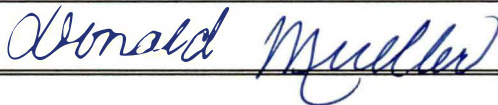
2015 SENATE STANDING COMMITTEE MINUTES

Human Services Committee
Red River Room, State Capitol

SB 2194
2/9/2015
23485

☐ Subcommittee
☐ Conference Committee

Committee Clerk Signature



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A bill relating to the regulation of naturopaths, and relating to the regulation of naturopaths.

Minutes:

Attach #1: Electronic Correspondence with Elizabeth Allmendinger with proposed amendment
Attach #2: Proposed Amendment from Elizabeth Allmendinger

Chairman Judy Lee distributed copies of electronic correspondence from January 21, 2015 with **Ms. Elizabeth Allmendinger** (attach #1), which includes discussion and a proposed amendment.

Chairman Judy Lee distributed the final amendment dated February 8, 2015 from **Ms. Elizabeth Allmendinger** that has been agreed by both sides of the discussion (attach #2). **Chairman Judy Lee** read through the proposed amendment. (3:52)

Senator Warner moved to ADOPT AMENDMENT as represented in Attachment #2. The motion was seconded by **Senator Howard Anderson, Jr.** No Discussion.

Roll Call Vote to Amend

6 Yes, 0 No, 0 Absent. Motion passed.

Senator Warner moved a DO PASS AS AMENDED to SB 2194. The motion was seconded by **Senator Howard Anderson, Jr.**

Discussion

V. Chairman Oley Larsen wanted clarification. These folks who can do all this, do they have to have the four year accredited degree, or do they fall under the majority of the group of people in North Dakota who don't have that. There was only a small group who had received the accreditation in his recollection.

Chairman Judy Lee read from the bill, to have graduated from an approved naturopathic medical college, meaning a college and program granting the degree of doctor of

naturopathy or naturopathic medicine which must require as a minimum a four-year, fulltime resident program of academic and clinical study.

Senator Howard Anderson, Jr. to deliver babies they have to have an additional certification. Not the same as Advanced Practice nurses, but did need additional certification.

Chairman Judy Lee page 3, line 21 and line 22. Right before that, they talk about the drugs.

Senator Howard Anderson, Jr. pharmacy communicated with the Naturopaths before the final draft of the bill, so it is generally agreed with pharmacy profession.

Senator Dever regarding prescriptions, categories 1 to 4, he received an email that they would like categories 1 to 5.

Senator Howard Anderson, Jr. the difference there is 1 to 4 are drugs which are four classes of drugs that are most addictive. Schedule 5 you can do over the counter in many states. North Dakota does require a prescription for Schedule 5. There is no down side to include this - cough syrup with codeine. Page 3, line 19.

Chairman Judy Lee reviewed with Senator Dever, that this was agreed upon language between the two groups.

Senator Dever early in process we received email from national organizations. One was a registry and he sent an email asking for a list of people from North Dakota who are on their registry. They responded and said none. Senator Dever suspects they want this bill to stop as they probably don't qualify.

Chairman Judy Lee that was why the group came here in the first place - in order to make sure that those who were well educated in that field actually protected the public who were well trained. She sees this as quality control, not fence building.

Senator Dever vote in support of amendment (prior vote).

Roll Call Vote to DO PASS as Amended
5 Yes, 1 No, 0 Absent. Motion Passes.

Senator Dever will carry SB 2194 to the floor.

2015 SENATE STANDING COMMITTEE MINUTES

Human Services Committee Red River Room, State Capitol

SB 2194
2/10/2015
23593

- ☐ Subcommittee
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Minutes:

"Click to enter attachment information."

Chairman Judy Lee stated that she had received correspondence from Ms. Allmendinger regarding a grammatical error in the amendment that had already been voted on previously (repair of superficial lacerations was listed twice in the modified bill). Chairman Judy Lee asked the Senate Human Services Committee if they wanted to reconsider the prior motions (amendment and Do Pass as amended). **V. Chairman Oley Larsen** indicated it can be resolved with legislative council or when the bill is reviewed at the House. There was no interest and no motion by the Senate Human Services Committee to reconsider SB 2194 and it's amendment.

2015 SENATE STANDING COMMITTEE MINUTES

Human Services Committee
Red River Room, State Capitol

SB 2194
2/11/2015
23633

☐ Subcommittee
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Explanation or reason for introduction of bill/resolution:

A bill relating to the regulation of naturopaths, and relating to the regulation of naturopaths.

Minutes:

Attach #1: Amendment Document

Senator Howard Anderson, Jr. moved to RECONSIDER SB 2194. The motion was seconded by **Senator Warner**.

Roll Call Vote (#1) to Reconsider
Voice Vote - All In Favor

The intern, Femi, indicated that there was redundant language in the amendment. Ms. Elizabeth Allmendinger had identified the redundancy - the bottom of page 1 and top of page 2, Section 5, minor office procedure definition. Mr. Duane Hodack agreed that there was redundant language. (attach #1)

Senator Howard Anderson, Jr. moved to ADOPT AMENDMENT that eliminates the redundant language for clarification. The motion was seconded by **V. Chairman Oley Larsen**. No discussion.

Roll Call Vote (#2) to Adopt Amendment to SB 2194
6 Yes, 0 No, 0 Absent. Motion Passes.

Senator Dever moved the Senate Human Services Committee DO PASS AS twice AMENDED for SB 2194. The motion was seconded by **Senator Howard Anderson, Jr.**

Discussion

Senator Warner has rethought his position and will not support the bill.

Roll Call Vote (#3) to DO PASS SB 2194 AS AMENDED
3 Yes, 3 No, 0 Absent. Motion fails.

V. Chairman Oley Larsen provided his personal experiences with a naturopath. In the experience, he explained that a family member had a bad cough and the naturopath missed the diagnosis of whooping cough. He has rethought his position and has changed his vote to no.

Senator Dever recommended that since the motion passed 5-1 previously, there needs to be further discussion before we forward the bill. **Chairman Judy Lee** called a recess from this bill and will return this afternoon for further discussion.

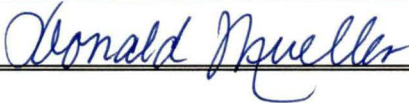
2015 SENATE STANDING COMMITTEE MINUTES

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SB 2194
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23639

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Minutes:

No attachments

These are minutes from the Senate Human Services Committee second meeting on February 11, 2015.

Senator Dever stated the proponents of SB 2194 understands the committee had previously passed the bill with a 5-1 vote. Senator Dever suggested that they be made aware of the latest decision of a 3-3 vote after fixing the amendment.

Chairman Judy Lee asked if the committee is agreeable to everyone that we invite them back for further discussion. The committee confirmed yes.

Senator Dever discussed that naturopathic medicine is not necessarily something new. It has been around since the beginning of time.

Chairman Judy Lee instructed the intern, Femi, to contact Ms. Allmendinger the amendment change was approved and notify her of the change in vote, and to invite her back if she wishes.

Senator Howard Anderson, Jr. stated that unfortunately the doctors of naturopathy who are licensed in North Dakota get painted with the brush of the naturopath, which is the group we heard from that want nothing to do with this bill. It is difficult to separate them, but the training and licensure is different. They have only been authorized in North Dakota since 2011. Perhaps the committee needs to consider sending it to the floor "without committee recommendation", but no motion yet until we have met with them again.

Chairman Judy Lee stated that she prefers the Senate Human Services Committee come up with some type of recommendation one way or another. She prefers not to do without committee recommendation.

2015 SENATE STANDING COMMITTEE MINUTES

Human Services Committee
Red River Room, State Capitol

SB 2194
2/11/2015
23669

- ☐ Subcommittee
☐ Conference Committee

Committee Clerk Signature



Explanation or reason for introduction of bill/resolution:

A bill relating to the regulation of naturopaths, and relating to the regulation of naturopaths.

Minutes:

"Click to enter attachment information."

Chairman Judy Lee invited **Ms. Elizabeth Allmendinger** to the podium. Chairman Judy Lee wanted to inform Ms. Allmendinger the latest vote 3-3.

Senator Howard Anderson, Jr. stated there continues to be concern and confusion in the doctor of naturopathy and the naturopaths, and asked Ms. Allmendinger to remind the committee of the differences.

Ms. Allmendinger re-explained that naturopaths do not require formal schooling. They can get a degree online, from unaccredited schools, and have no supervised clinical hours of training. A doctor of naturopathic medicine requires education from an accredited school, usually in a science, a four year graduate program with the first two years similar to a medical school. The second year they go into clinics, observing higher classmen treating patients and working with their supervisors. Their third year, they do the "ologies" and work in clinics seeing patients under supervision. There are residencies available, but they are not required as there are not enough of them for each graduating student. These are not federally funded, so it is usually the schools and private practitioners volunteering their time and money to support the residencies. They often get compared to Nurse Practitioners and Physician Assistants. They are probably closer to a medical doctor in education, but follow the nurse practitioner and physician assistants path.

Senator Dever asked do you know how many states regulate and license.

Ms. Allmendinger 17 states that are licensed. Some states have been licensed for many years.

Senator Dever asked if a naturopath who is not licensed, can they do business in those states.

Ms. Allmendinger answered yes, unless law against it. They cannot practice in North Dakota.

Ms. Allmendinger discussed the situation that **V. Chairman Oley Larsen** had previously discussed with whopping cough regarding seeing a naturopath. There was also discussion regarding prior discussions with midwifery.

Chairman Judy Lee after hearing further information, Chairman Judy Lee provided options. The latest vote was 3-3.

Senator Dever moved a DO PASS SB 2194 as AMENDED. The motion was seconded by **Senator Howard Anderson, Jr.**

Roll Call Vote (#4) to DO PASS AS AMENDED
3 Yes, 3 No, 0 Absent. Motion fails.

Senator Dever will not make nor support another motion.

Senator Howard Anderson, Jr. moved WITHOUT COMMITTEE RECOMMENDATION for SB 2194 as AMENDED. The motion was seconded by **Senator Warner**.

Roll Call Vote (#5) Without Committee Recommendation
4 Yes, 2 No, 0 Absent. Motion passes.

Senator Howard Anderson, Jr. will carry SB 2194.

SB2194

Elizabeth Allmendinger Amendment

NDAND Proposed amendment clarifying minor office procedures

- Add new definition – page 2, after line 16

9. "Surgical procedure" means structurally altering the human body by the incision or destruction of tissues.

- Add an additional statement to the definition of minor office procedure – page 2

Page 2, line 3

After "biopsies" replace "." with "," and add "general or spinal anesthetics, major surgery, surgery of the body cavities, or specialized surgeries, such as plastic surgery, surgery involving the eyes, or surgery involving tendons, ligaments, nerves, or blood vessels."

SENATE BILL NO. 2194

Amendment proposed by the North Dakota State Board of Medical Examiners

Duane Houdek

701.328.6500

dhoudek@ndbomex.org

Page 2, line 2:

After the word "lesions", Insert: , and the removal of foreign bodies located in the superficial tissues, cysts, ingrown toenails, skin tags, the treatment and removal of warts, the incision and drainage of boils and the repair of superficial lacerations. The term does not include skin biopsies."

February 11, 2015

TD
1/11/15

PROPOSED AMENDMENTS TO SENATE BILL NO. 2194

Page 2, line 3, after "tissues" insert ", cysts, ingrown toenails, skin tags, the treatment and removal of warts, and the incision and drainage of boils"

Page 2, after line 16, insert:

"9. "Surgical procedure" means structurally altering the human body by the incision or destruction of tissues."

Renumber accordingly

Date: 02/09 2015
Roll Call Vote #: 1

2015 SENATE STANDING COMMITTEE
ROLL CALL VOTES
BILL/RESOLUTION NO. SB2194

Senate Human Services Committee

☐ Subcommittee

Amendment LC# or Description Elizabeth Allmendinger Attachment

Recommendation: ☒ Adopt Amendment
☐ Do Pass ☐ Do Not Pass ☐ Without Committee Recommendation
☐ As Amended ☐ Rerefer to Appropriations
☐ Place on Consent Calendar
Other Actions: ☐ Reconsider ☐ _____

Motion Made By Warner Seconded By Anderson

Senators	Yes	No	Senators	Yes	No
Senator Judy Lee (Chairman)	✓		Senator Tyler Axness	✓	
Senator Oley Larson (V-Chair)	✓		Senator John M. Warner	✓	
Senator Howard C. Anderson, Jr.	✓				
Senator Dick Dever	✓				

Total (Yes) 6 No 0

Absent 0

Floor Assignment _____

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

Date: 02/09 2015
Roll Call Vote #: 2

2015 SENATE STANDING COMMITTEE
ROLL CALL VOTES
BILL/RESOLUTION NO. SB2194

Senate Human Services Committee

☐ Subcommittee

Amendment LC# or Description: Elizabeth Allmendinger Amendment never fully processed

Recommendation: ☐ Adopt Amendment
☒ Do Pass ☐ Do Not Pass ☐ Without Committee Recommendation
☒ As Amended ☐ Rerefer to Appropriations
☐ Place on Consent Calendar
Other Actions: ☐ Reconsider ☐ _____

Motion Made By Warner Seconded By Anderson

Senators	Yes	No	Senators	Yes	No
Senator Judy Lee (Chairman)	✓		Senator Tyler Axness		✓
Senator Oley Larson (V-Chair)	✓		Senator John M. Warner	✓	
Senator Howard C. Anderson, Jr.	✓				
Senator Dick Dever	✓				

Total (Yes) 5 No 1

Absent 0

Floor Assignment Dever

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

Date: 02/11 2015

Roll Call Vote #: 1

2015 SENATE STANDING COMMITTEE

ROLL CALL VOTES

BILL/RESOLUTION NO. SB2194

Senate Human Services

Committee

☐ Subcommittee

Amendment LC# or Description:

Recommendation: ☐ Adopt Amendment

☐ Do Pass☐ Do Not Pass☐ Without Committee Recommendation☐ As Amended☐ Rerefer to Appropriations☐ Place on Consent Calendar

Other Actions:

☒ Reconsider

☐

Motion Made By

Seconded By

[illegible]

Total (Yes)

No

Absent

Floor Assignment

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

Date: 02/11 2015
Roll Call Vote #: 2

2015 SENATE STANDING COMMITTEE
ROLL CALL VOTES
BILL/RESOLUTION NO. SB2194

Senate Human Services Committee

☐ Subcommittee

Amendment LC# or Description: 15.0557.04001 Title .05000

Recommendation: ☒ Adopt Amendment
☐ Do Pass ☐ Do Not Pass ☐ Without Committee Recommendation
☐ As Amended ☐ Rerefer to Appropriations
☐ Place on Consent Calendar
Other Actions: ☐ Reconsider ☐ _____

Motion Made By Anderson Seconded By Larsen

Senators	Yes	No	Senators	Yes	No
Senator Judy Lee (Chairman)	✓		Senator Tyler Axness	✓	
Senator Oley Larsen (V-Chair)	✓		Senator John M. Warner	✓	
Senator Howard C. Anderson, Jr.	✓				
Senator Dick Dever	✓				

Total (Yes) 6 No 0

Absent 0

Floor Assignment _____

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

Date: 02/11 2015
Roll Call Vote #: 3

2015 SENATE STANDING COMMITTEE
ROLL CALL VOTES
BILL/RESOLUTION NO. SB2194

Senate Human Services Committee

☐ Subcommittee

Amendment LC# or Description: 15.0557.04001 Title. 25000

Recommendation: ☐ Adopt Amendment
☒ Do Pass ☐ Do Not Pass ☐ Without Committee Recommendation
☒ As Amended ☐ Rerefer to Appropriations
☐ Place on Consent Calendar
Other Actions: ☐ Reconsider ☐ _____

Motion Made By Dever Seconded By Anderson

Senators	Yes	No	Senators	Yes	No
Senator Judy Lee (Chairman)	✓		Senator Tyler Axness		✓
Senator Oley Larsen (V-Chair)		✓	Senator John M. Warner		✓
Senator Howard C. Anderson, Jr.	✓				
Senator Dick Dever	✓				

Total (Yes) 3 No 3

Absent 0

Floor Assignment _____

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

Date: 02/11 2015
Roll Call Vote #: 4

2015 SENATE STANDING COMMITTEE
ROLL CALL VOTES
BILL/RESOLUTION NO. SB 2194

Senate Human Services Committee

☐ Subcommittee

Amendment LC# or Description: 15. 0557.04001 Title . 05000

Recommendation: ☐ Adopt Amendment
☒ Do Pass ☐ Do Not Pass ☐ Without Committee Recommendation
☒ As Amended ☐ Rerefer to Appropriations
☐ Place on Consent Calendar
Other Actions: ☐ Reconsider ☐ _____

Motion Made By Dever Seconded By Anderson

Senators	Yes	No	Senators	Yes	No
Senator Judy Lee (Chairman)	✓		Senator Tyler Axness		✓
Senator Oley Larsen (V-Chair)		✓	Senator John M. Warner		✓
Senator Howard C. Anderson, Jr.	✓				
Senator Dick Dever	✓				

Total (Yes) 3 No 3

Absent 0

Floor Assignment _____

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

Date: 02/11 2015
Roll Call Vote #: 5

2015 SENATE STANDING COMMITTEE
ROLL CALL VOTES
BILL/RESOLUTION NO. SB2194

Senate Human Services Committee

☐ Subcommittee

Amendment LC# or Description: 15.0557.04001 Title . 05000

Recommendation: ☐ Adopt Amendment
☐ Do Pass ☐ Do Not Pass ☒ Without Committee Recommendation
☒ As Amended ☐ Rerefer to Appropriations
☐ Place on Consent Calendar
Other Actions: ☐ Reconsider ☐ _____

Motion Made By Anderson Seconded By Warner

Senators	Yes	No	Senators	Yes	No
Senator Judy Lee (Chairman)		✓	Senator Tyler Axness	✓	
Senator Oley Larsen (V-Chair)	✓		Senator John M. Warner	✓	
Senator Howard C. Anderson, Jr.	✓				
Senator Dick Dever		✓			

Total (Yes) 4 No 2

Absent 0

Floor Assignment Anderson

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

REPORT OF STANDING COMMITTEE

SB 2194: Human Services Committee (Sen. J. Lee, Chairman) recommends AMENDMENTS AS FOLLOWS and when so amended, recommends BE PLACED ON THE CALENDAR WITHOUT RECOMMENDATION (4 YEAS, 2 NAYS, 0 ABSENT AND NOT VOTING). SB 2194 was placed on the Sixth order on the calendar.

Page 2, line 3, after "tissues" insert ", cysts, ingrown toenails, skin tags, the treatment and removal of warts, and the incision and drainage of boils"

Page 2, after line 16, insert:

"9. "Surgical procedure" means structurally altering the human body by the incision or destruction of tissues."

Renumber accordingly

2015 HOUSE HUMAN SERVICES

SB 2194

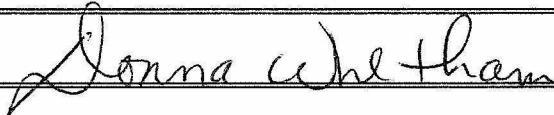
2015 HOUSE STANDING COMMITTEE MINUTES

Human Services Committee
Fort Union Room, State Capitol

SB 2194
3/25/2015
25415

☐ Subcommittee
☐ Conference Committee

Committee Clerk Signature



Explanation or reason for introduction of bill/resolution:

Relating to regulation of naturopaths

Minutes:

Attachment #1-15.

Chairman Weisz: opened the hearing on SB 2194.

Sen. Jessica Unruh: District 33: Introduced and supported the bill which relates to the regulation of naturopaths. I do want to express my unwavering support for the bill. The bill would allow doctors of naturopathic medicine which is a different than naturopaths and it is a very important distinction, it allows them who are already authorized to practice in this state to expand their scope of practice to include some minor office procedures, some prescription right and also provides a certification for midwifery practices here in North Dakota. Midwifery practices are already occurring here but there isn't a certification avenue for them. This would allow for regulation of midwives in North Dakota. Doctors of naturopathic medicine are highly trained, educated and qualified individuals and they want to provide the best possible service to their patients under the training they have received and this bill allows them to do that. It also provides cost savings to patients by reducing office visits and to receive comprehensive treatment that they are seeking. With the current physician shortage that we are experiencing in our state it only makes sense to provide more options for health care and to reduce co-pay obligations. Adjacent states allow these practitioners to more fully utilize their education and a similar form is being proposed to you here today and I would encourage have our state handle these issues the exact same way. I think it is important to encourage these individuals who have left the state to receive this type of training to encourage them to move back here to start their practices and encourage North Dakotans to move back to North Dakota and this bill allows them to do that while better serving their patients and more fully utilizing the education they have received.

Dr. Elizabeth Allmendinger: A doctor of naturopathic medicine: testified in support of the bill. (See Testimony #1).

14:42

Rep. Porter: Go into more of the pharmaceutical component of the initial training of Doctor of Naturopathic medicine with the monitoring of the physiology components as they relate back to the organ systems and the medications you are looking at and how your training adhere to monitoring those? For instance if Lipitor was one of the drugs, I have to go in every year at a minimum and have my liver enzymes checked to make sure it is at the right level.

Dr. Allmendinger: Dr. Nishek will go a little bit more detail on some of this, but our general curriculum, the first two years are broken down into the basic science classes. They are similar to UND's Allopathic school. We learn all of the basic sciences, then we have additional just pharmaceutical classes. In those classes we learn about the drug classes, the mechanism, action and different things like that. Then in the different -ologies, such as cardiology and pulmonology, that is where we learn to manage the specific drugs for specific conditions and overall health. There is the combination of learning the basic sciences so we can appropriately diagnose and appropriately treat and then we have the -ologies where we can appropriately manage.

Rep. Porter: Inside of this, if your are comparing apples to apples, would you say this curriculum is the same or more than a that a Family Nurse Practitioner who has prescriptive rights through all 5 or 6 spectrums of the formulary or is it less or more equal to Family Practice Physician and what you would take as you are going to medical school?

Dr. Allmendinger: Essentially our curriculum has 500 more hours of clinical experience than Family Nurse Practitioners who have full prescriptive rights and almost twice as many pharmaceutical classes plus the -ologies. We are more on par with Dentists and Optometrists in our training, who also have prescriptive rights in this state.

Rep. Oversen: To the midwifery component it is an additional 3 year, is that 3 years on top of your 8 years or is that 3 years a masters level without the additional 4 year doctoral training?

Dr. Allmendinger: It is an additional 3 year training on top of the 4 year undergrad naturopathic medicine program.

Rep. Porter: You couldn't just have a Masters level midwifery component and hold yourself out as that, you would have to have the full Doctor of Naturopathic medicine on top of that to do the midwifery?

Dr. Allmendinger: Midwives in general, North Dakota has no certification so anyone can do it. There are midwives that only have the 3 year certification. This bill specifically says you have to have the naturopathic degree, which is the 8 years of training and the 3 year midwifery certification for this bill.

Dr. Molly Ferguson: A naturopathic doctor and midwife in Minnesota: testified in support of SB 2194. (See Testimony #2).

Dr. Lezlie Link: A doctor of naturopathic medicine in Bismarck, ND: testified in support of SB 2194 (See Testimony #3).

29:15

Stephanie Nishek: A doctor of naturopathic medicine from Minot, ND: testified in support of the bill. (See Testimony #4).

35:49

Chairman Weisz: The list you have here are these the drugs you are able to prescribe?

Stephanie Nishek: No, this is the list that we need to know for our curriculum, the example formulary we have created thus far is about a page in length.

Dr. Glen Hyland: An MD in North Dakota: testified in support of the bill. (See Testimony #5).

40:16

Steve Irsfeld: A pharmacist from Dickinson: testified in support of SB 2194. (See Testimony #6).

46:45

Cheryl Rising, FNP: Legislative liaison for the ND Nurse Practitioner Association: testified in support of the bill. (See Testimony #7).

47:38

Rep. Oversen: Nurse Practitioners under prescriptive authority do they have to be under the supervision or are they standing alone in that authority?

Rising: We are not under the supervision of a physician and that collaborative agreement was deleted in 2011.

Chairman Weisz: Any other support for SB 2194? Seeing none. Any opposition for SB 2194?

OPPOSITION.

Courtney Koebele: Executive Director of ND Medical Association: testified in opposition of the bill. (See Testimony #8).

54:55

Dr. Brenda Miller: Family Medicine Physician in Bismarck: Testified in opposition of SB 2194. (See Testimony #9).

59:20

Dr. Shari Orser: An Obstetrician/Gynecologist in Bismarck: testified in opposition of SB 2194. (See Testimony #10).

1:02

Rep. Fehr: Do you have some data or research in regards to your statement that home deliveries have a higher risk of complications?

Dr. Orser: There was an article published in the last year in the American Journal of Obstetricians and Gynecologists but I can't give you the exact citation but I can get that for you.

1:03

Duane Houdek: Executive Secretary of the ND State Board of Medical Examiners: testified in opposition of the bill. (See Testimony #11).

1:05:

Rep. Porter: In the letter that you are referencing there are statements in here, conjecture of the mistreatments and the non-normal types of therapies given by a doctor of naturopathic medicine. Since 2011 when they were licensed in ND have you had any complaints come back through your agency that have been then rereferred back to their board for disciplinary action or for being outside the norms such as injecting hydrogen peroxide through an IV?

Houdek: I wasn't prepared for that question. I am not endorsing everything that is in that letter. It did raise concerns for us but it doesn't mean I vouch for everything that is stated in the letter. I am not recalling any complaints at this time.

1:07

Dr. Jeff Hostetter: An MD, MS: testified in opposition of the bill. (See Testimony #12).

1:12

Rep. Porter: A few years ago the Family Nurse Practitioners asked us to remove the collaborative agreement to allow full prescriptive rights in the whole spectrum except Class 1 pharmaceuticals and to your knowledge have there been any increased problems inside of that expansion that relate into your medication error rates you give us in

Dr. Hostetter: I can't give you hard data about that because by nature of reporting medication errors in this country, blame is not laid. There is not data collected about the source of medication errors that occur. I can tell you from personal experience I have dealt with more side effects and more people admitted to the hospital that come to my clinic that has occurred. As a note to that it is interesting that I haven't a decrease in the number of

Nurse Practitioners who ask for my advice about things and in fact I probably have more about that. By giving them that right removed some barriers possibly in my experience to talk to me about things. In interest of full disclosure, I was on the record of opposing those independent prescribing rights for the same reasons.

Rep. Porter: Going off that basic premise, inside of this prescriptive authority which is just this real limited class of pharmaceuticals that would be available to the doctors of Naturopathic medicine, would it limit some of your concerns by going to a collaborate type agreement arrangements that were present for a number of years until the Nurse Practitioners proved themselves from the safety point of their practices?

Dr. Hostetter: I would disagree with the limited assessment of the pharmaceuticals that they are asking for. They are just limited to scheduled drugs which have some of the least side effects. The side effects that hurt most people are actually routine drugs that are non-scheduled. Additionally many of those drugs are administered in the hospital which most naturopaths would not be prescribing so that would be attenuated by that to some extent. The strength of the collaborative agreement which I think is one of the reasons that Nurse Practitioners did get prescribing authority, quite honestly physicians have signed the paper but didn't actually do the collaborative agreement. Unless there was a better system than existed for Nurse Practitioners that was built on mutual respect between the naturopath provider and their expertise and the Allopathic provider and their expertise and adds significant true collaboration because we both have something to learn from each other, I wouldn't go to just having a check box.

1:17

Keith Heuser: President of CHI Mercy Health in Valley City: I am here representing hospitals in the state and I am providing testimony on behalf of myself. In opposition to SB 2194. This area is close to areas I have had experience with. I am primarily in opposition to the pharmacy expansion. Naturopathic diagnoses focus on the underlying cause of the disease while naturopathic therapies are supported by research drawn from peer reviews journals from any disciplines including naturopathic medicine, European complimentary medicine, clinical nutrition, phytotherapy, pharmacognosy, homeopathy, psychology and spirituality. The two key words I am focused on are phytotherapy and Pharmacognosy and both of those are the underlying courses on the study for naturopathic medicine, there is very little done with synthetic medications. Phytotherapy is the study of using extracts of natural origins as medicines of health promoting agents. Standard pharmacology isolates an active compound from a given plant and phytotherapy aims to preserve the complexity of substances from a given plant with relatively less processing. Pharmacognosy is the study of the physical, chemical, biochemical and biological property of drugs and drug substances. It is important to understand when we talk about expanding the prescriptive authority of naturopathic medicines the vast majority if not all of their teaching is on the natural plant oriented side of medicines. The other concern is the third law of homeopathic medicine is that one should take the smallest dose to nudge ones vital force to start the healing processes. All these lead me to my concerns. Pharmacognosy versus evidence based practices from a hospital setting are entirely different. Evidence based practices are not based on natural medications or therapies, they include all therapies. When we look at how effectively are our physicians are dosing on the hospital side we look at the

standardized practices that have shown proper dosing and proper success. They don't start with the minimum dose, they start with the appropriate dose. When you look at the herbal complimentary medicines they have a very strong role and have their place in their work with medicines. My concern is the most of time for naturopathic doctors is spent on the herbal side and expanded into the synthetic side there isn't going to be a consist way to tell what the interactions will be and what the negative outcomes would be. One of the biggest components of errors in the hospitals is medication errors. We track and monitor them. We look at drug interactions also. I am very concerned with expanding that authority to people who don't have the oversight that the physicians and advanced practice providers who practice in the hospital setting do. In today's pharmaceutical market we are rapidly expanding on the synthetic side with the naturopathic doctors not having that synthetic training I have significant concerns about them keeping up with what is happening and what they are prescribing and how it would interact with other drugs.

1:27

Megan Houn: Director of Government Relations for Blue Cross Blue Shield of ND: testified in opposition of SB 2194. (See Testimony #13). I came upon an analysis from our legal wizard, I know that the naturopaths are not outwardly seeking reimbursement but under Section 43-58-032 of Century Code health insurance companies are required to reimburse naturopaths for services covered under a member's health plan. So I don't know if there is some clean up language there that can be done. It says that essentially it prescribes that a naturopath may designate herself as of naturopathic medicine once properly licensed and upon fulfilling the requirements set forth under Chapter 43-58 and it is critical because Section 26.1-36-12.1 prohibits the health insurance company from denying from consulting or employing including doctors of chiropractic license to practice in North Dakota and requires health insurance company to recognize and reimburse certified by the doctor, hospital, sanitarium non withstanding any provision contained in the contract. Those would be our primary concerns.

Chairman Weisz: What was the number in code?

Houn: Section 43-58-03, I can send you the citation.

Chairman Weisz: I am not seeing what you are saying would you restate what you are seeing?

Houn: The section apparently prescribes that once there is a doctor, whether it is a doctor of naturopathic medicine or otherwise, once that happens and they are properly licensed and upon fulfilling the requirements set forth in 43-58. We are then required under Section 26.1-36-12.1 to as a health insurer reimburse for it.

Chairman Weisz: So you have been reimbursing then? This was passed in 2012 so you should have been reimbursing for this.

Houn: We have not been currently reimbursing.

Chairman Weisz: According to 43-58-03 effective January 1, 2012 based on his interpretation you should have been reimbursing for the last three years. You might want to send me that.

Houn: I will check and I will do that.

1:31

Dr. Joan Connell: A physician: testified in opposition of SB 2194. (See Testimony #14).

1:36

Rep. Fehr: You said you had a working relationship that reached out and made referrals, could you tell a little more on those, what kind of cases and feedback you received?

Dr. Connell: I have some patients that sometimes have stomach issues and in pediatrics when it comes down to functional abdominal pain, I have sent some referrals for kids who just don't feel good. We have already tried many things to rule out the Western answer for this, then I will talk to the naturopath about this. Sometimes we do see a difference in this and I have seen a difference in patients with rhinitis. When the patient isn't responsive to typical medications and when that occurs I have turned to the naturopaths and they have had some variable success. Again very separate things. I also had a patient reflux at 6 months where the mother had taken the baby to a naturopath who suggested goats milk but again returned to me where I had her return to formula. A week later there was a story about a child who was 6-7 months who had died from goat's milk because it was not nutritionally sufficient for children. We each have our roles and it is important that we respect them.

1:39

Rep. Rich Becker: We have to find to spread services in the nation we are adding population. How are going to provide services to the expanding population if we don't allow other people like the naturopaths to provide services?

Dr. Connell: It is a huge problem and I am concerned with that as well. I think that just because of this we can't pass laws. Maybe expanding medical schools and insisting on a basic competency level. This year I have had a couple medical students who I don't think are going to be great physicians and we are going to have to make hard decisions about that. But I am not going to let them out to potentially injure patients. Do no harm.

Rep. Rich Becker: I am still concerned, brick and mortar we won't put more medical schools up fast enough for what needs to be accomplished. We can't even import enough foreign doctors to meet the current need. All I am suggesting is certain restrictions and reservations and of course no medical personnel want to do harm to a patient, but I am concerned we are providing artificial barriers of increasing services to those that need it. I don't hear anyone saying we have a problem this big and we can only provide this much

service. So we have to find ways to improve it and I hope this bill will help us address how we can do that.

Dr. Connell: I think we have to do that in a way that will not increase health care needs which translates into health care costs. When we have babies born at home and have lack of oxygen injuries, that dramatically increases health care costs for the rest of those kids lives. When we have medication given inappropriately it costs time and money, what the adverse drug reaction is and fix it and hope the patient returns to baseline. Example of a medication error in her practice. (1:46:39). It takes many years of sacrifice and training to have competence and patients deserve competence. It is not fair to say here is a doctor and we know he probably is not good at everything but here is a doctor because you need something. The patients can't discern that. The less you know the harder it is to understand what the limits of your knowledge are. I understand that very well working with med students, residents and some of my peers.

Rep. Rich Becker: I would agree with you, there is a line but I also believe from what I am hearing in testimonies today that those people in the audience that are not medical doctors also know that line. I have to believe that by and large there are not people overstepping their line. Nobody wants to cause harm. We have to find a way to encourage and to allow and to authorize more people to meet the needs of more people.

Rep. Kiefert: My question regarding the training, maybe I misunderstood this but I though we heard testimony that they receive more training than and eye doctor or dentist or the Registered Nurses are receiving and another question I have is regarding the death from the wrong prescriptions, they are not prescribing medications now so how can we use that argument to numbers of people are dying from the wrong medicine, how can we point the finger at them?

Dr. Connell: It is my understanding that the person that is representing the hospital association was saying we already have this problem, deaths from inappropriate medications and increasing the pool of prescription writers, filling it with people that have less training than physicians do statistically will increase that statistic upward significantly. Regarding the training, the dentists and eye doctors work right here and this is talking about working everywhere, if you review this bill and look at the list of procedures, it is interesting because I would really like to bring ultrasound to our medical school at UND and that has to be one of the top priorities but that will be a several year process, when I looked at myself taking training for me to be competent in ultrasound it would be every few weeks for a couple of years. When you ask how do we establish competence, I think there are a few ways to do that. You can say physicians have this many hours of pharmacology so you take the same. You can assess it by a written and oral exam. The evaluation subcommittee where I serve, we have developed minimum competencies for writing a pediatric history and physical, writing a prescription, coming up with a potential set of diagnoses for a condition. We have that available and potentially the naturopathic curriculum could look at those things and spend a little more time in there program and document competencies like that. They were talking about the competency testing and it is important for everybody to establish competency and in recertifying as a pediatrician I have had to have minimum amount of Continuing Medical Education credit, I have to do a quality

assurance project and I need to take a written test and I need to do that every 7 years. Those are my ideas and I don't see any of those in place.

Rep. Kiefert: Were't Registered Nurses compared to the naturopathic training and they receive more training than and RN who has prescription privileges?

Dr. Connell: An RN has a 4 year degree and if they are advanced practice status, such as a nurse practitioner, they have 18-24 months additional training. I don't know how much pharmacology or clinical time they have. I think that is a fair question. The Pharmacology hours for a nurse practitioner is on average 107.5 hours, for Physician Assistant it is about 105 hours as well, for a naturopathic person it is an average of 47 or 48 hours. So as the current curriculum stands it's not as good as the mid-level providers and sometimes that is of question as well.

Rep. Kiefert: I am looking at their scope of practice and what they are asking to do. They are only asking for minor things to do. Wouldn't the medical field welcome not to have to some of these procedures and give them more time to address the more serious issues.

Dr. Connell: That is a great point and I think the point of Physicians with limited time based on the current fee for service model of reimbursement points out another glaring problem in our health care system. One that whose hand is being forced and it is being changed and I know we do have some accountable care organizations in our state and I think that it growing and I think that is the start of fixing that particular problem. The procedure I remember being listed here in addition to midwifery was removing toenails and ultrasound. I already talked about my concern with ultrasound and with removing toenails. I actually learned to do this in the emergency rooms during residency and was pretty competent. I worked in the emergency rooms after graduating. I was pretty competent and I haven't removed a toenail in a while and I wouldn't have tried my first one out of residency if I hadn't done several. I am a little concerned on how you can be competent in pharmacology with fewer class hours and competent in all of these procedures with a fraction of the clinical training that physicians and other providers have, it doesn't mathematically add up for me, while you are becoming a master of naturopathic medicine which is your apparent passion.

Rep. Fehr: Your comment for fee for service caught my interest and your reference to being a Jack-of-all-trades and I am reminded of one of the things they found when they were researching on plane crashes that one of the problems was lack of communication between and pilot and co-pilot. It seems to me with some of the things you are talking about in terms of increasing need for knowledge in areas really points to the problems that we find with fee for service that is individuals are supposed to know anything and everything about everything and what we really need is more collaborative work which perhaps gets away from the fee for service. In your opinion as a physician do you envision that we could get away from the fee for service that other providers might a place and welcome into some kind of collaborative practice, such as the naturopaths we are discussing?

Dr. Connell: I have felt up to this point that I have that nice level of collaboration with the naturopaths that I include in my consulting practitioners. I don't know that a shift from a fee

for service is required for that. I think it would become muddier when we start to blur our specialties. If I start prescribing naturopathic medicines I will be less well known as a pediatrician and I am not a naturopath, so what am I? I would like to consult a naturopath who actually practices naturopathy and is really good at it rather than to dabble in Western medicine. When lines are blurring and we do some of each how are we going to even evaluate outcomes?

Written testimony: provided on SB 2194 that from people that were unable to attend. (See Testimony # 15).

Chairman Weisz: Any other questions or opposition on SB 2194? Seeing none? Closed the hearing on SB 2194.

2015 HOUSE STANDING COMMITTEE MINUTES

Human Services Committee Fort Union Room, State Capitol

SB 2194
3/31/2015
Job #25647

- ☐ Subcommittee
☐ Conference Committee

Committee Clerk Signature



Minutes:

Chairman Weisz: Let's take up 2194.

Rep. D. Anderson: You wanted me to look at what the pharmacy differences were between the physician and naturopathic and it looks to me that they are about the same as a nurse practitioner. That is all I could find out with what their training is.

Chairman Weisz: They have full prescribing rights I believe.

Rep. Porter: They can go up to schedule 2. Only physicians can do schedule 1.

Chairman Weisz: Nurse practitioners can go up to and including schedule 2?

Rep. Porter: That is my recollection of what we did when we took that oversight away. The schedules are based on the federal schedules' levels of addictiveness.

Chairman Weisz: There are three parts to the bill; minor office, midwife and prescriptive abilities. They are all in conflict so we will take each one separately. We don't license midwives.

Rep. Porter: The board of nursing licenses a family nurse practitioner who has done the program of midwifing. They are employed inside of health care facilities. We do not have any requirements or certification inside of that group.

Chairman Weisz: The midwife does require the 3 year course.

Rep. Fehr: I don't have an issue with them attending births. My concerns have to do with proper pre-natal attendance that if any high risk pregnancies get screened so they get proper attention. Any concerns I have, a board could regulate beyond with what we are putting in here. The same with medication regulation.

Rep. Rich Becker: (Microphone off so inaudible).

Chairman Weisz: All your narcotics are in schedule 1.

Rep. Porter: All narcotics are in schedule 1. Family practitioners were in Schedule 2 and higher, but not in 1.

Chairman Weisz: I did get an e-mail from the board of nursing saying they have changed their position from neutral to support.

Rep. Fehr: The concerns I have can be addressed by their licensing board. I move a Do Pass on 2194.

Rep. Kiefert: Second.

Rep. Oversen: I don't support the bill and the concerns I have I don't think it is not always a fair comparison to just look at hours. The way the naturopaths are trained to look the body and system is just different and the way the body heals and I'm concerned about the prescriptive rights and the doors it could open.

ROLL CALL VOTE: 10 y 3 n 0 absent

Bill Carrier: Rep. Damschen

Date: 3-31-15
Roll Call Vote #: 1

2015 HOUSE STANDING COMMITTEE
ROLL CALL VOTES
BILL/RESOLUTION NO. 2194

House Human Services Committee

☐ Subcommittee

Amendment LC# or Description: _____

Recommendation: ☐ Adopt Amendment
☒ Do Pass ☐ Do Not Pass ☐ Without Committee Recommendation
☐ As Amended ☐ Rerefer to Appropriations
☐ Place on Consent Calendar
Other Actions: ☐ Reconsider ☐ _____

Motion Made By Rep. Gehr Seconded By Rep. Kiefert

Representatives	Yes	No	Representatives	Yes	No
Chairman Weisz	✓		Rep. Mooney	✓	
Vice-Chair Hofstad	✓		Rep. Muscha	✓	
Rep. Bert Anderson		✓	Rep. Oversen		✓
Rep. Dick Anderson		✓			
Rep. Rich S. Becker	✓				
Rep. Damschen	✓				
Rep. Fehr	✓				
Rep. Kiefert	✓				
Rep. Porter	✓				
Rep. Seibel	✓				

Total (Yes) 10 No 3

Absent _____

Floor Assignment Rep. Damschen

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

REPORT OF STANDING COMMITTEE

SB 2194, as engrossed: Human Services Committee (Rep. Weisz, Chairman)
recommends **DO PASS** (10 YEAS, 3 NAYS, 0 ABSENT AND NOT VOTING).
Engrossed SB 2194 was placed on the Fourteenth order on the calendar.

2015 TESTIMONY

SB 2194

Thru Email 01/19/15
Attach #1
SB2194
J#22139

January 17, 2014

The Honorable Judy Lee
Chairman, Senate Human Services Committee
1822 Brentwood Court
West Fargo, ND 58078-4204

RE: OPPOSE SB2194

Dear Chairman Lee:

As President of the American Society for Dermatologic Surgery Association (ASDSA), a surgical specialty organization representing nearly 6,000 physician members, I am writing to you to ask the Senate Human Services Committee to oppose SB2194. As proposed, SB2194 would broaden the scope of naturopaths to allow them to prescribe drugs and to perform so-called "minor office procedures."

Naturopaths do not have the training to safely prescribe and monitor controlled substances and do not have the training and experience to prescribe prescription medications as they rely on over the counter and homeopathic remedies. Inappropriately expanding the scope of practice of naturopaths to prescribe puts North Dakota patients at risk.

Additionally, as proposed in SB2194, "minor office procedures" is defined as "the methods for repair and care incidental to superficial lacerations and abrasions, superficial lesions, and the removal of foreign bodies located in the superficial tissues. The term does not include skin biopsies." While we are grateful that this explicitly exempts skin biopsies, we are concerned that the term "superficial tissues" is not defined within the bill. Without clarity that "superficial tissues" means the stratum corneum (dead cells), this language could be interpreted to allow naturopaths to perform procedures which affect living tissue. "Repair ... of superficial lacerations", could be interpreted as suturing lacerations, electrocoagulation of bleeding, grafting skin, and rotating skin through skin flaps to repair injured skin. All of these repair techniques are in the purview of physicians and surgeons and would be inappropriate to be done by naturopaths as they do not have the requisite training to perform "repair of lacerations." Removal of foreign bodies often requires injected local anesthesia, incision with a scalpel and after the foreign body has been retrieved, "repair" or suturing of the resulting defect. The minor office terminology is far too vague as written.

Finally, we are concerned that more than being ineffective, some treatments of naturopaths may in fact, be harmful. One such treatment is the use of black salve, red salve and cansema. According to the Australian Government's Therapeutic Goods Administration, these products, which contain an active ingredient called sanguinarine, which comes from Bloodroot, burn off layers of the skin and surrounding normal tissue. They can destroy large parts of the skin and



underlying tissue, leading to significant scarring.¹ I have personally treated a patient that was referred to me for several "fungating skin cancers" that I was to resect. On questioning, the patient told me that he obtained "Black Salve" on the Internet and has been applying it to various growths on his body. I instructed him to stop using the Salve and within 2 weeks his "tumors" disappeared and he was saved from deforming surgery. The patient had no skin cancer; the Black Salve was just eating away his normal skin.

The U.S. Food and Drug Administration (FDA) includes black salve on the list of "187 Fake Cancer 'Cures' Consumers Should Avoid."² Additionally, the FDA has sought legal action against the manufacturers of such products. In October 2012, a federal judge granted an injunction against a black salve manufacturer for selling products that have not been approved by the FDA for their claimed uses.³

For these reasons, ASDSA strongly opposes SB2194. Should you have any questions or need further information, please feel free to contact Director of State and Grassroots Advocacy Lisle Thielbar at (847) 956-9126 or lthielbar@asds.net.

Sincerely,

George J. Hruza, MD, President
American Society for Dermatologic Surgery Association

cc: Naomi Lawrence, MD, President-Elect
Mitchel P. Goldman, MD, Immediate Past President
Thomas E. Rohrer, MD, Vice President
Abel Torres, MD, Treasurer
Murad Alam, MD, Secretary
Katherine J. Duerdoth, CAE, Executive Director
Lisle Thielbar, Director of State and Grassroots Advocacy
Courtney Koebele, Executive Director, North Dakota Medical Association

¹2012, July. Australian Government Department of Health and Ageing Therapeutic Goods Administration. Black salve, red salve, and cansema. Retrieved from: <http://www.tga.gov.au/pdf/information-salve-cansema.pdf>

²U.S. Food and Drug Administration. 187 Fake Cancer "Cures" Consumers Should Avoid. Retrieved from: <http://www.fda.gov/Drugs/GuidanceComplianceRegulatoryInformation/EnforcementActivitiesbyFDA/ucm171057.htm>

³2012, October. U.S. Food and Drug Administration. Federal judge grants permanent injunction against Oregon herb and supplement manufacturer. Retrieved from: <http://www.fda.gov/NewsEvents/Newsroom/PressAnnouncements/ucm325792.htm>.

Madam Chair and Members of the Committee,

My name is Elizabeth Allmendinger. I am a doctor of naturopathic medicine, also known as an ND, from Bismarck. I am registered as lobbyist 164 for the North Dakota Association of Naturopathic Doctors (NDAND). Senate Bill 2194 has been introduced on our behalf, and I have been asked to explain the bill.

Senate Bill 2194 is a scope expansion bill for ND's. Our licensing statute was created in 2011. The three major objectives of this bill are to add minor office procedures, limited prescription rights and naturopathic childbirth. Since pharmaceuticals are part of our training, prescription rights were included in the 2011 licensure bill but were removed by amendment at the request of the NDMA. Minor office procedures and naturopathic childbirth – also part of our training - were included in our first 2011 bill draft. We removed them before filing based on discussions with legislators, who felt the timing wasn't right for home birth and to make the bill more streamlined.

Page 1

(Line 20-21) 43-58-01 is the statute definition section. Subsection 3 amends the homeopathic preparations definition. The amendment removes language prohibiting prescriptive homeopathic preparations. Generally homeopathic preparations do not need a prescription, but may in some cases and this allows that right. Homeopathic preparations are normally made from natural substances such as herbs and minerals.

Page 2

(Line 1) Creates Subsection 5, a new definition of minor office procedures. This definition is meant to refer to cleaning and repair of wounds, including suturing when necessary, simple dermatology procedures like removing skin tags, as well as removing glass, splinters or other foreign objects from the skin, and treating cuts and scrapes. Superficial is the surface or shallow layers of the body. Deeper layers would be considered performing surgery. These are common tasks in family medicine that would be particularly important to an ND scope when working in a rural area or tribal facility, or anywhere a walk-in clinic or ER is not available. Suturing is also a skill necessary in naturopathic childbirth. By excluding skin biopsies, the definition clearly indicates it does not refer to removing a mole to send to pathology to rule out melanoma or other skin cancers. Patient scenarios like that would be referred to a dermatologist.

(Line 22) Is an amendment to 43-58-08 (1a). It creates an exception to prescribe prescription drugs as defined in subsection 4, which I will review in a moment.

(Line 25) This amends 43-58-08 (1c). It creates an exception to perform a minor office procedure. These are the services I just described to you in the definition section.

2.2

SB 2194 Naturopathic Scope
Elizabeth Allmendinger, NDAND Lobbyist (#164)
Senate Human Services Committee Hearing
January 19, 2015
Page 3

(Line 2) Removes the non-prescriptive limitation in subsection (2) for natural substances. Injectable vitamins and minerals require a prescription. For example, we currently have to request a practitioner with prescription rights to order the prescription for a patient needing a B12 shot, even though ND's already have been granted the ability to inject in the original licensure bill.

(Line 13) Creates a new Subsection 4 outlining the prescription exception. This enables the board to establish a prescription drug formulary list that limits which prescription drugs an ND can prescribe.

(Line 15) Subsection (4a) defines the members of the subcommittee of the Board of Integrative Health Care that will create the formulary of prescription drugs. The subcommittee is limited to board members with specific training in prescription drugs. It will consist of the pharmacist, the doctor of medicine or osteopathy, the naturopath and the nurse practitioner. The other members of the board will not be involved in creating the formulary.

(Line 18) Subsection (4b) eliminates scheduled drugs I-IV of the Uniform Controlled Substances Act from being in the formulary, except for specific steroids hormones - primarily testosterone.

(Line 20) Creates a new Subsection 5, enabling the practice of minor office procedures, which I have previously discussed.

(Line 21) Creates a new Subsection 6, enabling an ND with specialized training approved by the board to practice naturopathic childbirth.

(Line 25) Creates a new section 43-58-11, establishing the specialized criteria necessary for ND's to practice naturopathic childbirth attendance as a specialized practice.

(Line 27) Subsection 1 clarifies that a naturopath may not perform naturopathic childbirth attendance unless certified by the board to have specialized training, education and testing. Not all ND's have acquired this training.

(Line 29) Subsection 2 mandates that the board adopt additional rules necessary to qualify for this specialty practice. Examples of additional rules the board will consider include: accreditation standards, clinical training documentation such as the number of births attended, CPR and neonatal resuscitation certification, informed consent documentation, specific prescriptions and procedures permitted for childbirth, and other standards the board feels necessary for practice and oversight.

SB 2194 Naturopathic Scope
Elizabeth Allmendinger, NDAND Lobbyist (#164)
Senate Human Services Committee Hearing
January 19, 2015
Page 4

(Line 1) 43-58-11 subsection (3a) & (3b) establishes the following education and testing requirements to practice naturopathic childbirth.

(Line 3) Subsection (3a) - Education. Graduation from a 3-year certified professional midwifery program. The education standard is based on Bastyr University's nationally accredited midwifery program. Bastyr is located in Washington, which requires a 3-year midwifery program. A copy of the curriculum is included as Attachment B. The Bastyr program originated as a joint certificate program of Bastyr and the Seattle Midwifery School, specifically for its naturopathic students. The Seattle Midwifery School merged with Bastyr in 2010 and the certificate program is now offered as a Master's degree.

(Line 5) Subsection (3b) - Testing. Passing the North American Registry of Midwives (NARM) national board examination.

(Line 8) Subsection (3c) makes clear that the applicant must meet and maintain all other qualifications that will be established by the board through the administrative rules process.

I've included attachments that provide additional information –

Attachment A is a list of other state's ND scope of practice

Attachment B is Bastyr's Midwifery curriculum

Attachment C is Southwest College of Naturopathic Medicine (SCNM)'s curriculum

Our association member, Dr. Allen, was going to speak on naturopathic childbirth but is unable to be here today. I am submitting a written copy of her testimony for the committee. She has offered to provide additional information as needed, and if possible would attend a committee discussion, upon request.

Two other association members, Dr. Nishek and Dr. Link, are here to more specifically address prescriptions rights and minor office procedures. 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. If you don't have any specific questions for me right now, I will turn it over to Dr. Nishek.

Attach #3
SB 2194 01/19/15
J# 22139

Good Morning Madam Chair and Members of the Senate Human Service Committee. My name is Beth Allen. I am a licensed doctor of naturopathic medicine (ND) living in Fargo. This morning I am speaking on the childbirth portion of the bill.

First, I want to clarify that this is NOT a midwifery bill. This bill is meant to set the standards for licensed ND's to deliver babies in North Dakota. It is not meant to set the standards for midwives in North Dakota. Second, because of past failed midwifery bills, I want to point out that the Bastyr program exceeds the national midwifery requirements which were included in the 2011 midwifery bill.

	Bastyr WA program	2011 MW Bill
Education	3 year curriculum, MEAC accredited program	Varying curriculum options 3 MEAC courses
Births	60 required for graduation	50 for CPM certification

The practice of naturopathic childbirth includes all of the same care, exams, and tests as in conventional medicine. The primary differences are having a home birth and also several home visits during prenatal and postpartum care. Home birth is not the only reason women choose naturopathic childbirth - they desire the personalized prenatal and postpartum care. All patients are screened for appropriateness of home birth and are referred if not appropriate. All naturopathic-midwives are trained to handle emergencies and have transfer plans ready if necessary.

Research studies **comparing home and hospital** births in the US, Canada, and other developed countries have consistently shown that for *low-risk* pregnancies, a *planned* home birth attended by a *trained* midwife results in:

- Equal health outcomes for newborns regardless of location.
- Better health outcomes for moms if born at home.

The American Public Health Association, the World Health Organization, the Royal College of Obstetricians and Gynecologists (UK) and several Canadian organizations all recommend the use of midwifery for good maternal-child health outcomes.

3.2

SB 2194 Naturopathic Scope Bill
Beth Allen, ND
Senate Human Services Committee
January 19, 2015

Dr. Molly Ferguson, ND/LM, is licensed in Minnesota and practices in Moorhead. She has provided written testimony since she could not be here today. In the past 10 years, at least 3 of our North Dakota classmates have graduated from Bastyr's naturopathic-midwifery program – two from Fargo and one from Jamestown. These North Dakota women did not have the option to practice here when they graduated, so they stayed in Washington.

We do get requests from patients asking for midwifery recommendations, but there is nothing we can offer them. This bill will allow ND's that specialize in home births to provide that service to the small but growing number of women that want them.

I have added several attachments for your review:

- Attachment A. Washington standards & CDC facts
- Attachment B. Research table and list of studies
- Attachment C. Written professional testimony of Molly Ferguson, ND/LM
- Attachment D. Written patient testimony of Leah Schneck, RN from Fargo.

I am happy to answer your questions.

Attachment A - WA law/rules, CDC facts

General curriculum requirements of Washington administrative rules – WAC 246-834-140

- The basic curriculum shall be at least three academic years, and shall consist of both didactic and clinical instruction.
- Each student must undertake the care of not less than fifty women in each of the prenatal, intra-partum and early postpartum periods. Students need not see the same women throughout each period.
- A candidate for licensure must observe an additional fifty women in the intra-partum period in order to qualify for licensure.
- Students receive instructions in the following instruction areas:
 - Basic sciences (including biology, physiology, microbiology, anatomy with emphasis on female reproductive anatomy, genetics and embryology) normal and abnormal obstetrics and gynecology, family planning techniques, childbirth education, nutrition both during pregnancy and lactation, breast feeding, neonatology, epidemiology, community care, and medical-legal aspects of midwifery.
 - Basic nursing skills and clinical skills, including but not limited to vital signs, perineal prep, enema, catheterization, aseptic techniques, administration of medications both orally and by injection, local infiltration for anesthesia, venipuncture, administration of intravenous fluids, infant and adult resuscitation, and charting.
 - Clinical practice in midwifery which includes care of women in the prenatal, intra-partum and early postpartum periods.

Additional course requirements set out in law (RCW 18.50.040) include neonatal pediatrics, behavioral sciences, obstetrical pharmacology, and genetics. The training required under this section shall include training in either hospitals or alternative birth settings or both with particular emphasis on learning the ability to differentiate between low-risk and high-risk pregnancies.

Key points of Washington law & rules for midwifery prescription drugs and devices

RCW 18.50.115 Administration of drugs and medications

A midwife licensed under this chapter may obtain and administer prophylactic ophthalmic medication, postpartum oxytocic, vitamin K, Rho immune globulin (human), and local anesthetic and may administer such other drugs or medications as prescribed by a physician. A pharmacist who dispenses such drugs to a licensed midwife shall not be liable for any adverse reactions caused by any method of use by the midwife.

The secretary, after consultation with representatives of the midwife advisory committee, the pharmacy quality assurance commission, and the medical quality assurance commission, may adopt rules that authorize licensed midwives to purchase and use legend drugs and devices in addition to the drugs authorized in this chapter.

Administrative rules for prescription drugs & devices (WAC 246-834-250)

(1) Licensed midwives may purchase and use legend drugs and devices as follows:

(a) Dopplers, syringes, needles, phlebotomy equipment, suture, urinary catheters, intravenous equipment, amnihooks, airway suction devices, electronic fetal monitoring, toco monitoring, neonatal and adult resuscitation equipment, oxygen, glucometer, and centrifuge; and

(b) Pharmacies may issue breast pumps, compression stockings and belts, maternity belts, diaphragms and cervical caps, ordered by licensed midwives.

(2) In addition to prophylactic ophthalmic medication, postpartum oxytocic, vitamin K, Rho immune globulin (human), and local anesthetic medications as listed in RCW 18.50.115, WAC 246-834-250 licensed midwives may obtain and administer the following medications:

(a) Intravenous fluids limited to Lactated Ringers, 5% Dextrose with Lactated Ringers heparin and 0.9% sodium chloride for use in intravenous locks;

(b) Sterile water for intradermal injections for pain relief;

(c) Magnesium sulfate for prevention of maternal seizures pending transport;

(d) Epinephrine for use in maternal anaphylaxis pending transport;

(e) Measles, Mumps, and Rubella (MMR) vaccine to nonimmune postpartum women, HBIG and HBV for neonates born to hepatitis B+ mothers;

(f) Terbutaline for nonreassuring fetal heart tones and/or cord prolapse pending transport;

(g) Antibiotics for intrapartum prophylaxis of Group B Beta hemolytic Streptococcus (GBS) per current CDC guidelines; and

(h) Antihemorrhagic drugs to control postpartum hemorrhage, such as misoprostel per rectum (for use only in postpartum hemorrhage), methylergonovine maleate in the absence of hypertension, oral or intramuscular, prostaglandin F2 alpha (hemobate), intramuscular.

(3) The client's records shall contain documentation of all medications administered.

(4) The midwife must have a procedure, policy or guideline for the use of each drug.

Center for Disease Control & Prevention Birth Data Trends -

- Nationwide 1.36% of births take place outside the hospital – 2/3 of these occur at home. Out-of-hospital births have steadily increased since 2004 across all race and ethnic groups. Currently, 2% of white non-Hispanic women are having out-of-hospital births.
- Six states have more than 3% of births out-of-hospital: Alaska (6%), Montana (3.9%), Oregon (3.8%), Washington (3.4%), Idaho (3.4%), and Pennsylvania (3.1%).
- Midwives deliver 8% of all babies nationwide. States with the highest midwife deliveries include New Mexico (24%) and Georgia (18%). New Mexico also has the lowest C-section rates.

Maternal Outcomes from British Columbia study 2009

Variable	Group; no. (%) of women		
	Planned home birth with midwife n = 2899	Planned hospital birth with midwife n = 4752	Planned hospital birth with physician n = 5331
Obstetric intervention			
Electronic fetal monitoring	394 (13.6)	1992 (41.9)	4201 (78.8)
External tocometer	389 (13.4)	1970 (41.5)	4164 (78.1)
Fetal scalp electrode	60 (2.1)	247 (5.2)	548 (10.3)
Augmentation of labour	688 (23.7)	1897 (39.9)	2689 (50.4)
Amniotomy	560 (19.3)	1518 (31.9)	2112 (39.6)
Oxytocin	172 (5.9)	603 (12.7)	981 (18.4)
Analgesia during labour			
Nitrous oxide	199 (6.9)	1565 (32.9)	2887 (54.2)
Epidural	224 (7.7)	901 (19.0)	1487 (27.9)
Narcotic	122 (4.2)	713 (15.0)	1877 (35.2)
Mode of delivery			
Spontaneous vaginal	2605 (89.9)	3910 (82.3)	4007 (75.2)
Assisted vaginal	86 (3.0)	344 (7.2)	736 (13.8)
Cesarean	208 (7.2)	498 (10.5)	588 (11.0)
Among nulliparous women	158/1215 (13.0)	453/2428 (18.7)	481/2204 (21.8)
Among multiparous women	50/1684 (3.0)	45/2324 (1.9)	107/3127 (3.4)
Primary indication for cesarean delivery			
Breech	34 (1.2)	0	0
Dystocia	79 (2.7)	253 (5.3)	288 (5.4)
Nonreassuring fetal heart rate	32 (1.1)	112 (2.4)	143 (2.7)
Repeat cesarean section	2 (0.1)	0	0
Malposition or malpresentation	39 (1.3)	89 (1.9)	78 (1.5)
Other	22 (0.8)	44 (0.9)	79 (1.5)
Episiotomy among vaginal deliveries	84/2691 (3.1)	289/4254 (6.8)	800/4743 (16.9)
Maternal outcome			
Prolapsed cord	2 (0.1)	6 (0.1)	9 (0.2)
Uterine rupture	0	0	2 (0.04)
Postpartum hemorrhage	110 (3.8)	285 (6.0)	357 (6.7)
Blood transfusion	2 (0.1)	10 (0.2)	15 (0.3)
Obstetric shock	1 (0.03)	1 (0.02)	1 (0.02)
Death	0	0	0
Manual removal of placenta	28 (1.0)	85 (1.8)	90 (1.7)
Uterine prolapse	1 (0.03)	1 (0.02)	2 (0.04)
Infection			
Pyrexia*	19 (0.7)	68 (1.4)	154 (2.9)
Urinary tract infection	0	1 (0.02)	5 (0.1)
Puerperal fever	1 (0.03)	4 (1.0)	7 (0.1)
Wound infection	0	11 (0.2)	16 (0.3)
Perineal tear			
None	1578 (54.4)	2189 (46.1)	2291 (43.0)
First- or second-degree tear	1262 (43.5)	2387 (50.2)	2836 (53.2)
Third- or fourth-degree tear	34 (1.2)	137 (2.9)	183 (3.4)
Degree of tear unknown	25 (0.9)	39 (0.8)	21 (0.4)
Cervical tear	2 (0.1)	5 (0.1)	4 (0.1)

*Temperature > 38°C.

3.6
Source: Janssen PA, Saxel L, Page LA, Klein MC, Liston RM, Lee SK. Outcome of planned home birth with registered midwife versus planned hospital birth with midwife or physician. *Canadian Medical Association Journal*. 2009 181(6-7) 367-383.

Mandatory eligibility requirements for home births in British Columbia.
Established by the regulatory board – College of Midwives British Columbia
(Example of low-risk criteria)

- Absence of significant pre-existing disease, including heart disease, hypertensive chronic renal disease or type 1 diabetes
- Absence of significant disease arising during pregnancy, including pregnancy-induced hypertension with proteinuria (> 0.3 g/L by urine dipstick), antepartum hemorrhage after 20 weeks' gestation, gestational diabetes requiring insulin, active genital herpes, placenta previa or placental abruption
- Singleton fetus
- Cephalic presentation
- Gestational age greater than 36 and less than 41 completed weeks of pregnancy
- Mother has had no more than 1 previous cesarean section
- Labour is spontaneous or induced on an outpatient basis
- Mother has not been transferred to the delivery hospital from a referring hospital

Health outcome research (see <http://narm.org/professional-development/research/search>)

Four US & Canadian studies have compared low risk CPM home births to low risk hospital births. All demonstrated that planned home births by trained midwives are equally safe, and consistently require fewer interventions.

- MANA study. *Journal of Midwifery & Women's Health* 2014; 15(1): 17-27
- North American study. *British Medical Journal* 2005; 330:1416 (18 June)
- British Columbia study. *Canadian Medical Association Journal* 2009; 181(6-7): 377-383
- Ontario study. *Birth* 2009; 36(3): 180-189

Good morning, Madam Chair and Committee Members. My name is Stephanie Nishek and I am a licensed doctor of naturopathic medicine. I opened Aurora Naturopathic Center in Minot last year. Before moving to Arizona in 2006 to pursue my degree in naturopathic medicine, I had lived in North Dakota my whole life. Once I completed my degree in 2010, I was given an opportunity to join an established practice in Arizona, so I remained there for another four years before deciding to come back home. Now, after only 7 months of practice in Minot, I can say with full confidence that returning to North Dakota was the best decision I have made for my career and for my young family. Public response in and around Minot has been overwhelmingly positive and my practice is growing quickly.

I'd like to discuss the expansion of the naturopathic scope to include prescription writing privileges. In Arizona, licensed naturopaths do prescribe medications, and I did during my time there as well. You see, part of practicing naturopathic medicine responsibly is recognizing the limitations of natural therapies and knowing how and when to use conventional treatments, when the situation arises.

There are a number of situations and medical conditions that require occasional or consistent use of pharmaceuticals. For example, Group A Streptococcal pharyngitis, or "strep throat," is a bacterial throat infection most common in school-aged children and is easily diagnosed in-office with a swab of the tonsils and throat. This infection can have long term consequences, including heart problems and arthritis. The possibility of experiencing long term consequences is essentially negated if antibiotic therapy is initiated within 48 hours of infection. This is why the standard of care, even as a naturopathic doctor, is to use antibiotics. My patients are at a disadvantage in this situation. If diagnosed in my office, my only option is to refer them to an urgent or emergency care facility, which steals time from our 48-hour window and is an unnecessary financial burden on the patient.

A much more common situation encountered every day in both medical and naturopathic centers, is hypothyroidism. According to the American Thyroid Association, one woman in 8 will develop a thyroid condition at some point in her lifetime and it is estimated that 20 million Americans have some form of thyroid disease. My practice is 71% female, so I encounter patients on thyroid medication frequently. It is frustrating for patients that NDs have the tools and knowledge to diagnose their thyroid disease, but then have to send them out to be examined and tested all over again before receiving the appropriate treatment.

Listed here are examples of both acute (immediate or urgent) and chronic (long-term) conditions or situations in which I prescribed medications while practicing in Arizona:

<i>High blood pressure</i>	<i>Venomous spider bite</i>	<i>Asthma</i>
<i>Bacterial sinus infection</i>	<i>Menopausal symptoms</i>	<i>Urinary tract infection</i>
<i>Skin abscess</i>	<i>Oral contraception/birth control</i>	<i>Pre-Diabetes/Diabetes</i>
<i>Bacterial conjunctivitis (eye infection)</i>	<i>Bacterial ear infection</i>	

Pharmacology is a fundamental part of a naturopathic education. We learn how and when to prescribe drugs, how to monitor and assess for therapeutic levels and toxicity, appropriate weaning strategies, pharmaceutical contraindications and possible interactions with botanicals, nutrients and other medications and when to refer to a primary care provider or specialist. The current version of our Part II Clinical Board Exam, called the NPLEX (Naturopathic Physician Licensing Examination), lists 187 pharmaceuticals for student review. When compared to other mid-level practitioners with prescriptive authority in North Dakota, we found that NDs have up to 8 credit hours of pharmacology, while University of North Dakota's Advanced Practice Registered Nurse (nurse practitioners) and Physician Assistant programs both have 4 credit hours. Minimum clinical training hours for naturopaths, nurse practitioners and physician assistants are 1626, 680, and 2000¹, respectively. In total, there are 17 states that license naturopaths, and currently 12 of those have prescriptive authority.

To support the points I have made regarding our education, I have attached the following documents for your review:

- A. **Naturopathic Formulary Laws by State:** This document shows that of the 17 states the license naturopaths, 13 of them have prescription privileges
- B. **Credit Hours and Clinical Hours Comparison Chart for Mid-Level Providers in North Dakota**
- C. **NPLEX Part II Clinical Sciences Examinations: Blueprint and Study Guide:** pages 21-23 which list the pharmaceuticals required for student review prior to testing

The final attachment provided with my testimony is a letter of support from a patient who has seen both Dr. Beth Allmendinger and myself.

- D. **Letter of support provided by Prof. Harold Nelson of Minot, ND**

Thank you for your time and attention. I would be happy to answer any questions you may have.

¹ Figure provided for clinical training hours of physician assistants is general data from the American Academy of Physician Assistants website. UND's PA curriculum is not available online to determine what percentage of that figure is clinical supervision/training hours vs. clinical classroom/lab hours.

(Attachment A)

NATUROPATHIC FORMULARY LAWS BY STATE

As the scope of practice for NDs varies from state to state, so do the laws and regulations regarding prescribing. Ten of the 17 states that license NDs allow NDs to prescribe independently, without any MD/DO supervision or protocol.

**STATES WITH LICENSURE OF NATUROPATHIC DOCTORS
& PRESCRIPTIVE AUTHORITY, UPDATED 2012**

State	ND Licensure Enacted	# of Current Active NDs	Prescriptive Authority	MD/DO Required Supervision
Alaska	1986	40	No	No
Arizona	1935	750	Yes	No
California	2005	450	Yes	Yes ¹
Connecticut	1920	260	No	No
District of Columbia	2007	28	Yes	No
Hawaii	1925	85	Yes	No
Idaho	2005	8	Yes	No
Kansas	2003	12	Yes	Yes
Maine	1995	28	Yes	1 Year
Minnesota ²	2008	12	No	No
Montana	1991	67	Yes	No
New Hampshire	1994	57	Yes	No
North Dakota	2011	4	No	No
Oregon	1927	715	Yes	No
Utah	1997	25	Yes	No
Vermont	1995	117	Yes	No
Washington	1919	802	Yes	No

¹In the state of California, the MD/DO need not be in the same office or need to sign the ND's charts or prescriptions. A written agreement must be signed for NDs to be able to furnish all drugs with the exception of schedule I-II controlled substances.

² Minnesota has registration for NDs and they are regulated under the Medical Board's Registered Naturopathic Doctor Advisory Council.

4.4

(Attachment B)

**Credit Hours and Clinical Hours Comparison Chart for Mid-Level Providers in
North Dakota**

Providers:	Pharmacology Credit Hours	Clinical Training Hours
Southwest College of Naturopathic Medicine & Health Sciences/Naturopath	8	1626
University of North Dakota Family/Advanced Practice Registered Nurse	4	680
University of North Dakota/Physician Assistant	4 (Online)	2000*

**Data provided is general data from the American Academy of Physician Assistants website. UND's PA curriculum is not available online to determine clinical supervision/training hours vs. clinical classroom/lab hours.*

Pharmacotherapeutic Agents

[NOTE: Because brand names in Canada and the United States are frequently different, only generic names will be used on both this blueprint and the examination. Some generic names are also different, and these will be noted as U.S. name/Canadian name. Also, because some drugs are used for conditions in more than one body system, drugs are no longer listed by categories, but are listed alphabetically.]

5-fluorouracil	cefdinir
acetaminophen	celecoxib
acyclovir	cephalexin
adalimumab	ciprofloxacin
adefovir	clindamycin
albuterol/salbutamol	clonidine
alendronate	clopidogrel
alprazolam	cocaine
amantadine	codeine
amiodarone	colchicine
amitriptyline	cyclobenzaprine
amlodipine	cyclosporine
amoxicillin	cyproheptadine
anastrozole	deferoxamine
androstenedione	desmopressin
aspirin	dexamethasone
atenolol	dextroamphetamine
atorvastatin	dextromethorphan
atropine	DHEA
azithromycin	diazepam
bisacodyl	dicyclomine
bismuth subsalicylate	digoxin
bromocriptine	diphenhydramine
bupropion	DMPS
buspirone	DMSA
caffeine	docusate
cannabis	donepezil
capsaicin	doxorubicin
carbamazepine	doxycycline
carisoprodol	DPT vaccine
carvedilol	edetate calcium disodium

4.6

epinephrine/adrenalin
epoetin
esomeprazole
estradiol
estriol
estrogens (conjugated)
estrogen cream
estrone
finasteride
fluconazole
fluoxetine
fluticasone
furosemide
gabapentin
gemfibrozil
glyburide
guaifenesin
Haemophilus influenza type B conjugate
hepatitis A vaccine
hepatitis B vaccine
heroin
HPV quadrivalent
hydrochlorothiazide
hydrocodone
hydrocortisone
hydroxychloroquine
hydroxyzine
ibuprofen
influenza vaccine
insulin
interferon
isotretinoin
ketamine
latanoprost
levodopa-carbidopa
levonoregestrel (IUD)
levothyroxine
lisinopril

lithium
loperamide
loratadine
MDMA
mebendazole
medroxyprogesterone
melatonin
metformin
methadone
methocarbamol
methotrexate
methyl salicylate
methylphenidate
metoclopramide
metronidazole
misoprostol
MMR vaccine
modafinil
momentasone
montelukast
morphine
meningococcal polysaccharide vaccine
mupirocin
naltrexone
naproxen
nicotine patch
nitrofurantoin
nitroglycerin
norelgestromin/ethinyl estradiol (oral)
norgestimate/ethinyl estradiol (patch)
nystatin
oseltomivir
oxycodone
oxymetazoline
oxytocin
paclitaxel
penicillamine
penicillin

4.7

pentoxifylline
permethrins
phenazopyridine
phenelzine
phenobarbital
phentermine
phenylephrine
phenytoin
pneumococcal polyvalent
polio vaccine
PPD skin test
pramipexole
prednisone
pregnenolone
prochlorperazine
progesterone
propranolol
propylthiouracil
pseudoephedrine
raloxifene
ranitidine
RGE vaccine
risperidone
rivastigmine
rosiglitazone

salmeterol
sildenafil
silver nitrate
sodium phosphate enema
spironolactone
sucralfate
sulfamethoxazole/trimethoprim
sulfasalazine
sumatriptan
tamsulosin
terbinafine
testosterone
tiotropium bromide
tolterodine
trazodone
triple antibiotic (bacitracin, neomycin,
polymixin B)
USP thyroid
valacyclovir
valsartan
vinblastine
warfarin
zidovudine
zolpidem

NOTE: Although individual fluids (e.g., Ringer's lactate, D5-W etc.) are not specified above, the examinee is responsible for understanding principles for using fluids administered parenterally in acute-care interventions.

SB 2194 Naturopathic Scope Bill
Lezlie Link, ND
Senate Human Services Committee
January 19, 2015

attach #5 SB2194
01/19/15
J# 22139

Good morning Madam Chair and Members of the Senate Human Service Committee. My name is Dr. Lezlie Link. I am a doctor of naturopathic medicine residing and practicing in Bismarck. I am also the chairperson for the North Dakota Board of Integrative Health Care, which regulates the profession of naturopathic medicine. This morning I am speaking on the naturopathic minor office procedures portion of the bill.

Dr. Allmendinger has reviewed the definition of minor office procedures and provided you a copy of the curriculum. Minor office procedures are those as such that can be handled within the workflow of a daily health care office. Such procedures include but are not limited to the removal of an ingrown toenail, an unexpected superficial wound requiring sutures, and the removal of skin tags.

A crucial element for all health care practitioners providing minor office procedures is the ability to use injectable anesthetics. Injectable anesthetics provide localized infiltration of anesthesia and block nerve innervation thereby causing a loss of sensation to that area. More importantly to the patient, injectable anesthetics make a procedure more comfortable. Localized anesthetics vary in their time of duration and when considered with other factors are chosen as needed for a procedure. Injectable lidocaine can be used for quick skin tag removal where as marcaine might be chosen for a procedure needing more time such as an ingrown toenail removal. I would NOT provide or perform minor office procedures in my practice, if I couldn't perform the procedures as I've been trained to do with anesthetics. It would violate one of the basic tenets of naturopathic medicine – *primum non nocere*, first do no harm.

Performing minor office procedures is essential to those working in rural areas where health care services can be limited. For example, doctors of naturopathic medicine are included as licensed providers within the Indian Health Services program, however to service North Dakota's American Indian population effectively, it is necessary to be able to prescribe medications and perform minor office procedures. According to Indian Health Services data, 25% of American Indian women are diagnosed with diabetes; this is twice the non-Hispanic population in the U.S.¹. Now imagine, I need to attend to this woman and evaluate a diabetic ulcer that's has become infected from not being able to heal from high blood glucose levels. Not only does this patient need medication management but she may also require wound debridement and antibiotic therapy to heal the wound.

I am happy to answer your questions today or provide additional information as you work on this bill in committee work.

Madam Chair and Members of the Senate Human Service, thank you for your time.

¹ *The Provider's Guide to Quality & Culture*,
http://erc.msh.org/provider/informatic/AIAN_Diabetes_Incidence.pdf

ACADEMIC DEPARTMENTS AND COURSE DESCRIPTIONS

MSRG 7010 Minor Surgery I **MSRG 7010L Minor Surgery I Lab** **(Didactic 1 credit; Lab 1 credit)**

(A Minor Surgery Equipment fee applies – See Tuition and Fee Schedule, p. 15)

This course introduces the Naturopathic medical student to the fundamentals and principles of conducting minor surgical procedures in the office setting. Basic surgical techniques for the removal and/or treatment of various skin lesions, subcutaneous tissues, and laceration repair will be presented with hands-on practice in the laboratory. Principles of anesthesia, knot tying, instrumentation, diagnostics, clinical and patient evaluation, sterile field, aseptic technique, and emergency care will be discussed with emphasis on appropriate referral. At the termination of the course students should be proficient in the diagnosis and treatment by surgical means of common epidermal, dermal and subdermal lesions. Students will also be able to do a focused intake in relation to minor surgical procedures as well as give patient education regarding diagnosis and aftercare instructions. Prerequisites: completion of quarters 1-8

MSRG 8020 Minor Surgery II: Advanced Techniques in Minor Surgery

MSRG 8020L Minor Surgery II Lab **(Didactic 1 credit; Lab 1 credit)**

(A Minor Surgery Equipment fee may apply – See Tuition and Fee Schedule, p. 15)

This course will review the fundamentals of conducting basic and advanced minor surgical procedures in the office setting. Basic surgical techniques will be reviewed from MSRG 7010 and expanded upon. Advanced suture techniques and minor surgical procedures for the removal and/or treatment of various integumentary and mucosal lesions will be presented weekly with hands-on practice in the laboratory. Prerequisites: completion of quarters 1-12

NTMD 5010, 5020, 5030 Philosophical and Historical Foundations of Naturopathic Medicine I, II, III **(Didactic 6 credits)**

This is a year-long course designed to introduce beginning medical students to the history and philosophy of naturopathic medicine. This will be a team-taught course with emphasis given to the applied principles and historical milestones as well as the origins and development of naturopathic therapeutics including botanical medicine, environmental medicine, homeopathy, hydrotherapy, mind-body medicine, nutrition, pharmacology, physical medicine, and Traditional Chinese Medicine. The intention of this course is for students (1) to actively engage in exploration and discovery of their personal relationship to naturopathic medicine by critically examining both controversial and widely-accepted issues and ideas within the naturopathic profession; (2) to identify, strengthen, and cultivate the human dimension of the practice of medicine, including reflection and communication; and (3) to clarify a personal commitment to the principles of naturopathic medicine. Co-requisites: for 5010, 1st year HUBI and CLPR courses; prerequisites: for 5010, admittance to the ND program; for 5020, completion of quarter 1; for 5030, completion of quarters 1-2; courses must be taken in sequence

NUTR 6010 Nutrition I: Macronutrients and Specialized Diets **(Didactic 2 credits)**

This course examines the macronutrients—fats, carbs, proteins, and fiber—from a clinical perspective. It also discusses reading nutrition labels, the various specialized diets naturopathic medicine uses in daily clinical practice, amino acids, and the pros/cons of artificial sweeteners. Students also practice how to analyze a patient's diet diary. Prerequisites: completion of quarters 1-4

NUTR 6020 Nutrition II: Micronutrients, Enzymes and Accessory Nutrients **(Didactic 2.5 credits)**

This course examines the source, actions, deficiencies, toxicities, dosing, and therapeutic uses of vitamins, minerals, enzymes, and accessory nutrients. There is also a section on nutrient/nutrient interactions and nutrient/drug interactions. Prerequisites: completion of quarters 1-5

NUTR 7030 Nutrition III: Nutritional Disease Protocols **(Didactic 2.5 credits)**

This course examines how nutrition, through the application of therapeutic diets and nutritional supplementation, is used to treat various diseases and conditions that are seen clinically in naturopathic medical practices. Included in this course is a description of the multitude of nutritional testing labs available to clinicians. Prerequisites: completion of quarters 1-7

NUTR 7040 Nutrition IV: Nutritional Expertise in Docere **(Didactic 1 credit)**

This course will teach students how to analyze diet diaries and supplements in regards to the conditions with which the patient presents. It will also illustrate how to present effective and informative patient handouts and allows students to practice techniques to gain their own expertise. Prerequisites: completion of quarters 1-8

NUTR 7050 Nutrition V: Creating Nutrition-Based Protocols for Patients **(Didactic 2 credits)**

This course will bring all previous nutrition courses into clinical reality. Students will create a three-day meal plan with recipes and nutritional supplement regimes for a variety of different medical conditions, patient populations, and patient socioeconomic levels; these plans will then be analyzed to make recommendations for improvement. Prerequisites: completion of quarters 1-9

OBST 7010 Obstetrics **(Didactic 2.5 credits)**

This course prepares the student to provide basic health care appropriate for the pregnant woman. Topics include diagnosis of pregnancy, initiating prenatal care, therapeutics for early complications of pregnancy, management of spontaneous abortion, infertility, overview of normal and complicated labor/delivery, and the postpartum care of mothers and infants. The student is prepared to screen for risks and to offer patients referrals and informed choices related to hospital or out-of-hospital birthing options. Prerequisites: completion of quarters 1-8

OMND 6010 Oriental Medicine I: Theory and Fundamentals of Oriental Medicine **(Didactic 2.5 credits)**

This course introduces the fundamental concepts of Oriental Medicine, including yin yang, five elements theory, zang-fu organ systems, qi, blood and body fluid, meridian systems, TCM etiology, treatment principles, and eight phases theory. This course lays a foundation for further study. Prerequisites: completion of quarters 1-3

OMND 6020 Oriental Medicine II: Traditional Chinese Medicine Diagnosis **(Didactic 2.5 credits)**

In this course the basics of TCM history and diagnosis are studied. TCM case-history taking, including the classic ten questions and significance of elucidated symptoms, is explored, as well as TCM classic diagnostic techniques such as tongue and pulse diagnosis. The syndrome differentiation based on Eight Principles is also discussed. Prerequisites: completion of quarters 1-4

OMND 6030, 6040 Oriental Medicine III, IV: Meridians and Points I, II

OMND 6030L, 6040L Oriental Medicine III, IV Lab **(Didactic 3 credits; Lab 2 credits)**

This two-course sequence covers the TCM acupuncture points and meridians. The location, function, and indications of acupuncture points of each meridian are studied. Practical, hands-on experience in point location occurs with the supervision of an experienced acupuncturist. Prerequisites: for 6030,

SB 2194 Naturopathic Scope Bill
Glen Hyland, MD
Senate Human Services Committee
January 19, 2015

01/19/15
Attach #6
SB 2194
J# 22134

Good morning Madam Chair and Members of the Senate Human Service Committee.

My name is Dr. Glen Hyland, MD. I am a North Dakota native and have been in practice in North Dakota for 39 years. I am an internist, a board certified radiation oncologist, and am boarded in holistic medicine. Over the last 2.5 years, Dr. Lezlie Link, N.D. and I have worked collaboratively at Integrative Medical Solutions PLLC, here in Bismarck.

I have found her to be very knowledgeable in our conversations about prescribing medication to our patients and discussing the actions and possible side effects with them. I personally have monitored her calling prescriptions to pharmacies and then have authorized those prescriptions. She knowledgeably answers the pharmacist's questions.

Dr. Link also knows when to refer patients for subspecialty advice. Example one: 60 y/o patient with difficult to control hypertension. He had hypertension diagnosed at age 21. When I asked her what she would do, she responded, "Check for anatomical causes of hypertension (renal artery stenosis or primary renal disease)." No one had previously considered this. Patient has been scheduled for appropriate studies to rule out a potentially correctible disease.

Another example is, minor office procedures: since 1983 I have been primarily involved with cancer patients prescribing various forms of therapeutic radiations. I had not performed a punch biopsy in 30 years. Dr. Link created a practice forum for me, which allowed me to relearn and practice punch biopsies before performing them on patients.

At Southwest College of Naturopathic Medicine, students are taught an integrative approach to thyroid disease. They are taught to diagnose thyroid disorders using stricter guidelines for thyroid ranges and they use hormone replacement and natural therapies for better outcomes. I have personally adopted this treatment approach after my experience working with Dr. Link. This approach improves response to standard hormone only replacement protocols.

My observation of doctors of naturopathic medicine, is not limited to our integrative practice, but also from on site clinical observation of the training of naturopathic doctors at SCNM. I spent several days in classes with naturopathic students while they were instructed in IV nutrition, complimentary and alternative therapies, and integrative cancer care. They were required to know side effect profiles of pharmaceutical chemotherapy drugs, side effects of nutritional and herbal therapies, and interactions of naturopathic and standard therapies.

6.2

SB 2194 Naturopathic Scope Bill
Glen Hyland, MD
Senate Human Services Committee
January 19, 2015

Further, clinics covered by naturopathic students at SCNM prescribed a full range of pharmaceutical medications for common problems.

I am happy to answer your questions today or provide additional information as you work on this bill in committee work.

Madam Chair and Members of the Senate Human Service, thank you for you time.

Sanford Health
300 N 7th St
Bismarck, ND 58501
701-323-6000

Attach #7
SB 2194
01/19/15
J# 22639

January 15, 2015

Re: SB 2194 Naturopathic Scope

Dear Madam Chair and Members of the Committee,

My name is Dr. Sara Reinke and I am a board certified Pediatrician (MD, FAAP) at Sanford Health in Bismarck. I am writing this letter to discuss Senate Bill 2194 pertaining to Naturopathic scope expansion. As a physician with a consistent referral relationship with the local Naturopathic Doctor's (ND) I support this bill.

One of the reasons I appreciate the referral relationship with ND's is their specialized training. They are trained in the standards of care of a primary care medical doctor (MD) but specialize in complementary medicine such as herbal and homeopathic medicine. As an MD, we have limited exposure to complimentary medicine unless we pursue additional training. Since we have limited exposure, I consult with ND's on a regular basis to discuss different supplements that my patients are on. I find ND's helpful in deciding if the supplements will interact with the prescriptions or treatment plans that I have advised. They usually also help me watch for potential side effects and dosage guidelines. Also, many of my patients have questions about complementary medicine that ND's can help me appropriately answer.

I am very familiar with the training ND's have gone through and am confident in scope of expansion requests. In my interactions with ND's I've found them to be knowledgeable in both western and complementary medicine.

Thank you for your consideration,

Dr. Sara Reinke, MD, FAAP

S Reinke MD FAAP

Attach # 8
SB 2194
01/19/15
J# 22139

REGARDING SENATE BILL NO. 2194

Chairperson Lee and committee members:

I am Cheryl Rising, FNP and legislative liaison for the North Dakota Nurse Practitioner Association (NDNPA). NDNPA has reviewed Senate Bill 2194. We were requested to review the proposed bill in Nov. 2014. Suggestions were made to exclude controlled substances such as narcotics. Beth Allen, NDAND Secretary and Legislative Coordinator did communicate they had made those changes and clarified professionals on the board that would be developing the formulary.

NDNPA will support this bill.

Cheryl Rising, FNP

701-527-2583

cdrising@earthlink.net

Jan 19, 2015

Attach #9
SB 2194
01/19/15
J# 22139

Testimony in regard to SB2194

Madam Chairman and members of the committee,

My name is **Andrea Toman**, and I am a math tutor and stay at home mom here in Bismarck.

I am an independent person. I like to make decisions for myself. I like having more options so I can choose the one that best fits my needs. I am excited to see the possible expansion of options in North Dakota for birth care.

My only question is a point of clarification: I just want to ensure that this bill will in no way impact Direct Entry Midwives/Traditional Midwives or Certified Professional Midwives.

With that assurance, I wholeheartedly support the Naturopathics in expanding their scope of care. Please vote DO PASS on SB2194.

Thank you.

Andrea Toman

Bismarck ND

District 35

SB 2194 01/19/15
Attach #10
Stephen C. Stripe
J#22139

DOES NATUROPATH TRAINING JUSTIFY THEIR USE OF

LABORATORY, RADIOLOGY SERVICES AND

PRESENCE IN LABOR AND DELIVERY UNITS

Naturopaths claim that they have the same or equivalent education/training as MD/DO's and therefore should be able to do primary care on the same level, including diagnosis and treatments. The naturopathic schools are accredited by private agencies depending on region of the country they are in. These agencies are nongovernmental, voluntary membership associations that set accreditation standards and evaluate member institutions against those standards. These agencies have been approved by the Department of Education (DOE) because it allows students access to student loans. The DOE only looks at administrative issues only, not curriculum. There are currently only five small naturopathic schools in the U.S.{1} The naturopathic schools are not accredited by either the Association of American Medical Colleges and American Medical Association or the American Osteopathic Association's Commission on Osteopathic College Accreditation.{2}

The admission criteria to naturopathic schools are similar to chiropractic and other alternative medicine schools; they have no entrance exam and recommend a grade point average of a C from an undergraduate facility at best. The only criterion seems to be the ability to pay the tuition. Medical schools require the Medical College Aptitude or Admission Test. One other admission criteria that some naturopathic schools may require is having experience with shadowing a practicing naturopath. Both MD/DO and naturopathic schools are four years long. However, to practice primary care (Family Medicine) for an MD or DO in the U.S. requires a residency that is three years long to complete. Naturopathic does not require a residency for primary care practice, but it is optional. If that option is taken that residency is only one year long.

To compare and contrast medical school/osteopathic school with naturopathic schooling one can see a vast difference in training. Medical school has in the preclinical period an average of 2,700 hours of lectures and 3000 hours of study. During clinical years medical students will have 6,000 hours of clinics and lectures. In contrast naturopathic trainees in school average 1,500 hours of lectures with 1,665 hours of study. During clinical years the naturopathic trainee gets 2,600 hours of combined clinic and lecture. When a newly graduated MD/DO goes into family medicine residency they put in 9,000 to 10,000 hours of extra training. The newly graduated naturopath if she/he wants to take a residency only put in 535 to 1,035 hours of extra training. In sum a primary care physician from beginning of medical school through the end of residency has done 20,700 to 21,700 hours of training. In contrast the total number of hours a naturopath, including the year of residency are 5,505 to 6,485 hours. In other words a primary care MD/DO has a total of over 15,000 hours more training than an equivalent naturopath.{3}

The curriculum of naturopathic schools varies, but there are some similarities. In one school, the Natural College of Natural Medicine, the first year includes normal structure and function of the human body with introduction to natural therapy, philosophy, diagnosis and starting organ system

courses. The second year is a continuation of organ systems and begins the study of disease and its diagnosis. Included in that year is botanical medicine, therapeutic manipulation, clinical nutrition and homeopathy. Third year is continuation of the previous with an emphasis on case management and clinical trials. The fourth year is practical clinical and work with a "licensed" naturopath.{4}

The course work therefore, seems to be a mix of different alternative medicine systems, sprinkled with some science. The basic sciences can be taken at other schools and can include chemistry, anatomy/physiology, microbiology, pathology, biophysics, disease processes, bioethics, biochemistry, pharmacology and mixes those with an unique correlation with a form a vitalism (a metaphysical doctrine that living organisms possess a nonphysical inner force or energy that gives them the property of life)(Skeptics Dictionary 12/24/13). Vitalism was dominating philosophy of medicine in the pre scientific period through to mid-19th century.

These alternative systems involve eastern culture, such as ayurvedic and Chinese traditional medicine and western culture of chiropractic and homeopathy. Ayurvedic medicine course stresses eight ways of diagnosis; pulse, urine, stool, tongue, speech, touch, vision and appearance. Its treatments in ancient times did include early surgeries, but primarily today it emphasizes building a healthier metabolic system for good digestion and excretion. It uses yoga and meditation to maintain health. It also uses plant based medicines along with milk, bone and gallstones in its medicines. Minerals such as sulphur, arsenic, lead, copper and gold are added to preparations for consumption by the patient.{5}

Chinese herbal medicine and acupuncture are also taught along with homeopathy. Midwifery, massage, nutrition, psychology, world religions and mind body approach to health. Significant portion of the course work includes business, entrepreneurship, cooking etc.

Some claim to have training in midwifery. The North Dakota Board of Nursing only recognizes the American Midwifery Certification Board. None of the naturopathic schools are accredited to train midwives.

The careers that are promoted are as follows: Primary natural cause or clinical didactic and integrative medicine providers, consultant advisor in industry, insurance and politics, wellness entrepreneur, rural community doctor, dietary supplement entrepreneur or natural product specialist, corporate wellness educator, public health advisor and author.

Some of the claims made by naturopaths are:

1. Cranial osteopathy – believing realigning the bones of an adult or a child can cure learning disorders.
2. Hydrogen peroxide- applied to the skin effectively treats asthma.
3. Swallowing digestive enzymes eases inflammation of arthritis.
4. Homeopathy- started in 18th century by Samuel Hahnemann and promotes that water has memory and whatever was in it and taking it will cure disease.

5. Rid the body of toxins- believing that the large intestine must be periodically cleansed by fasting or enemas.
6. Measuring the skin resistance to an electrical current can test for parasite, food and environmental sensitivities, candida, nutritional deficiencies etc.

One can only wonder with belief in prescientific philosophies of healing and practicing such arts, along with questionable quantity and quality of their training are naturopaths qualified to order and interpret scientific labs, imaging studies or be allowed to care for labor and delivery patients. At the same time I question, along with other alternative healing professions whether they even deserve the honorific title of Doctor?

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Stephen C. Stripe MD., FAAFP

President Minot Skeptical Society

Society for Science Based Medicine

Associate Professor of Family Medicine

10.4

From Abracadabra to Zombies

naturopathy

The things naturopaths do that are good are not special, and the things they do that are special are not good. --**Harriet Hall, MD**

Naturopathy is a system of therapy and treatment which relies exclusively on **natural** remedies, such as sunlight, air, water, supplemented with diet and therapies such as **massage**. However, **some naturopaths** have been known to prescribe such unnatural treatments as **colon hydrotherapy** for such diseases as asthma and arthritis.

Naturopathy is based on the belief that the body is self-healing. The body will repair itself and recover from illness spontaneously if it is in a healthy environment. Naturopaths have many remedies and recommendations for creating a healthy environment so the body can spontaneously heal itself.

Naturopaths claim to be **holistic**, which means they believe that the natural body is joined to a supernatural **soul** and a non-physical **mind** and the three must be treated as a unit, whatever that means. Naturopathy is fond of such terms as "balance" and "harmony" and "energy." It is often rooted in mysticism and a metaphysical belief in **vitalism** (**Barrett**).

Naturopaths are also prone to make grandiose claims about some herb or remedy that can enhance the immune system. Yet, only medical doctors are competent to do the tests necessary to determine if an individual's immune system is in any way depressed (**Green**). Naturopaths assume that many diseases, including cancer, are caused by faulty immune systems. (The **immune system**, in simple terms, is the body's own set of mechanisms that attacks anything that isn't "self." Although, in some cases rather than attack "foreign bodies" such as viruses, fungi, or bacteria, the immune response goes haywire and the body attacks its own cells, e.g., in **lupus**, **multiple sclerosis**, and **rheumatoid arthritis**.) Naturopaths also promote the idea that the *mind* can be used to enhance the immune system and thereby improve one's health. However Dr. Saul Green argues that

there are no reports in the scientific literature to support the contention that any AM [alternative medicine] operates through an established immunological mechanism. Regardless of the means used to evoke an antitumor response, all the evidence available from clinical and animal studies clearly shows that only after the attention of the NIS [normal immune system] has been attracted by some external manipulation of its components, is there any recognition by NIS of the existence of the tumor (Stutman, O. and Cuttito M.J. (1980). In: R.B. Herberman (ed). *Natural Cell Medicated Immunity Against Tumors*. N.Y. Academic Press: 431-432.). All the evidence amassed over the past 30 years provides a clear answer to the question, "Does any AM treatment stimulate the NIS and cause it to identify and destroy new cancer cells when they appear?" The answer clearly is NO! (**Green 1999: 20**)

Furthermore, the evidence that such diseases as cancer occur mainly in people with compromised immune systems is lacking. This is an assumption made by many naturopaths but it is not supported by the scientific evidence. Immunologists have shown that the most common cancers flourish in hosts with fully functional and competent immune systems (**Green 1999: 18**). The notion that vitamins and **colloidal minerals**, herbs, coffee enemas, colonic irrigation, Laetrile, meditation, etc., can enhance the immune system and thereby help restore health is bogus. On the one hand, it is not necessarily the case that a diseased person even has a compromised immune system. On the other hand, there is no scientific evidence that any of these remedies either enhance the immune system or make it possible for the body to heal itself.

Naturopathy is often, if not always, practiced in combination with other forms of "alternative" **health practices**. **Bastyr University**, a leading school of naturopathy since 1978, offers instruction in such things as **acupuncture** and "spirituality." Much of the advice of naturopaths is sound: exercise, quit smoking, eat lots of fresh fruits and vegetables, practice good nutrition. Claims that these and practices such as colonic irrigation or coffee enemas "detoxify" the body or enhance the immune system or promote "homeostasis," "harmony," "balance," "vitality," and the like are exaggerated and not backed up by sound research.

10.5

See also "alternative" health practice, anthroposophic medicine, Ayurvedic medicine, chiropractic, homeopathy, natural, and Joel D. Wallach, "The Mineral Doctor".

reader comments

further reading

articles

What is naturopathy? by Harriet Hall, M.D. "Naturopathy doesn't make sense. The things naturopaths do that are good are not special, and the things they do that are special are not good."

For a naturopath's reply to Dr. Hall, see the blogger Oryoki Bowl's "**The SkepDoc is an Ostrich.**" "I chose the word Ostrich, because I see your head is buried in the sand and your ass is likely waving in the air. You have recently written for a pseudo-popular magazine that has a mission of targeting anything they don't 'believe' in and call it pseudoscience."

For a takedown of Oryoki Bowl, see Orac's **Fun with a naturopathic rant against The SkepDoc** "Oryoki appears to have taken Harriet's criticisms of naturopathy very personally, resulting in an off-base attack on Harriet herself that relies on a heapin' helpin' of nonsense, pseudoscience, and logical fallacies, not to mention the misrepresentation of Harriet's own words...."

Evaluating Personal Experience by Robert Todd Carroll

Social and judgmental biases that make inert treatments seem to work by Barry L. Beyerstein (1999)

Green, Saul. 2000. "Can alternative treatments induce immune surveillance over cancer in humans?" *The Scientific Review of Alternative Medicine*. vol. 4, #1. Spring/Summer.

A Close look at Naturopathy by William Barrett, M.D.

Naturopathy: A Critical Analysis by Barry L. Beyerstein and Susan Downie (2000)

Why Naturopaths Should Not Be Licensed by Kimball C. Atwood IV, M.D.

Why Health Professionals Become Quacks by William T. Jarvis, Ph.D.

Can Any Cancer Treatment Strengthen the Immune System? by Saul Green, Ph.D.

The Realities of Alternative Medicine for Serious Illness: A Guide for Laymen by Saul Green, Ph.D.

Naturopathy / Naturopathic Medicine & Other sCAMs.

The Naturocrit Podcast

blogs

Night of the living naturopaths Colorado's "degreed" naturopaths (NDs) are at war with the undegreed known as "traditionals."

Open Letter to Dr. Josephine Briggs by Kimball Atwood of Science-Based Medicine "...it is disturbing that you will shortly appear at the 25th Anniversary Convention of the American Association of Naturopathic Physicians (AANP). It is disturbing for two reasons: first, it suggests that you know little about the tenets and methods of the group that you'll be addressing; second, your presence will be interpreted as an endorsement of those methods and of that group—whether or not that is your intention."

Ontario to let naturopaths prescribe ... despite the reams of evidence discrediting their approach to patient health. It's a move that legitimizes a well-meaning but baseless profession, and puts patients at significant risk.

news

10.6

B.C. naturopaths the first in Canada to prescribe medications Now that these naturopaths have been granted the legal right to prescribe unnatural pharmaceuticals, are they really *naturopaths*? I thought the one thing that distinguished them from real doctors is the fact that they only prescribe **natural** remedies. Who knew they didn't believe their own propaganda?

Last updated 21-Dec-2014

10.7

chiropractors, homeopaths, naturopaths), and seems to have more than its fair share of fringe MDs and osteopaths. According to the report, "Letters of Concern" (the Board's least-serious form of rebuke) were issued to several physicians.

- Gladys McGarey: prescribing (herbals) by telephone without examination (McGarey is former president of the American Holistic Medical Association).
- Tjhing Siong Ogi: using a machine to "realign the electro-magnetic fields" of cells.
- Robert Jaffe (who claims to be a clairvoyant physician): doing psychic telephone diagnoses.
- Harvey Bigelson: mixing homeopathy with regular medicine which included the use of dangerous and unproven drugs.
- Robert Hamilton: fouling up the diet of a woman with osteoporosis which included selling her Amway supplements that he distributes.

Other MDs were censured for promoting dubious remedies for hemorrhoids and smoking cessation. Still others were cited for malpractice abuses unrelated to quackery. (*The Arizona Republic*, 4/8/90.)

COULD NATUROPATHY EVER MEET ACCEPTABLE STANDARDS?

NCAHF is in contact with naturopaths who are leaders in a reform movement. They understand that NCAHF's objection to the recognition of naturopathy is based upon its traditional antiscience orientation. Reformers say that they hope to remove this objection and make naturopathy into an acceptable health care system. Their view of an ideal naturopathic physician (ND) is a practitioner sufficiently trained in diagnosis and screening to serve as a primary entry health care provider practicing general medicine with an emphasis upon teaching healthful lifestyles, managing minor illnesses, natural childbirth, personal counseling, and so forth. Rather than automatically opposing drugs and surgery, they say, naturopathy would simply have a different emphasis. NDs would teach appropriate lifestyle changes that are safe and effective alternatives to drugs. For instance, weight-loss and exercise would be used as an alternative to medication for high blood pressure. If it were found not to be working for an individual patient, he or she would be referred to a regular physician. NDs believe that there is a selective patient population of people willing to make the extra effort required who would utilize naturopathic services. ND training would emphasize patient screening and practitioners would work in cooperation with MDs to whom more serious problems would be referred.

Counter to their tradition as "drugless practitioners," reformers say that the idealized ND might even prescribe some medications. NDs say that they prefer to use herbal remedies, but acknowledge that these would have to meet scientific standards of safety and effectiveness. NDs would apply contemporary medical standards to validate their practices and would open themselves to peer review by MDs. NDs would rely upon the standard scientific medical literature for its knowledge base. NDs would abandon homeopathy, iridology, reflexology, and other sectarian or pseudomedical practices. Recognizing the propensity for naturopathy to attract sociopaths, the profession would work to set a higher standard for self-discipline than is presently done with conventional medicine.

ND reformers see the present dearth of family practitioners, its appeal to a growing health promotion-minded public willing to work at lifestyle changes, the high cost of high tech health care, and the high cost of medical education as favorable to their marketing strategy. Reformed NDs would encourage immunization, pasteurization, fluoridation, and other proven public health measures. What the reformers have in mind sounds something like nurse practitioners, midwifery, barefoot doctor, and physician assistants, all rolled into a single role. This vision presents naturopathy, not as an

10.8

"alternative" form of health care, but as filling a gap that has been left by the evolution of highly specialized, high-tech medicine. It would provide a low cost, low-technology brand of health care.

Is this a pipe-dream or could such a profession emerge from the ranks of present-day naturopathy with its unorthodox traditions? If so, could and would AMA-approved medical schools also offer such a program? Several reform-minded NDs say that it can be done. NCAHF's President has advised these reformers to demonstrate by developing a model program in one or more of the states that presently license NDs and approve Naturopathic Medical Education. It may take a generation to accomplish, but once shown to be a responsible profession working within mainstream health care, naturopathy would have arrived and would grow rapidly. NCAHF has told ND reformers that just as it has done in the case of affiliating with a chiropractic reform organization, it would be willing to help build a bridge for NDs to enter mainstream health care if they approached their practices objectively and were open to careful scrutiny from the consumer protection perspective. As we have suggested to chiropractic reformers, reformer ND's may find it advantageous to change the name of their profession to make it easier to purge itself of incorrigible quackery. NCAHF would be interested in reader's comments as the dialogue continues.

NCAHF ATTORNEY FILES LETTERS OF WARNING

Michael Botts has recently sent two letters of warning notifying agencies that actions they were about to undertake put the public at risk of serious injury and that ignorance of that fact could not be used as an excuse because they have been notified of the potential dangers of their actions.

On May 17 Botts wrote to Oregon Attorney General David Frohnmayer regarding a Rule pending before the Naturopathic Formulary Council (NFC) of the Oregon Naturopathic Board. The Rule would permit naturopaths to prescribe 104 potentially dangerous or poisonous drugs. Included, for instance, was digitalis which can cause cardiac toxicity, heart attacks and deaths. Botts notified the AG that "injury to the public from naturopaths prescribing under this Rule is not only probable, it is imminent." He strongly advised that the AG "take whatever steps are necessary to see that the public health is not endangered in this manner." Botts served notice that if the Rule is enacted and people are injured that he intends to publicize that prior notice had been given of expected dangers from the Rule.

For your information, the NFC was formed by an act of the Oregon Legislature in an apparent attempt to satisfy naturopaths who have been clamoring to become something other than "drugless practitioners." The NFC has been constituted in such a way that pro-naturopathic interests outnumber qualified pharmacologists likely to dissent 3 to 2. From what NCAHF has learned the NFC appears to represent the worst kind of politicizing of a serious health care issue. The Oregon Board of Naturopathic Examiners objected to the list because it was too restrictive, but agreed to adopt it under strong protest rather than go to court. The naturopathic patient medication time-bomb is ticking in Oregon!

On June 6, Botts sent a letter of warning to the Governor of Alaska asking that he veto Alaska House Bill 146 because of Section 22 which states: "...the board may not base a finding of professional incompetence solely on the basis that a licensee's practice is unconventional or experimental in the absence of demonstrable physical harm to a patient;" (In plain language, the board cannot lock the barn unless a horse has been stolen!) Botts clearly pointed out that this law put Alaska's citizens in very real danger because the only time the State could act is "*after* someone is hurt or killed." Botts noted his own past experience as a former Iowa Assistant Attorney General citing the reality that

PROMOTERS MOAN OVER OTA DRAFT REPORT

1/16/2015

10.10

The Victim

Dead from malnutrition and pneumonia is Lorie Atikian. Eight months before her death on September 25, 1987, Lorie was a perfectly healthy baby. When she died she was nearly bald, covered with deep red rashes, and so emaciated that the paramedics thought they were being tricked by being given a doll to treat.

The Parents

Lorie's parents Sonia, 38, and Khochadour, 54, are emigres from Lebanon and Syria. In addition to Lorie, the couple has two teenaged children. Like many people these days the Atikian's were concerned about modern food additives, pesticide residues, and drugs. Their cultural background may have made them a bit more vulnerable, but like most people they held positive attitudes toward "natural" food and medicine. Sonia became enamored with Gerhard Hanswille, an "herbologist."

The "Herbologist"

Gerhard Hanswille, 55, says that he learned herbology in Germany through self-study and books (Germany has a tradition of folk medicine that includes a great deal of Medieval herbalism). In 1972, Hanswille obtained a mail order doctoral degree in naturopathy from "Bernadean University" (BU) located at that time in Las Vegas, Nevada. BU, which was never approved or accredited to offer any courses, was closed down by the Nevada Commission on Postsecondary Education in 1976. It then moved to California where it operated for several years before eventually becoming "authorized" under the State's liberal rules (Aronson, 1983). California has tried to close BU but has been blocked by its claim to being a religious school of the Church of Universology (Emshwiller, 1987).

Hanswille owns two "House of Herbs" stores, writes and gives seminars at which he expounds his theories, which include making wax and clay effigies sealed with drops of blood and sperm (notions founded in *Monism* and *Vitalism* which are the basis of most primitive folk medicine). Hanswille's book describes how to heal diabetes, epilepsy, TB, tumors and paralysis by "touchless massage." Hanswille likens the technique to dowsing for water, something that "not everyone can do." Sonia paid \$450 to take Hanswille's course.

The Promise

Hanswille's compelling vision of natural health made a convert of Sonia. When she became pregnant with Lorie in 1985 Hanswille convinced her to remain "pure" for the sake of the child. She testified that Hanswille promised to make Lorie a super baby. "That baby is going to be very different. Its going to develop without chemicals. Its going to be strong and pure...it going to be very special." Hanswille convinced Sonia that vaccinations would "poison" her child, and that ultrasound examination would damage an unborn baby's brain. He had Sonia tell her pediatrician that she would not be bringing Lorie in any more because the family was moving to California. Hanswille was described as "...like a doctor. . .surrounded by medicine and books. . . sure of what he was saying. He always had an answer."

The Regimen

10.11

Hanswille advocated an organic, vegetarian diet. He sold the Atikians a special juicer for \$400 alleging that their own juicer "burned the nutrition" out of fruits. Among the special products the Atikians purchased from Hanswille were a bottle of baby oil that cost \$16, a bar of soap costing \$7.40, and a 3 kg box of laundry detergent that cost \$35.99.

When Lorie became ill she was treated with royal jelly, "cell salts" (homeopathy), and an herbal concoction brewed by Hanswille. He also treated Lorie with an electromagnetic "vitalizing" machine that "stimulates the blood" and has attachments such as an electrified comb that "livens up the hair." Sonia Atikian testified that they became very concerned about Lorie's condition but that Hanswille assured them that it was normal for clumps of her baby's hair to fall out and not to worry if Lorie didn't gain weight. Hanswille told Sonia that taking Lorie to a hospital would be like "holding a loaded gun to Lorie's head and pulling the trigger."

The Legal Charges

The Atikians were charged with failing to provide the necessities of life for their baby daughter (child neglect). Up until now Hanswille has not been charged with anything. He has angrily complained that he feels like "the accused" but denies that he did anything wrong. He says that he "cannot tell people what to do," that it is up to the parents to make decisions for their children. The judge instructed the jury that it was all right for them to "vent your spleen" over the activities of Hanswille "and his ilk," but neither he nor herbalism were on trial in the death of little Lorie.

The Verdict

On June 12 the Atikians were found guilty of child neglect. Sentencing is scheduled for July 6.

How Unusual Is This Case?

The sad story of the death of little Lorie Atikian received national coverage in Canada by the *Toronto Star* (5/10-6/13) and *The Globe and Mail*. It is the kind of story that elicits harsh blame of the parents for their gullibility. "How could they have been so foolish?" is the usual response. The reality is that most of the public is sympathetic to the underlying assumptions that condemn modern food, commercial agriculture and extol "natural" medicine. The herbal industry is trying to distance itself from Hanswille by saying that the case is "not typical." However, we believe that what Hanswille told the Atikians is not only widely believed by health food and natural (herbal) medicine ilk; it largely represents the philosophy that is used to justify the existence of "alternative" medicine and herbalism. The faith the Atikians placed in Hanswille seems cult-like, but how different is it than the confidence a patient must put in a surgeon, anesthesiologist, radiologist, or physician who hold lives in their hands?

Murder, By Words Alone?

In 1962, a California chiropractor was convicted of second-degree murder by words alone in the death of 11-year-old cancer patient, Linda Epping. To get a conviction, the prosecutor had to prove that "his fraudulent representations ... caused Linda to die when she died" (Miner, 1964). We do not know enough about Ontario law to know if what Hanswille did constituted the unlawful practice of medicine, and if so, the resultant death of Lorie Atikian makes such a felony. We do know that Lorie's death is even more tragic than Linda Epping's because Linda had a form of cancer that is usually fatal

10.12

while Lorie was a healthy baby with a normal future. People who presume to give health advice that can make the difference between life and death must be regulated by the government and held accountable for their misdeeds. Consumer protection law holds that practicing medicine is a privilege, not a right. Like driving a car or flying an airplane, only those who are qualified are granted such privilege by the state. It is clear that the state has a compelling responsibility to protect vulnerable people--and their children--from the glib purveyors of pseudomedicine. It matters not that such practitioners are sincere in their beliefs. Experience teaches that, when it comes to quackery, zealotry can be more dangerous than fraud.

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[Newsletter Index](#) ||| [1990 Index](#)
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10.13



what's the harm?

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[List of Topics](#)

[Children](#)

[Famous people](#)

[Scientific studies](#)

[FAQ](#)

[Resources](#)

[Contact](#)

[Press](#)

[Store](#)

[New cases \(RSS\)](#)



368,379 people killed, 306,096 injured and over \$2,815,931,000 in economic damages

What's the harm in naturopathy?

Naturopathy is a medical discipline that relies entirely on "natural" remedies. Because many of their methods are not backed by scientific testing, naturopaths often get into trouble. [Read more about naturopathy](#)

Here are 200 people who were harmed by someone not thinking critically.

Anne M. Adkins

Wichita, Kansas

Kidney failure

January 6 - 26, 2004

She traveled to Utah to be treated by a holistic naturopath. She received large doses of vitamin C, chelation therapy and colonics among other things. Within weeks she was suffering from kidney failure. [Read more & more](#)

Lorie Atikian

Age: 17 months
Ontario, Canada

Died (malnutrition, pneumonia)

September 25, 1987

Lorie's parents, concerned about modern food additives, were advised to give her an organic vegetarian diet. She was also treated with herbal & homeopathic remedies and an energy machine. Her parents were convicted of neglect. [Read more](#)

Cameron Ayres

Age: 6 months
Fulham, west London, England

Died

May 1999

Cameron was born with a rare but treatable disorder, but his parents distrusted conventional medicine. A nurse/homeopath begged them to take him to a doctor, but they refused. He died. [Read more & more](#)



Raj Bathija

Age: 69
Westminster, London, England

Both legs amputated

September 2005

He saw a "natural health practitioner" famous for treating celebrities. He was given nutritional advice and massages. Later, he was taken to a hospital where his legs had to be amputated. He is suing the practitioner. [Read more](#)



Debbie Benson

Age: 55
Fort Bragg, California

Died (cancer)

July 15, 1997

She had a deep distrust of traditional medicine, so she sought out naturopaths and other alternative practitioners for her breast cancer. It raged out of control and she died. [Read more](#)

Catherine "Cat" Elizabeth Bresina

Age: 17
Wheatridge, Colorado (from Wisconsin)

Cardiac arrest

March 25, 2004

Cat's family took her to Colorado for what they thought was an inventive therapy for her disease. An injection she was given during the treatment caused her heart to stop. Charges were later filed against the naturopath. [Read more](#)

10.124

Ruth Conrad**Facially disfigured**
1984

Idaho

An unlicensed naturopath gave her a "black salve" to deal with a bump on her nose. The eventual damage to her face took 3 years and 17 plastic surgeries to repair. [Read more](#)

Lucille Craven**Died (untreated cancer)**
2000Age: 54
Pelham, New Hampshire

Lucille concealed the diagnosis of breast cancer from her family. She secretly consulted a naturopath and took homeopathic remedies. She also used quack treatments like blood irradiation. Her cancer raged out of control and she died. [Read more](#)

Steve Crowder & 100 others**\$10,000 each for useless treatment**
1999

Nampa, Idaho

Steve was paralyzed in a pool accident, his doctors hold out little hope for recovery. He sought out a new therapy from a naturopath in Idaho. It turns out the treatment he was sold was bogus, and the naturopath was later prosecuted. [Read more & more](#)

Sean Flanagan**Died**
December 19, 2003Age: 19
Wheat Ridge, Colorado

Sean was dying of cancer, there was no stopping it. His parents sought out alternative therapies simply to ease his pain. A naturopath claimed he could cure him. Nine days after starting treatment, he was dead. The naturopath was sentenced to prison. [Read more & more](#)

G. Fowden**Died**

Sandy, Utah

A lifelong believer in natural cures, she shunned conventional medicine. When she got sick she saw nearly every form of alternative practitioner. When she finally allowed herself to be taken to a hospital, it was far too late to help. [Read more](#)

Rory Gallegos**Died**Age: 45
Colorado

Rory was battling colon and liver cancer. A naturopath told him he had never lost a cancer patient. He also told him "black salve" rubbed into his skin could raise tumors to the surface. The naturopath was later sentenced to prison. [Read more](#)

Betty Harlan**Died**
May 9, 2005Age: 76
Windsor, Wisconsin

Betty had multiple chronic health problems including diabetes. Seeking treatment for a leg ulcer, she went to a wellness center run by a naturopath. Her daughter feared she stopped taking her conventional medicine. [Read more](#)

John Heninger**Died**
October 4, 1988Age: 69
Calgary, Alberta, Canada

Seeking help with his degenerative muscle disease, he turned to a self-proclaimed "Qi Gong Master" and naturopath who was not licensed to practice in Alberta. He was given a concoction containing strychnine, and died of respiratory paralysis. [Read more](#)

Helena Rose "Rosie" Kolitwenzew**Died (untreated diabetes)**
October 21, 1999Age: 8
Columbus, North Carolina

A naturopath convinced her mother to stop administering insulin to her, in favor of herbal remedies. She began vomiting, and died. It turns out his "degrees" were fake. He was sentenced to prison. [Read more & more & more](#)

10.15

**Vecko Krsteski**

Age: 37
Oatley, NSW, Australia

Died

February 26, 2002

Vecko saw a naturopath for his chronic kidney condition. He was put on a "detoxification" program and lost 11kg in 10 days. The naturopath is on trial. [Read more & more](#)

Mitchell James Little

Age: 18 days
Raymond Terrace, NSW, Australia

Died (untreated heart defect)

September 25, 1999

A naturopath perscribed herbal remedies & energy machine treatments for a congenital heart defect, and advised against surgery. The baby died, and the naturopath was sentenced to five years in jail. [Read more & more](#)

Lisanne Manseau

Age: 12
Hull, Quebec, Canada

Died (untreated diabetes)

March 28, 1994

After consulting a crystal ball, a pendulum and an angel, a naturopath replaced Lisanne's insulin with a variety of natural remedies to "detoxify" her. She died only three days after beginning treatment. The naturopath was convicted of manslaughter. [Read more & more](#)

Sean Miller

Age: 36
Rosedale, Toronto, Ontario, Canada

Ineffective treatments

2006

In the grips of severe depression, he tried many treatments. Included in this were acupuncture, vitamin regimens and "a shop's worth of naturopathic remedies," none of which worked. A conventional medical procedure called DBS eventually cured him. [Read more](#)

Michaela, Caleb, Zion & Lily Parker

Age: 11, 9 and 3
Scottsdale, Arizona

Malnourished for years, family broken up

April 23, 2005

Their parents fed them a vegan diet and subjected them to enemas, under the direction of a naturopath who had never seen the children. The mother was sentenced to 30 years, the father awaits sentencing. [Read more & more](#)

Diane Shepherd

Provo, Utah

Died (untreated cancer)

October 20, 2004

She refused surgery for breast cancer and went to a naturopath. There she was diagnosed using muscle tests, treated with an energy machine and given homeopathic remedies. She died within five months. The naturopath was arrested. [Read more](#)

Gladys Shoemaker

Colorado

Died

Jimmie Shoemaker paid an unlicensed naturopath \$17,000 for treatments for her cancer. The naturopath was later sentenced to prison in connection with another patient's death. [Read more](#)

Jaspar Tomlinson

Age: 0
London, England

Brain injury during childbirth

December 2004

Jaspar's father is one of England's leading naturopaths. He was warned by a GP that his wife's pregnancy could end in stillbirth. At home, the "homeopathy assisted" birth went horribly wrong. He suffered brain damage and now has cerebral palsy. [Read more & more](#)

"Jane Doe"

Mannheim, Germany

Died (untreated breast cancer)

October 2, 2008

She felt a lump in her breast and turned to her local naturopath. He used an energy machine to diagnose it as non-cancerous, and maintained this as it grew to 24cm in size. When she finally saw a doctor, it was too late. His license was revoked. [Read more & more](#)

10.16

"John Doe"

Died
June 13, 2008

Age: 84
Westmount, Quebec, Canada

He was injected with a mineral solution by his homeopath/naturopath. He died the next day of a heart attack, and it was ruled a homicide. The naturopath faces charges. [Read more & more](#)

"Jane Roe"

Serious thyroid illness
July 2004

Age: 47
Durango, Colorado

Naturopathy [Read more](#)

"Jane Roe"

Died (liver failure)
July 2002

Age: 56
Melbourne, Australia

A naturopath prescribed an herbal anti-anxiety pill containing kava. She later suffered fatigue, nausea and jaundice and went to the hospital. Her liver failed five days later and she had an emergency transplant, but died. [Read more](#)

"Jane Roe"

Untreated illness
March 13, 2008

Age: 13
St. Gédéon de Beauce, Quebec, Canada

She has a rare illness that interferes with her kidneys and breathing. Her mother put her on a regimen of wheat-grass juice and raw foods and was withholding some of her medication. A court intervened and put her in the hospital for surgery. [Read more](#)

[Return to the list of topics](#)

10.17

Quackwatch Home Page

The Death of Debbie Benson

Submitted by Kenneth Spiker, Fort Bragg, California



My good friend Debbie Benson died July 15, 1997, at age fifty-five. I had known her for thirty years. Her official diagnosis was breast cancer, but she was really a victim of quackery. Conventional treatment might have saved her, but she rejected the advice of her oncologist and went to "natural healers."

Debbie was a registered nurse at the Kaiser hospital in Portland, Oregon, but she had a deep distrust of standard medical practice. She didn't have a mammogram for nine years, and when she did -- in March 1996 -- it showed a cancerous lump in her breast. She had the lump removed, but she refused the additional treatment her doctor recommended. Instead she went to a naturopath who gave her -- among other things -- some "Pesticide Removal Tinctures."

Soon after that, lymph nodes swelled in Debbie's armpit. The naturopath said that this was merely the effect of the herbal remedies he was giving her and not to worry. Belatedly, she returned to her oncologist at Kaiser hospital, where the lymph nodes were biopsied and found to be cancerous. Once again, she refused the recommended treatment. Unfortunately, the cancer was spreading throughout her body.

Debbie continued to patronize "alternative healers" in the Portland area. One even claimed to diagnose her with a pendulum! She found another lump in her breast, but the cancer had invaded her liver and was no longer treatable by standard methods.

During the last weeks of her life, another naturopath gave Debbie a skin preparation that was supposed to draw the tumor out of her. This stuff caused an ugly open sore on her breast. By this time, her liver was failing and she felt awful. The naturopath told Debbie she was feeling bad as a result of this medicine, and to get more sleep. When Debbie became too weak to get out of bed and the imminence of her death was obvious, the naturopath blamed Debbie's turn for the worse on "giving up."

I have reported Debbie's mistreatment to state regulatory agencies, and they are investigating.

10.18

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Do No Harm

Is Brian O'Connell all he's quacked up to be?

By Amber Taufen Thursday, Aug 4 2005

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Brian O'Connell was supposed to stand trial on June 23, facing fourteen criminal counts. Instead, he went to Disney World.

That excursion violated the conditions of his bond, and when O'Connell returned to Colorado, he was arrested. His attorney also withdrew from the case because of a conflict of interest, so the naturopath had to find new representation. On Friday, June 29, he stood before District Court Judge Margie Enquist with his new attorney, Malcolm Seawell, asking for another extension in setting the trial date. Begrudgingly, Enquist agreed.



Mark Andresen

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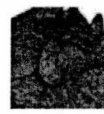
vomited, gasped for breath and lost consciousness, according to police records. While O'Connell attempted mouth-to-mouth resuscitation, paramedics raced to the scene and delivered Cat to Lutheran Medical Center.

This is just the latest snag in O'Connell's story, which has been unfolding since he was arrested almost eighteen months ago.

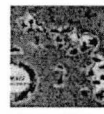
On March 30, 2004, the Wheat Ridge Police Department raided Mountain Area Naturopathic Associates, O'Connell's clinic on Ward Road. The cops had been alerted by doctors at Lutheran Medical Center; they had concerns about several of O'Connell's patients who had been admitted to their facility.

Five days before O'Connell's arrest, physicians had treated seventeen-year-old Catherine "Cat" Elizabeth Bresina for cardiac arrest. Cat and her family had traveled from Wisconsin to receive medical treatment from O'Connell. During one session, he performed photoluminescence -- drawing blood, exposing it to ultraviolet light and replacing it in the body -- and gave the teenager an injection of vitamins C and B12. It was supposed to be a routine preventive-care session, but after the vitamin injection, Cat

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10.19

According to paramedics, she was in cardiac arrest for at least ten minutes, and doctors initially weren't sure whether she would make a full recovery. O'Connell explained to them that his patient had had an anxiety attack, but Dr. Joanne Edney was skeptical. She told police that she believed the young woman's sudden problem was caused by an allergic reaction, an air embolism, a blood embolism or a contaminated product -- not by an anxiety attack.

Doctors at Lutheran were particularly concerned because this wasn't the first patient of O'Connell's to end up in their emergency room. Two days earlier, colon-cancer patient Roy Gallegos died in the hospital hours after O'Connell treated him. And in December 2003, nineteen-year-old Sean Flanagan died the day after a photoluminescence treatment by O'Connell.

When the Wheat Ridge police got to O'Connell's clinic, they charged him with a laundry list of offenses, including theft, criminal impersonation, seven counts of assault, practicing medicine without a license and submitting a false application or report for controlled substances. Flanagan's parents also sued O'Connell for the wrongful death of their son; they settled out of court in June. (Neither O'Connell nor his attorneys returned numerous calls for comment.)

Catherine Bresina, Cat's mother, however, isn't suing the naturopath. She believes mainstream medicine has a vendetta against alternative healing. "He was a caring person. I really don't want to get him into trouble," she says.

And therein lies the crux of the issue: Are naturopaths doctors? O'Connell's business card listed him as an "NMD," a doctor of naturopathic medicine. He wore scrubs and a white coat with "Dr. O'Connell" embroidered on the breast. He hung an impressive assortment of certificates and diplomas on his walls.

From that, a potential patient might assume that O'Connell is a naturopathic physician. Someone who has a pre-med bachelor's degree and attended one of the four accredited graduate programs in the United States. A program in which he would have had an experience similar to that of a traditional medical school, with rigorous coursework; anatomy and cadaver labs; classes in clinical nutrition and botanical medicine, as well as homeopathy, massage, lifestyle counseling and acupuncture; clinical tests; residencies; and the fourteen-test, three-day naturopathic board exams. In states that license and regulate the profession, such naturopathic physicians are licensed primary-care physicians who can diagnose health problems, prescribe medication, perform minor surgeries and deliver babies.

But despite his impressive wall display, O'Connell is not a naturopathic physician.

He received his degrees from an unaccredited "distance learning institution." O'Connell's alma mater, Herbal Healer Academy, is run by Marijah McCain, who in August 2002 was sued by the Arkansas Attorney General for offering "accredited" two-week accelerated courses that would qualify participants to practice naturopathic medicine. She has since been ordered to stop offering "accredited" degrees.

Colorado doesn't license naturopathic doctors, but there is a naturopathic "regulatory" organization: the Colorado Alternative Medical Regulatory Board. However, that board is "illegitimate and unlawful," according to the Colorado Department of Regulatory Agencies.

Naturopathic physician Rena Bloom is the president of the Colorado Association of Naturopathic Physicians and has been fighting for Colorado to license her profession for more than a decade; the current application for regulation and licensure was submitted to the Department of Regulatory Agencies last year, and naturopathic physicians are expecting a reply sometime in November.

"Anyone can use food, herbs and homeopathy," she says, "but not anybody can call themselves a doctor."



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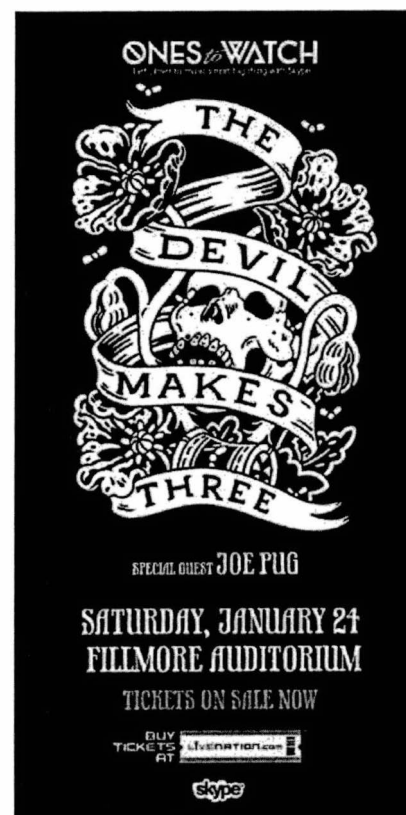


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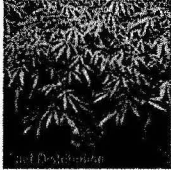
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10.20

Not all naturopaths agree. Joanie Sevcik-Weichbrodt, president of the Coalition of Natural Health, sees regulation as ineffective. "The problem is, they want only certain schools to be allowed to sit for board exams for licensure," she says. "Only nationally accredited naturopathic schools. They want to put all the other 5,000 to 10,000 natural healers in the State of Colorado out of business; they want a monopoly."

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Baby death heartbreak: mother has immunity

By Justin Norrie
March 5 2003

A mother has been granted immunity from prosecution to allow her to give evidence at the trial of a naturopath accused of killing her baby.

Appearing in court for the first time yesterday, Elizabeth Little, 40, told Newcastle Supreme Court she would not give evidence unless the court guaranteed it would not be used against her.

She was called as a witness by the Crown in the case against Salamander Bay naturopath Reginald Fenn, who allegedly prescribed her baby natural remedies for a critical heart condition and advised against surgery.

It is alleged that, as a result, Mrs Little and her husband, Michael, cancelled an operation for their son and delayed another until it was too late.

The infant died on September 25, 1999, aged 18 days, when his heart failed.

Fenn, 74, has pleaded not guilty to the charge of unlawfully killing Mitchell James Little.

The Crown alleges Fenn had shown reckless disregard for Mitchell's wellbeing and substantially contributed to his death.

The court has been told that cardiologist Dr Gary Warner had diagnosed Mitchell with aortic stenosis, a significant mechanical heart abnormality, and arranged a time for a Sydney specialist to operate.

That same day, the Littles took Mitchell to Fenn, who had been treating Mr Little for 15 years.

Fenn had put two metal cylinders on the baby's legs and attached them to a machine, Mrs Little said. He told them it would supply energy to the body that would cure Mitchell's

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10.22

heart problem and that he had cured "hundreds with a similar condition".

Mrs Little said Fenn also prescribed drops for the baby.

He advised the Littles not to let doctors perform surgery on Mitchell because he was too young, the court heard. The Littles were convinced, and cancelled surgical arrangements.

The Crown says Dr Warner had then called Fenn and warned him that the baby could die suddenly and he would be responsible.

Barrister Simon Harben, counsel for Fenn, said his client had not discouraged the Littles from arranging surgery for their son in the days before his death.

He told the court that after his initial advice, Fenn had softened his stance and did not say "don't let doctors operate".

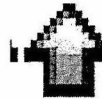
"He was happy, he was open to that. He reinforced to Mr Little that he was doing the right thing."

Mr Harben asked Mrs Little if "orthodox medical personnel" had said anything to give her the impression surgery was urgent and she replied: "No, I would have taken him that night if I thought it was necessary."

Mr Harben said that was despite Mrs Little having asked Maitland Hospital pediatrician Keith Howard how much time she had to bond with her son before treatment. The doctor had replied: "Two weeks is better than two months."

Newcastle Herald

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SB2194
01/19/15
J# 22139
Attach #11

January 19, 2015

RE: SB 2194

I am a family physician who practices in Minot. I want to share my concerns with you regarding SB 2194, which proposes expanding the scope of naturopaths. I recently had a patient (12 year old boy) whose father was giving him something from the naturopath for his nosebleeds. I want to relay some of the disturbing things that I learned while caring for him.

1. The naturopath was mistreating my patient, giving him an iron supplement for nosebleeds caused by winter-related dryness. She had told his father that the iron supplement would help stop his nosebleeds. Even to those with little to no medical training, it is obvious that iron does not moisturize the nose.
2. Her "prescriptions" were for products that could only be purchased from their "pharmacy." Trapping patients in this manner reeks of a scam and is unethical by medical standards.
3. Her level of incompetence caused me to research her training. Her school was claiming to train people to become "primary care physicians." They noted that their faculty included outstanding physicians. However, of the numerous faculty on staff, only one was a US-trained physician, and *she does not even have a medical license to practice in her state*. It is very troubling that the school that trained a naturopath already practicing in our state is making false claims about who they are and what they can do.

I would be extremely concerned if the privileges of naturopathic providers expanded in the state of North Dakota. I believe we owe it to the residents of our state to protect them from medical fraud. Untrained individuals claiming to offer medical care that they are not qualified to provide will jeopardize the well-being of the people of our state.

In my situation, thankfully, I discovered what was happening to my patient in time to stop the erroneous treatment given by the naturopath before my patient was harmed. Yet, I'm not sure that we have enough physicians in the state to catch all the errors and fraud that would occur if this bill passes. We need to do what is in the best interest of the health of North Dakotans, and this bill is not that.

Sincerely,

Kwanza Devlin, MD

Attach # 12
 SB2194
 01/19/15
 J# 22639

Exhibit 1
Naturopathy
Select Scope of Practice Variations by State

	<u>Rx Authority</u>	<u>Controlled Substances</u>	<u>Childbirth Attendance</u>	<u>Acupuncture</u>
Alaska				
Arizona	X	X		
California	X	X		
Connecticut				
DC			X	
Hawaii	X	X		
Idaho	X	X		
Kansas	X			X
Maine	X			X
Minnesota				
Montana	X	X	X	
New Hampshire	X	X	X	X
North Dakota				
Oregon	X	X	X	
Utah	X	X	X	X
Vermont	X	X	X	
Washington	X	X		

Source: Department of Legislative Services; Federation of Naturopathic Medicine Regulatory Authorities;
 U.S. Department of Justice, Drug Enforcement Administration

- Prescribing Authority:** Twelve states grant naturopathic physicians limited authority to prescribe prescription drugs. Of these states, eight have an administrative body that has established a formulary of drugs that licensees may prescribe. Two states, California and Kansas, allow licensees to prescribe prescription drugs, but only in accordance with a protocol established with a supervising physician. Ten states allow naturopathic physicians to prescribe an array of specified controlled substances. Five states do not allow licensees to prescribe prescription drugs.

12.2

State	Manipulation	IV Therapy	Pharmaceuticals	Acupuncture	Childbirth	Minor Office Procedure	Minor Surgery	Primary Care	Insurance
Alaska	X					X			
Arizona	X	X	X	X	X	X	X		
California		X	X*		X	X		X	
Colorado	X	?				X	X	X	
Connecticut	X								X
DC	X		X		X	X			
Hawaii	X	X	X			X	X		
Kansas	X	X		X		X			
Maine			X*	X		X	X		
Maryland									
Minnesota	X					X	X	X	
Montana	X	X	X		X	X	X	X	X
New Hampshire	X	X	X	X	X	X		X	X
North Dakota		X							
Oregon	X	X	X		X	X	X	X	X
Utah		X	X	X	X	X	X	X	
Vermont	X		X	X	X		X	X	X
Washington	X	X	X			X	X	X	X

MIDWIFERY PROGRAM

MASTER OF SCIENCE IN MIDWIFERY 2014-2015

The following curriculum table that follows lists the tentative schedule of courses each quarter. Next to each course are the number of credits per course (Crdt.), the approximate hours spent in the onsite and virtual classroom with faculty each quarter (Clsm), the lab/practical hours each quarter (L/P), and the total contact hours for the course over the entire quarter.

MSMW YEAR I

Qtr.	Cat. No.	Course Title	Crdt.	Lec.	L/C	Tot
F		Orientation ¹	0			
	MW3101	Midwifery Care 1: Introduction to the Midwives Model of Care	3	33	0	33
	MW3104	Introduction to Epidemiology for Midwives: Fundamentals of Evidence-Based Practice	3	33	0	33
	MW3301	Well Woman Health Assessment	4	44	44	88
	MW3311	Perinatal Nutrition 1: Pre-conception & Prenatal	2	22	0	22
	MW4106	Professional Issues Seminar: Power & Privilege in the Midwifery Profession	1	11	0	11
	MW4305	Gynecology	3.5	38.5	0	38.5
		Quarterly Totals	16.5	181.5	44	225.5
W	MW4100	Genetics & Embryology	2	22	0	22
	MW4302	Midwifery Care 2: Pregnancy & Prenatal Care	4	44	0	44
	MW4310	Pharmacology & Treatments 1	1.5	16.5	0	16.5
	MW4311	Pharmacology & Treatments 2	1.5	16.5	0	16.5
	MW4313	Counseling for the Childbearing Year 1	1	11	0	11
	MW4320	Clinical Skills 1	1.5	16.5	16.5	33
	MW5101	Master's Project 1	0.5	5.5	0	5.5
		Quarterly Totals	12	132	16.5	148.5
Sp	MW4101	Professional Issues Seminar: Social Differences & Implications in Practice	2	22	0	22
	MW4303	Midwifery Care 3: Advanced Pregnancy & Prenatal Care	4	44	0	44
	MW4314	Counseling for the Childbearing Year 2	1	11	0	11
	MW4322	Clinical Skills 2	1	0	22	22
	MW4331	Clinical Seminar 1	1	11	0	11
	MW4810	Midwifery Practicum	2.5	0	75	75
	MW5100	Research Methods for Midwifery	3	33	0	33
		Quarterly Totals	14.5	121	97	218
Su	MW4810	Midwifery Practicum	6	0	180	180
		Quarterly Totals	6	0	180	180

¹ Orientation begins online approximately six weeks before the onset of the quarter, with the intention of building group cohesion and introducing students to all aspects of the program.

MSMW YEAR II

Qtr.	Cat. No.	Course Title	Crdt.	Lec.	L/C	Tot.
F	MW4102	Professional Issues Seminar: Midwifery History, Politics & Activism	2	22	0	22
	MW4323	Clinical Skills 3	0.5	0	11	11
	MW4332	Clinical Seminar 2	1	11	0	11
	MW5110	Master's Project 2	1.5	16.5	0	16.5
	MW5304	Midwifery Care 4: Labor & Birth	6	66	0	66
	MW5315	Counseling for the Childbearing Year 3	1.5	16.5	0	16.5
	MW5810	Midwifery Practicum	4.5	0	135	135
		Quarterly Totals	17	132	146	278
W	MW4307	Breastfeeding & Lactation Education	2	22	0	22
	MW4333	Clinical Seminar 3	1	11	0	11
	MW5111	Master's Project 3	2	22	0	22
	MW5114	Professional Issues Seminar: Health Care Systems & Health Policy	2	22	0	22
	MW5308	Midwifery Care 5: Postpartum & Newborn Care	5	55	0	55
	MW5316	Counseling for the Childbearing Year 4: Postpartum	1.5	16.5	0	16.5
	MW5324	Clinical Skills 4	0.5	0	11	11
	MW5810	Midwifery Practicum	3	0	90	90
		Quarterly Totals	17	148.5	101	249.5
Sp	MW4307	Breastfeeding & Lactation Education	2	22	0	22
	MW4333	Clinical Seminar 3	1	11	0	11
	MW5111	Master's Project 3	2	22	0	22
	MW5114	Professional Issues Seminar: Health Care Systems & Health Policy	2	22	0	22
	MW5308	Midwifery Care 5: Postpartum & Newborn Care	5	55	0	55
	MW5316	Counseling for the Childbearing Year 4: Postpartum	1.5	16.5	0	16.5
	MW5324	Clinical Skills 4	0.5	0	11	11
	MW5810	Midwifery Practicum	3	0	90	90
		Quarterly Totals	17	148.5	101	249.5
Sp	MW4105	Professional Issues Seminar: Midwifery Legal, Ethical & Professional Frameworks	2	22	0	22
	MW5112	Master's Project 4	2	22	0	22
	MW5309	Midwifery Care 6: Challenges in Practice	4	44	0	44
	MW5326	Clinical Skills 5	1	0	22	22
	MW5334	Clinical Seminar 4	1	11	0	11
	MW5810	Midwifery Practicum	4	0	120	120
		Quarterly Totals	14	99	142	241
Su	MW6110	Master's Project 5	2	22	0	22
	MW6810	Midwifery Practicum	4	0	120	120
		Quarterly Totals	6	22	120	142

MSMW YEAR III

Qtr.	Cat. No.	Course Title	Crdt.	Lec.	L/C	Tot.
F	MW6111	Master's Project 6	2	22	0	22
	MW6307	Midwifery Care 7: Synthesis & Application	2	22	0	22
	MW6335	Clinical Seminar 5	1	11	0	11
	MW6810	Midwifery Practicum	7	0	210	210
		Quarterly Totals	12	55	210	265
W	MW6112	Master's Project 7	1	11	0	11
	MW6336	Clinical Seminar 6	1	11	0	11
	MW6810	Midwifery Practicum	10	0	300	300
		Quarterly Totals	12	22	300	322
Sp	MW6115	Professional Issues Seminar: The Business of Midwifery	2.5	27.5	0	27.5
	MW6337	Clinical Seminar 7	1	11	0	11
	MW6810	Midwifery Practicum	8.5	0	250	250
		Quarterly Totals	12	38.5	250	288.5

Total Requirements: MSMW

	Crdt.	Lec.	L/C	Tot
Total Course Credits & Hours	89.5	951.5	126.5	1078
Total Practicum Hours	49.5	0	1485	1485
Total Requirements	139	951.5	1611.5	2563

PREREQUISITES

Entering undergraduates must have minimum cumulative GPA of 2.75 to be considered for admission. Graduate applicants must have a minimum cumulative GPA of 2.25. A grade of C or better is also required in all basic proficiency courses. Students may apply to the program while completing prerequisite coursework, but all prerequisites must be completed prior to enrollment in the program.

MASTER OF SCIENCE IN MIDWIFERY

(FOR APPLICANTS WITH A BACHELOR'S DEGREE IN ANY FIELD¹)

Psychology	3 quarter credits
Introductory Nutrition	3 quarter credits
General Chemistry w/ lab (allied-health-major level)	4 quarter credits
Microbiology	4 quarter credits
Anatomy and Physiology series	8 quarter credits
College Algebra or Statistics	4 quarter credits
Labor support course/doula training (DONA or ALACE approved)	not a college course
Childbirth educator training (ICEA or Lamaze approved)	not a college course

¹from a regionally accredited college/university

BACHELOR/MASTER OF SCIENCE IN MIDWIFERY

(FOR UNDERGRADUATE APPLICANTS)

BASIC SCIENCE AND PROFICIENCY PREREQUISITES

English Literature or Composition	9 quarter credits
General Psychology	3 quarter credits
Public Speaking	3 quarter credits
Introductory Nutrition	3 quarter credits
General Chemistry w/ lab (allied-health-major level)	4 quarter credits
Microbiology	4 quarter credits
Anatomy & Physiology series	8 quarter credits
College Algebra	4 quarter credits
Labor support course/doula training (DONA or ALACE approved)	not a college course
Childbirth educator training (ICEA or Lamaze approved)	not a college course

GENERAL EDUCATION REQUIREMENTS

Social Sciences	15 quarter credits
Arts and Humanities	15 quarter credits
Natural Sciences	4 quarter credits
Electives	18 quarter credits ¹

¹The number of elective credits may vary depending on the exact number of quarter credits earned in the other prerequisite categories. Total prerequisite credits must equal at least 90 quarter credits.

For BS/MS applicants, please visit the Bastyr University undergraduate admissions page for information about transfer credits at www.bastyr.edu/admissions/transfer-students/undergraduate-transfer-info.

GRADUATION REQUIREMENTS

Graduates must demonstrate proficiency in the midwifery program Core Competencies as shown by:

- Satisfactory completion of all didactic and clinical courses with a grade of 80 percent (B- or 2.7 GPA) or better (Some non-core courses may be passed with a grade of 75 percent or better).
- Satisfactory completion and presentation of a master's project, which will be electronically deposited in a publicly available (open access) repository (see Policy/Procedure #11-C55).

- Satisfactory completion of all sections of the comprehensive written and clinical exams in the last year of the program.
- Completion of 40 hours of community service for the University or the profession of midwifery
- Demonstration of the qualities of a professional midwife as determined by the Student Progress Committee.

Graduates must also meet the following minimum clinical requirements:

Participation in 60 births¹, including at least:

- 30 births in which the student functions in the role of primary midwife under supervision
- 20 births in which the student is actively involved in the client's care
- 10 births in which the student is observing
- 30 births in an out-of-hospital setting
- 25 births in the U.S. or the student's country of origin

¹An additional 40 births (total of 100 births) are required for Washington state licensure.

Participation in a minimum of 1,500 hours of clinical work, including at least the following:

- 400 hours of intrapartum experience
- 800 hours of clinic time in prenatal, postpartum and gynecological care
- Participation in 720 client contacts, including at least:
 - ◆ 300 prenatal exams
 - ◆ 100 postpartum visits
 - ◆ 50 newborn exams
 - ◆ 50 follow-up newborn exams
 - ◆ 50 gynecological exams

Completion of at least 15 Continuity of Care contacts as the primary midwife under supervision as follows:

- 5 Full Continuity of Care contacts that include:
 - ◆ At least 5 prenatal visits (spanning two trimesters)
 - ◆ The birth
 - ◆ The newborn exam
 - ◆ At least 2 postpartum visits
- 10 Other Continuity of Care contacts that include:
 - ◆ At least two prenatal visits
 - ◆ The birth
 - ◆ The newborn exam
 - ◆ At least 1 postpartum visit

Note: Continuity of Care requirements are different for registration as a midwife in Canada. Students planning to apply for Canadian registration should know the requirements and be documenting these births appropriately.

Clinical training for at least one year at a minimum of two clinical sites in the U.S. or the student's home country is required. All clinical training is supervised by preceptors who are practicing legally in their region and incorporates the following:

- At least one preceptorship in which the clinical faculty member is a midwife
- One site for at least six months and 15 births (involved and supervised primary) in an out-of-hospital setting
- One site for at least three months and 10 births (involved and supervised primary)
- Satisfactory completion of all levels of clinical evaluation

ACADEMIC PROGRAM

Doctor of Naturopathic Medicine Program of Study – Year One

Course #	Year 1 Quarter 1	Contact Hours			Total Contact Hours	Total Credit Hours
		Clinic	Lab	Didactic		
CLPR 5010	Introduction to Clinical Practice I ¹	24			24	4.0
CLPR 5010L	Introduction to Clinical Prac. Skills Lab I ^{*1}	24			24	
HUBI 5010	Human Biology I			180	180	21.0
HUBI 5010L	Human Biology Lab I ^{**}		48		48	
HUBI 5010A	Human Biology Applications I ^{**}			24	24	
NTMD 5010	Philosophical & Histor. Foundations of Naturopathic Medicine			24	24	2.0
Year 1 Quarter 1 Totals		48	48	228	324	27.0

Course #	Year 1 Quarter 2	Contact Hours			Total Contact Hours	Total Credit Hours
		Clinic	Lab	Didactic		
CLPR 5020	Introduction to Clinical Practice II ¹	24			24	4.0
CLPR 5020L	Introduction to Clin. Prac. Skills Lab II ^{*1}	24			24	
HUBI 5020	Human Biology II			180	180	21.0
HUBI 5020L	Human Biology Lab II ^{**}		48		48	
HUBI 5020A	Human Biology Applications II ^{**}			24	24	
NTMD 5020	Philosophical & Histor. Foundations of Naturopathic Medicine II			24	24	2.0
Year 1 Quarter 2 Totals		48	48	228	324	27.0

Course #	Year 1 Quarter 3	Contact Hours			Total Contact Hours	Total Credit Hours
		Clinic	Lab	Didactic		
CLPR 5030	Introduction to Clinical Practice III ¹	24			24	4.0
CLPR 5030L	Introduction to Clin. Prac. Skills Lab III ^{*1}	24			24	
HUBI 5030	Human Biology III			180	180	23.0
HUBI 5030L	Human Biology Lab III ^{**}		72		72	
HUBI 5030A	Human Biology Applications III ^{**}			24	24	
NTMD 5030	Philosophical & Histor. Foundations of Naturopathic Medicine III			24	24	2.0
Year 1 Quarter 3 Totals		48	72	228	348	29.0
Grand Totals - Year 1		144	168	684	996	83.0

*Lab credit hours are included in each Intro. to Clinical Practice course.

**Lab and Applications credit hours are included in each Human Biology course.

¹These hours do not count toward the 1200 clock hours of clinical training required by CNME.

Course #	Year 1 Summer (Optional)*	Contact Hours			Total Contact Hours	Total Credit Hours
		Clinic	Lab	Didactic		
TBD	Didactic Selectives			72	72	6.0
CLTR 6600	Lab Posts ¹	12			12	1.0
CLTR 6700	Medicinary Posts ¹	12			12	1.0
CLTR 6000	Field Observation ²	60			60	5.0
Year 1 Summer Totals		84	0	72	156	13.0

*Students who entered in the fall may elect to attend the Year 1 Summer Quarter.

¹These hours do not count toward the 1200 clock hrs. of clinical training required by CNME.

²These hours count toward the 1200 clock hours of clinical training required by CNME.

Doctor of Naturopathic Medicine Program of Study – Year Two

Course #	Year 2 Quarter 4	Contact Hours			Total Contact Hours	Total Credit Hours
		Clinic	Lab	Didactic		
GNMD 6010	General Medical Diagnosis I			120	120	10.0
CLPR 6040	Clinical Practice I ¹	24			24	4.0
CLPR 6040L	Clinical Practice Skills Lab I* ¹	24			24	
ENVM 6010	Environmental Medicine I & II			30	30	2.5
ENVM 6010L	Environmental Medicine Lab		18		18	1.5
PSYC 6010	Mind-Body Medicine I			24	24	2.0
MNGT 6010	Practice Management I			12	12	1.0
OMND 6010	Oriental Medicine I			30	30	2.5
PHAR 6010	Pharmacology I			36	36	3.0
PHMD 6010	Physical Medicine I			12	12	1.0
PHMD 6010L	Physical Medicine Lab I		12		12	1.0
Year 2 Quarter 4 Totals		48	30	264	342	28.5

Course #	Year 2 Quarter 5	Contact Hours			Total Contact Hours	Total Credit Hours
		Clinic	Lab	Didactic		
GNMD 6020	General Medical Diagnosis II			120	120	10.0
CLPR 6050	Clinical Practice II ¹	24			24	4.0
CLPR 6050L	Clinical Practice Skills Lab II* ¹	24			24	
BOTM 6010	Botanical Medicine I			24	24	2.0
NUTR 6010	Nutrition I			24	24	2.0
OMND 6020	Oriental Medicine II			30	30	2.5
PHAR 6020	Pharmacology II			36	36	3.0
PHMD 6020	Physical Medicine II			24	24	2.0
PHMD 6020L	Physical Medicine Lab II		24		24	2.0
Year 2 Quarter 5 Totals		48	24	258	330	27.5

Course #	Year 2 Quarter 6	Contact Hours			Total Contact Hours	Total Credit Hours
		Clinic	Lab	Didactic		
GNMD 6030	General Medical Diagnosis III			120	120	10.0
CLPR 6060	Clinical Practice III ¹	24			24	4.0
CLPR 6060L	Clinical Practice Skills Lab III* ¹	24			24	
HME0 6010	Homeopathy I			24	24	2.0
NUTR 6020	Nutrition II			30	30	2.5
OMND 6030	Oriental Medicine III			18	18	1.5
OMND 6030L	Oriental Medicine Lab III		12		12	1.0
PHAR 6030	Pharmacology III			24	24	2.0
PHMD 6030	Physical Medicine III			24	24	2.0
PHMD 6030L	Physical Medicine Lab III		24		24	2.0
Year 2 Quarter 6 Totals		48	36	240	324	27.0

ACADEMIC PROGRAM

Course #	Year 2 Quarter 7	Contact Hours			Total Contact Hours	Total Credit Hours
		Clinic	Lab	Didactic		
BOTM 6020L	Botanical Medicine Lab II**		24		24	2.0
GNMP 6010	General Medical Practice I: Psychiatric Cond.			12	12	1.0
GNMP 6011	General Medical Practice I: Dermatology			12	12	1.0
GNMP 6012	General Medical Practice I: EENT			18	18	1.5
PSYC 6020	Mind-Body Medicine II			12	12	1.0
OMND 6040	Oriental Medicine IV			18	18	1.5
OMND 6040L	Oriental Medicine Lab IV		12		12	1.0
PHMD 6040	Physical Medicine IV			12	12	1.0
PHMD 6040L	Physical Medicine Lab IV		12		12	1.0
TBD	Didactic Selectives***			72	72	6.0
CLTR 6600	Lab Posts****1	12			12	1.0
CLTR 6700	Medicinary Posts****1	12			12	1.0
CLTR 6000	Field Observation ²	60			60	5.0
CLTR 4300	Clinical Entry Preparation ¹	12			12	1.0
Year 2 Quarter 7 Totals		96	48	156	300	25.0
Grand Totals – Year 2		240	138	918	1296	108.0

*Lab credit hours are included in each Clinical Practice course.

**Botanical Medicine Lab II must be taken in Qtr. 6 or 7

***The 12 total credit hours of didactic selectives may be taken in Qtrs. 4-14.

****Lab and Medicinary Posts may be taken after Qtr. 3.

¹These hours do not count toward the 1200 clock hours of clinical training required by CNME.

²These hours count toward the 1200 clock hours of clinical training required by CNME.

Doctor of Naturopathic Medicine Program of Study – Year Three

Course #	Year 3 Quarter 8	Contact Hours			Total Contact Hours	Total Credit Hours
		Clinic	Lab	Didactic		
BOTM 7030	Botanical Medicine III			24	24	2.0
GNMP 7020	General Medical Practice II: Gastroenterology			30	30	2.5
GYNE 7010	Gynecology I			36	36	3.0
HME0 7020	Homeopathy II			24	24	2.0
NUTR 7030	Nutrition III			30	30	2.5
OMND 7050	Oriental Medicine V			42	42	3.5
OMND 7060	Oriental Medicine VI			6	6	.5
OMND 7060L	Oriental Medicine Lab VI		12		12	1.0
PHMD 7050	Physical Medicine V			12	12	1.0
PHMD 7050L	Physical Medicine Lab V		12		12	1.0
CLTR 7000	Clinical Clerkships (2) ¹	96			96	8.0
Year 3 Quarter 8 Totals		96	24	204	324	27.0

ACADEMIC PROGRAM

Course #	Year 3 Quarter 9	Contact Hours			Total	Total
		Clinic	Lab	Didactic	Contact Hours	Credit Hours
BOTM 7040	Botanical Medicine IV			24	24	2.0
GNMP 7030	General Medical Practice III: Endocrinology			30	30	2.5
GNMP 7031	General Medical Practice III: Hematology			12	12	1.0
GYNE 7020L	Gynecology I Lab*		24		24	2.0
HMEO 7030	Homeopathy III			24	24	2.0
MNGT 7020	Practice Management II			12	12	1.0
NUTR 7040	Nutrition IV			12	12	1.0
OBST 7010	Obstetrics			30	30	2.5
OMND 7070	Oriental Medicine VII			24	24	2.0
MSRG 7010	Minor Surgery I			12	12	1.0
MSRG 7010L	Minor Surgery I Lab		12		12	1.0
CLTR 7000	Clinical Clerkships (2) ¹	96			96	8.0
Year 3 Quarter 9 Totals		96	36	180	312	26.0

Course #	Year 3 Quarter 10	Contact Hours			Total	Total
		Clinic	Lab	Didactic	Contact Hours	Credit Hours
BOTM 7050	Botanical Medicine V			24	24	2.0
GNMP 7040	General Medical Practice IV: Cardio./Vasc. Med.			18	18	1.5
GNMP 7041	General Medical Practice IV: Pulmonology			18	18	1.5
HMEO 7040	Homeopathy IV			24	24	2.0
MNGT 7030	Practice Management III			12	12	1.0
NUTR 7050	Nutrition V			24	24	2.0
PSYC 7030	Mind-Body Medicine III			18	18	1.5
OMND 7080	Oriental Medicine VIII			18	18	1.5
PEDS 7010	Pediatrics I			24	24	2.0
CLTR 7000	Clinical Clerkships (3) ¹	144			144	12.0
CLTR 4500	Comprehensive Clinical Skills Assessment I ²	12			12	1.0
Year 3 Quarter 10 Totals		156	0	180	336	28.0

Course #	Year 3 Quarter 11	Contact Hours			Total	Total
		Clinic	Lab	Didactic	Contact Hours	Credit Hours
CLTR 7000	Clinical Clerkships (5) ¹	162			162	13.5
TBD	Didactic Selectives**			72	72	6.0
Year 3 Quarter 11 Totals		162	0	72	234	19.5
Grand Totals – Year 3		510	54	642	1206	100.5

*Gynecology I Lab may be taken in Qtr. 9, or 10.

**The 12 total credit hours of didactic selectives may be taken in Qtrs. 4-14.

¹These hours count toward the 1200 clock hours of clinical training required by CNME.

²These hours do not count toward the 1200 clock hours of clinical training required by CNME.

ACADEMIC PROGRAM

Doctor of Naturopathic Medicine Program of Study – Year Four

Course #	Year 4 Quarter 12	Contact Hours			Total Contact Hours	Total Credit Hours
		Clinic	Lab	Didactic		
GNMP 8050	General Medical Practice V: Rheumatology			24	24	2.0
GNMP 8051	General Medical Practice V: Muscul/Ortho			12	12	1.0
PEDS 8020	Pediatrics II			24	24	2.0
PSYC 8040	Mind-Body Medicine IV			18	18	1.5
CLTR 8000	Clinical Clerkships (5) ¹	240			240	20.0
Year 4 Quarter 12 Totals		240	0	78	318	26.5

Course #	Year 4 Quarter 13	Contact Hours			Total Contact Hours	Total Credit Hours
		Clinic	Lab	Didactic		
ERMD 8010	Emergency Medicine I			24	24	2.0
GNMP 8060	General Medical Practice VI: Neurology			24	24	2.0
GNMP 8061	General Medical Practice VI: Oncology			18	18	1.5
MSRG 8020	Minor Surgery II			12	12	1.0
MSRG 8020L	Minor Surgery Lab II		12		12	1.0
CLTR 8000	Clinical Clerkships (5) ¹	240			240	20.0
Year 4 Quarter 13 Totals		240	12	78	330	27.5

Course #	Year 4 Quarter 14	Contact Hours			Total Contact Hours	Total Credit Hours
		Clinic	Lab	Didactic		
ERMD 8020	Emergency Medicine II			24	24	2.0
GNMP 8070	General Medical Practice VII: Urology/Kidn			18	18	1.5
GNMP 8071	General Medical Practice VII: Geriatrics			12	12	1.0
MNGT 8040	Practice Management IV			12	12	1.0
CLTR 8000	Clinical Clerkships (5)	240			240	20.0
CLTR 4900	Comprehensive Clinical Skills Assessment II ²	12			12	1.0
Year 4 Quarter 14 Totals		252	0	66	318	26.5
Grand Totals – Year 4		732	12	222	966	80.5

	Contact Hours			Total Contact Hours	Total Credit Hours
	Clinic	Lab	Didactic		
Grand Totals (all four years)	1626	372	2466	4464	372.0

¹These hours count toward the 1200 clock hours of clinical training required by CNME.

²These hours do not count toward the 1200 clock hours of clinical training required by CNME.

Attach #13 01/19/15
J# 22139
SB 2194

PRAIRIE
1904 30TH AVE S
MOORHEAD, MN



NATUROPATHIC DOCTORS
MOORHEADNATURALHEALTH.COM
218-284-1188

January 16, 2015

Dear Members of the Senate Human Services Committee,

My name is Molly Ferguson. I am writing to ask for your support of the naturopathic bill.

I am a licensed naturopathic doctor, and a licensed midwife in Moorhead, MN. My husband and I co-own our practice: Prairie Naturopathic Doctors, LLC, and serve patients on both sides of the boarder. We have an additional naturopathic doctor and several office and medical support staff that make up our practice. My background is as follows. After graduating from Franciscan University of Steubenville, I attended Bastyr University in Seattle, and completed both academic and clinical training in general naturopathic medicine, as well as naturopathic midwifery. I was initially licensed to practice midwifery in WA State in 2006. We moved to Moorhead in 2007 to be close to family in both ND and MN.

As a naturopathic doctor and midwife, I am able to provide my patients with a unique service: the provision of healthcare to mother's choosing out-of-hospital birth. I currently offer full prenatal care including prenatal screening via labs and imaging, appropriate referrals for higher level care, labor and delivery care at home, and postpartum care including newborn health screenings and check-ups in home, and at my office. Some services I am trained to provide include neonatal resuscitation, hemorrhage control via medications, IV fluid administration, and perineal suture repair. This type of care is very personalized, and families deeply appreciate that this care is available to them. My homebirth clients are an extremely diverse population and include medicaid recipients, financial investors, nurses, ethnic minorities, lawyers, single and married mothers.

The passage of this bill would provide North Dakota women choosing out-of-hospital birth improved access to healthcare, and make North Dakota a more attractive choice for naturopathic midwives looking for communities to serve in.

Sincerely,

Molly Ferguson, ND, CPM, LM
Molly Ferguson, ND, CPM, LM

Attachment D –

SB2194
Attach #14
01/19/15
J# 22139

January 12, 2015

RE: SB 2194 Naturopathic Bill

Members of the Senate Human Services Committee,

I am writing to support the Naturopathic bill. I am a practicing RN in Fargo. I'd like to share with you why I chose home birth and my experience.

My husband and I chose to have home births with both of our daughters under Dr. Molly Ferguson's midwifery care. Our decision was based on our understanding of child birth as a natural, normal happening in life, not a medical event. In early pregnancy with our first daughter, we had a consultation with Dr. Molly Ferguson and felt home birth would be our best and safest choice for our baby. We desired to create our own peaceful, natural, prayerful atmosphere at home for our baby to be birthed.

I had healthy pregnancies and felt no need to be in a hospital for either of the births of my daughters. Dr. Molly (for both births) and her apprentice, Katie Murrey (for my second daughter's birth) empowered me to make wise, happy choices that enabled me to have wonderful, joyful birthing experiences. They both had in mind my and my baby's best interest. Both births were very positive experiences. I had normal progression in labor and births with no complications.

I would recommend Prairie Naturopathic midwifery to my friends who want a positive, empowering, joyful birthing experience.

Thank you,

Leah Schneck, RN

D
Attach #15
01/19/15
SB 2194
J# 22139

1731 16th St NW
Minot, ND 58703
January 16, 2015

Dear Member of the Legislature:

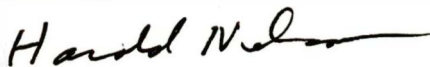
Since 1968, I have worked as a professor and, for 26 years, as a part-time administrator at Minot State University.

I have had various health challenges, including asthma, during my entire life. Dr. Beth Allmendinger, in Bismarck, and Dr. Stephanie Nishek, in Minot, have successfully treated me for many of these challenges during the last couple of years. For instance, I no longer need an inhaler for my asthma.

I plan to continue seeing Dr. Nishek. If she could renew the prescription for my thyroid medicine, I'd save the time and money that I now spend on visiting an MD for this renewal. I strongly encourage you to support granting naturopathic doctors the right to prescribe drugs.

Thank you.

Sincerely,



Harold Nelson
Professor, English and Literature


SB 2194 Naturopathic Scope Bill
Kevin Oberlander, R.Ph.
Senate Human Services Committee
January 19, 2015

*Added #16
SB 2194
01/19/15
J# 22139*

Good morning Madam Chair and Members of the Senate Human Service Committee.

My name is Kevin Oberlander, R.Ph. I am a board member of the North Dakota Board of Integrative Healthcare. I am here today to state that the board members of the North Dakota Board of Integrative Healthcare have met and discussed Senate Bill 2194. The board's position is neutral.

Thank you, Madam Chair and Members of the Senate Human Service Committee for your time.


NOBIHC, Treasurer

Human Services Committee
SB 2194
January 19, 2015

#1 open
SB 2194
(Committee work)
J# 22157
01/19/15

Good afternoon, Senator Lee and members of the Committee. My name is Dr. Shari Orser, an obstetrician/gynecologist in Bismarck and I am testifying for myself. I am concerned primarily with the portion of the bill related to childbirth attendance and the practice of midwifery.

Naturopaths are not medical doctors or osteopathic doctors, nor are they certified nurse midwives who practice with medical doctors and osteopathic doctors. Their schools are not accredited by the Association of American Medical Colleges, the American Medical Association, or the American Osteopathic Association's Commission on Osteopathic College Accreditation. Those who claim midwifery training are not certified by the American Midwifery Certification Board, the only one recognized by the North Dakota Board of Nursing. Their education and training are not equivalent to those physicians and certified nurse midwives who practice in North Dakota.

Naturopaths will not get hospital privileges so their practice will be one of home deliveries. Home deliveries have a higher risk of complications and perinatal mortality (even in countries with highly regulated home deliveries such as the Netherlands) and are advised against by the American College of Obstetricians and Gynecologists.

My concerns are – who will be their backup? How will they determine which patients to care for and can they recognize conditions which put pregnancies at risk? What if complications develop during labor – hemorrhage, prolapsed cord, breech, prolonged rupture of membranes, prolonged second stage, the need for operative delivery, severe laceration, retained placenta, inverted uterus, need for neonatal resuscitation? These are the sorts of complicated patients that appear at our hospitals without warning after attempted home births. The on-call ob-gyn must step in at the last minute with a patient he or she knows nothing about, attempt to salvage the situation and shoulder the liability.

I do not think the state should approve or encourage this practice.

Thank you for the opportunity to testify.

emailed Testimony
attach #1 01/26/15
SB 2194
J# 22234

From: info@naturopathicregistration.org [mailto:info@naturopathicregistration.org]

Sent: Monday, January 19, 2015 12:48 PM

To: Lee, Judy E.

Subject: Vote NO SB2194

National Registry of Naturopathic Practitioners

Committee on Human Services - Chairman

Dear Honorable Senator Lee,

RE: Vote "NO" on SB2194

You are being asked to consider **SB2194**, a licensing bill for a small group of Naturopaths. The cost to the citizens of North Dakota for administration of such a board for the exclusive benefit of a few people is restrictive. The state of CA was forced to place the naturopathic board under the osteopathic board because of the high administrative costs and low turnout of licensees. National Registry of Naturopathic Practitioners is a registration board for all naturopaths practicing natural, non-invasive therapies nationwide. The national board provides a service for the citizens of ND without so much as one cent out of pocket expense.

NRNP does not support a distinction between naturopathic doctor and naturopath. NRNP does not support any legislation that would discriminate against any naturopathic practitioners. NRNP welcomes graduates of all schools, and NRNP promotes naturopathy including only natural non-invasive therapies.

When you look at the definition of naturopathy, you realize that naturopathy only includes natural non-invasive therapies, and naturopathy and naturopathic medicine are one in the same. Recently the U.S. Department of Health and Human Services, National Institutes of Health published a booklet entitled "Expanding Horizons of Health Care - Strategic Plan 2005-2009 listing the definition of naturopathy on page 66. This government declaration only confirms what NRNP promotes.

The National Institute of Health defines naturopathy as follows:

"Naturopathy: A whole medical system that originated in Europe in the 19th century. Naturopathy proposes that a healing power in the body establishes, maintains, and restores health. Practitioners work with the patient with a goal of supporting this power, through treatments such as nutrition and lifestyle counseling, dietary supplements, exercise, and others. Also called naturopathic medicine."

You can order this document by calling toll-free 1-888-644-6226, fax 1-866-464-3616 or e-mail info@nccam.nih.gov

This bill discriminates against the majority of individuals practicing naturopathy in the state of North Dakota and **NRNP does not support bill SB2194.**

VOTE NO ON SB2194

Sincerely,

Tim Davenport

Timothy Davenport, Ph.D., R.N.D.
Executive Director

SB 2194

02/09/2015

Attach #1

J# 23485

From: <elallmendinger@yahoo.com>
Date: January 21, 2015 at 4:47:39 PM CST
To: "jlee@nd.gov" <jlee@nd.gov>
Subject: Re: a couple of clarifications

Senator Lee,

No worries, I have so many emails in my inbox right now I can barely keep any of them straight and I'm guessing you have many more than I do.

The accrediting program for Bastyr's Midwifery education is MEAC or Midwifery Education Accreditation Council. Here is the link to their website:

<http://meacschools.org/member-school-directory/>

If you need an official statement from Bastyr or MEAC let me know and I can work on obtaining that. We were going to put this in the admin rules but can include it in the law if the committee feels its more appropriate.

Duane Houdek and I have been playing phone tag but it sounds like he has a meeting with his chairman Friday to discuss the language. Hopefully we can meet Friday afternoon to find a language that will make everyone comfortable, and we could possibly have an amendment ready by early next week.

Let me know if there is anything else that comes up.

Thank you,
Beth

Sent from Surface Pro

From: jlee@nd.gov
Sent: Wednesday, January 21, 2015 6:41 AM
To: Elizabeth Allmendinger

Sorry for my message of a moment ago! I read your other message before this one. It sounds to me as if you're right on target, so we'll wait for your results.

Judy Lee
1822 Brentwood Court
West Fargo, ND 58078
Phone: 701-282-6512
e-mail: jlee@nd.gov

On Jan 20, 2015, at 11:09 PM, "elallmendinger@yahoo.com" <elallmendinger@yahoo.com> wrote:

Senator Lee,

We are trying to meet with the Board of Medical Examiners this week to work on new language for the minor office procedures definition. Senator Dever is planning to attend. Is there anything specific (procedures to limit or describe) the committee has concerns about? I had a chance to review the letter from the national dermatology association. We aren't trained in skin grafts (most MD's aren't either, according to the ones I asked) and would never consider doing them. While it could maybe be argued as superficial, though that would be stretching the definition, it is not a simple procedure and generally requires anesthesia.

We do have a minor office procedures part of our NPLEX exam. We were planning on putting it in the admin rules to require taking and passing that portion but can include that in the law if the committee would feel more comfortable.

I've forward your email to Beth Allen since she's the one that has been doing most of the midwifery research. I don't want to answer wrong and have to resend emails. Anything else you would like to know about midwifery? I'm guessing she'll have an answer for you by late tomorrow morning.

Let me know if you have any other questions.

Have a good night,
Beth

Sent from Surface Pro

From: jlee@nd.gov

Sent: Tuesday, January 20, 2015 9:42 PM

To: [Elizabeth Allmendinger](mailto:Elizabeth.Allmendinger)

The Human Services committee needs to have a more specific definition of "minor office procedure", as well as some acknowledgement of it being an accredited program from which naturopaths have graduated for midwifery. What entity accredits the program, for example? Can you put together something to help us there?

Judy Lee
1822 Brentwood Court
West Fargo, ND 58078
Phone: 701-282-6512
e-mail: jlee@nd.gov

From: Duane Houdek [<mailto:DHoudek@ndbomex.org>]

Sent: Saturday, January 24, 2015 11:49 AM

To: Lee, Judy E.; Dever, Dick D.

Cc: elallmendinger@yahoo.com

Subject: SB 2194 -- proposed amendment

Sen. Lee:

Sen. Dever met with Dr. Allmendinger and me on Friday to discuss this amendment. I am able to speak for the board that this is acceptable to them. I understand Dr. Allmendinger, although she was in agreement with the amendment, may have to run this by her group for final approval.

Thank you for the opportunity to participate in the amendment process.

Duane H.

Duane Houdek

Executive Secretary

ND State Board of Medical Examiners

418 East Broadway, Suite 12

Bismarck, ND 58501

Tel: (701)328-6500

1.4

SENATE HUMAN SERVICES COMMITTEE

SENATE BILL NO. 2194

**Proposed Amendments provided by the
State Board of Medical Examiners**

Duane Houdek
701.328.6500
dhoudek@ndbomex.org

Page 2, line 3:

Insert after the word "biopsies":

"or structurally altering the human body by the incision or destruction of tissues."

NDAND Proposed amendment clarifying minor office procedures

SB2194
Attach #2
02/09/2015
J# 23485

- Add new definition – page 2, after line 16

9. "Surgical procedure" means structurally altering the human body by the incision or destruction of tissues.

- Add an additional statement to the definition of minor office procedure – page 2

Page 2, line 3

After "biopsies" replace "." with "," and add "general or spinal anesthetics, major surgery, surgery of the body cavities, or specialized surgeries, such as plastic surgery, surgery involving the eyes, or surgery involving tendons, ligaments, nerves, or blood vessels."

SENATE BILL NO. 2194

Amendment proposed by the North Dakota State Board of Medical Examiners

Duane Houdek

701.328.6500

dhoudek@ndbomex.org

Page 2, line 2:

After the word "lesions", Insert: , and the removal of foreign bodies located in the superficial tissues, cysts, ingrown toenails, skin tags, the treatment and removal of warts, the incision and drainage of boils and the repair of superficial lacerations. The term does not include skin biopsies."

NDLA, S HMS - Mueller, Don

SB2194
02/09/15

2.2

From: Lee, Judy E.
Sent: Sunday, February 08, 2015 8:37 PM
To: NDLA, S HMS - Mueller, Don; NDLA, Intern 01 - Adisa, Femi
Subject: FW:
Attachments: NDANDMOPamendfinal.docx

Here is the amendment for the naturopath bill.

Senator Judy Lee
1822 Brentwood Court
West Fargo, ND 58078
home phone: 701-282-6512
e-mail: jlee@nd.gov

From: elallmendinger@yahoo.com [<mailto:elallmendinger@yahoo.com>]
Sent: Sunday, February 08, 2015 8:26 PM
To: Lee, Judy E.
Cc: Dever, Dick D.; Duane Houdek; Beth Allen
Subject:

Senator Lee,

If you already received this from Duane I'm sorry for sending it twice. I just didn't see it in my email and he usually cc's me. As far as I understand, a combined amendment is what we agreed on. The first part is what NDAND suggested and the BOM added the second portion, which I left under Duane's name in the document. That's why its a bit out of order. If you'd like a cleaner version, let me know, and we'll get it to you. I just wanted to make sure it was what the BOM had exactly so I just copied and pasted. If you have any questions or need a clarification, please let me know.

Thank you again for letting us participate and being so patient. Hope you had a good weekend!
Beth

Sent from Surface Pro

#23633

SB2194

02/11/15

Attch#1

A BILL for an Act to create and enact section 43-58 -11 of the North Dakota Century Code, relating to the regulation of naturopaths; and to amend and reenact sections 43-58-01 and 43-58-08 of the North Dakota Century Code, relating to the regulation of naturopaths.

BE IT ENACTED BY THE LEGISLATIVE ASSEMBLY OF NORTH DAKOTA:

SECTION 1. AMENDMENT. Section 43-58-01 of the North Dakota Century Code is amended and reenacted 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. "Minor office procedures" means the methods for repair and care incidental to superficial lacerations and abrasions, superficial lesions, and the removal of foreign

bodies located in the superficial tissues, cysts, ingrown toenails, skin tags, the treatment and removal of warts, and the incision and drainage of boils and the repair of superficial lacerations. The term does not include skin biopsies, general or spinal anesthetics, major surgery, surgery of the body cavities, or specialized surgeries such as plastic surgery, surgery involving the eyes, tendons, ligaments, nerves, or blood vessels.

5.6. "Naturopath" means an individual licensed to practice naturopathic health care under this chapter.

6.7. "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.

7.8. "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.

9. "Surgical procedure" means structurally altering the human body by the incision or destruction of tissues.

SECTION 2. AMENDMENT. Section 43 58 08 of the North Dakota Century Code is amended and reenacted as follows:

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~~Except as authorized under subsection 4, prescribe, dispense, or administer any prescription drug;
 - b. Administer ionizing radioactive substances for therapeutic purposes;
 - c. ~~Perform~~Except as authorized under subsection 5, 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.

4. A naturopath may prescribe or administer a prescription drug listed in a naturopathic formulary established by a subcommittee of the board.
 - a. The subcommittee under this subsection must be made up of the following four board members: the doctor of medicine or osteopathy, the naturopath, the pharmacist, and the advanced practice registered nurse.
 - b. Except for endogenous anabolic androgenic steroids, the naturopathic formulary may not include drugs classified in schedules I through IV of chapter 19 03.1.
5. A naturopath may perform minor office procedures.
6. A naturopath certified by the board for specialty practice may practice naturopathic childbirth attendance.

SECTION 3. Section 43 58 11 of the North Dakota Century Code is created and enacted as follows:

43 58 11. Naturopathic childbirth attendance - Requirements for certification for specialty practice.

1. A naturopath may not practice naturopathic childbirth attendance unless certified by the board for specialty practice.
2. The board shall adopt rules setting forth the requirements a naturopath must meet to qualify for certification for the specialty practice of naturopathic childbirth attendance.
3. To qualify for certification for the specialty practice of naturopathic childbirth attendance, a naturopath shall:
 - a. Successfully complete a three year, didactic and clinical, certified professional midwifery curriculum approved by the board.

b. Successfully complete a national standardized examination in midwifery prescribed or endorsed by the board, such as the North American registry of midwives.

c. Meet requirements established by the board by rule.

#1
SB 2194
3/25/15

Chairman Weisz and Members of the Committee,

My name is Elizabeth Allmendinger. I am a doctor of naturopathic medicine, also known as an ND, from Bismarck. I am registered as lobbyist 164 for the North Dakota Association of Naturopathic Doctors (NDAND). Senate Bill 2194 has been introduced on our behalf, and I have been asked to explain the bill.

Senate Bill 2194 is a scope expansion bill for ND's. Our licensing statute was created in 2011. This bill specifically pertains to licensed naturopathic doctors who have a 4 year undergraduate degree, 4 year graduate naturopathic medical degree and have passed national board exams. Just to clarify, there are individuals who call themselves naturopaths in other states that do not have this level of education, and they are not eligible for licensure in our state.

The three major objectives of this bill are to add minor office procedures, limited prescription rights and naturopathic childbirth. Since pharmaceuticals are part of our training, prescription rights were included in the 2011 licensure bill but were removed by amendment at the request of the NDMA. Minor office procedures and naturopathic childbirth – also part of our training - were included in our first 2011 bill draft. We removed them before filing based on discussions with legislators, who felt the timing wasn't right for home birth and to make the bill more streamlined.

Our current bill was amended in the Senate - the Board of Medical examiners and NDAND worked together to develop language clarifying the definition of minor office procedures. I will go over more detail of the amendment when I review that portion of the bill. The NDAND provided advance copy of our bill to all of the major health care lobbying groups and boards before the session began. Only the medical profession did not work out their concerns with us prior to the legislative session. We met with NDMA both before the legislative session and again last week to discuss the bill. Unfortunately, we were left with the impression that the NDMA opposed the bill as a whole and would continue to oppose it, even if we changed portions of the bill. At the NDMA request we have drawn up a list of pharmaceutical categories that might go into the formulary, however they have not committed to eliminating opposition if we agree to amend it directly into the bill. Placing prescriptive categories into law is unusual. Most states and professions set formularies by administrative rules rather than law due to the development of new drugs and changing standards of practice in pharmaceuticals. We feel the subcommittee would be better suited to address this area.

Page 1

(Line 20-21) 43-58-01 is the statute definition section. Subsection 3 amends the homeopathic preparations definition. The amendment removes language prohibiting prescriptive homeopathic preparations. Generally homeopathic preparations do not need a prescription, but may in some cases and this allows that right. Homeopathic preparations are normally made from natural substances such as herbs and minerals.

(Line 23) Creates Subsection 5, a new definition of minor office procedures. Part of this new definition was created with the BOM and is part of the amendment. This definition is meant to refer to cleaning and repair of wounds, including suturing when necessary, simple dermatology procedures like removing ingrown toenails, cysts, skin tags, treatment and removal of warts, incision and drainage of boils, as well as removing glass, splinters or other foreign objects from the skin, and treating cuts and scrapes. Superficial is the surface or shallow layers of the body. Deeper layers would be considered performing surgery. These are common tasks in family medicine that would be particularly important to an ND scope when working in a rural area or tribal facility, or anywhere a walk-in clinic or ER is not available. Suturing is also a skill necessary in naturopathic childbirth. By excluding skin biopsies, the definition clearly indicates it does not refer to removing a mole to send to pathology to rule out melanoma or other skin cancers. Patient scenarios like that would be referred to a dermatologist.

Page 2

(Line 17) “ ‘Surgical procedure’ means structurally altering the human body by the incision or destruction of tissues.” This is the language the BOM added to insure that surgical procedure was defined and it was clear that minor office procedures do not include surgery, but a limited exception to the surgery prohibition.

(Line 24) Is an amendment to 43-58-08 (1a). It creates an exception to prescribe prescription drugs as defined in subsection 4, which I will review in a moment.

(Line 27) This amends 43-58-08 (1c). It creates an exception to perform a minor office procedure. These are the services I just described to you in the definition section.

Page 3

(Line 4) Removes the non-prescriptive limitation in subsection (2) for natural substances. Injectable vitamins and minerals require a prescription. For example, we currently have to request a practitioner with prescription rights to order the prescription for a patient needing a B12 shot, even though ND's already have been granted the ability to inject in the original licensure bill.

(Line 15) Creates a new Subsection 4 outlining the prescription exception. This enables the board to establish a prescription drug formulary list that limits which prescription drugs an ND can prescribe.

(Line 17) Subsection (4a) defines the members of the subcommittee of the Board of Integrative Health Care that will create the formulary of prescription drugs. The

subcommittee is limited to board members with specific training in prescription drugs. It will consist of the pharmacist, the doctor of medicine or osteopathy, the naturopath and the nurse practitioner. The other members of the board will not be involved in creating the formulary.

(Line 20) Subsection (4b) eliminates scheduled drugs I-IV of the Uniform Controlled Substances Act from being in the formulary, except for specific steroid hormones - primarily testosterone.

(Line 22) Creates a new Subsection 5, enabling the practice of minor office procedures, which I have previously discussed.

(Line 23) Creates a new Subsection 6, enabling an ND with specialized training approved by the board to practice naturopathic childbirth.

(Line 27) Creates a new section 43-58-11, establishing the specialized criteria necessary for ND's to practice naturopathic childbirth attendance as a specialized practice.

(Line 29) Subsection 1 clarifies that a naturopath may not perform naturopathic childbirth attendance unless certified by the board to have specialized training, education and testing. Not all ND's have acquired this training.

Page 4

(Line 1) Subsection 2 mandates that the board adopt additional rules necessary to qualify for this specialty practice. Examples of additional rules the board will consider include: accreditation standards, clinical training documentation such as the number of births attended, CPR and neonatal resuscitation certification, informed consent documentation, specific prescriptions and procedures permitted for childbirth, and other standards the board feels necessary for practice and oversight.

(Line 3) 43-58-11 subsection (3a) & (3b) establishes the following education and testing requirements to practice naturopathic childbirth.

(Line 5) Subsection (3a) - Education. Graduation from a 3-year certified professional midwifery program. The education standard is based on Bastyr University's nationally accredited midwifery program. Bastyr is located in Washington, which requires a 3-year midwifery program. A copy of the curriculum is included as Attachment B. The Bastyr program originated as a joint certificate program of Bastyr and the Seattle Midwifery School, specifically for its naturopathic students. The Seattle Midwifery School merged with Bastyr in 2010 and the certificate program is now offered as a Master's degree.

SB 2194 Naturopathic Scope
Elizabeth Allmendinger, NDAND Lobbyist (#164)
House Human Services Committee Hearing
March 25, 2015

(Line 7) Subsection (3b) - Testing. Passing the North American Registry of Midwives (NARM) national board examination.

(Line 10) Subsection (3c) makes clear that the applicant must meet and maintain all other qualifications that will be established by the board through the administrative rules process.

I've included attachments that provide additional information –

Attachment A is a list of other state's ND scope of practice

Attachment B is Bastyr's Midwifery curriculum

Attachment C is Southwest College of Naturopathic Medicine (SCNM)'s curriculum

Attachment D is a list of recent studies showing naturopathic clinic and cost effectiveness

If the committee would like to see the prescriptive formulary list we created, I can provide that either by written copy, or email.

Dr. Ferguson, a Minnesota naturopathic doctor and midwife is here to speak on naturopathic childbirth. Two association members, Dr. Nishek and Dr. Link, are here to more specifically address prescriptions rights and minor office procedures. 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. If you don't have any specific questions for me right now, I will turn it over to Dr. Ferguson.

State	Manipulation	IV Therapy	Pharmaceuticals	Acupuncture	Childbirth	Minor Office Procedure	Minor Surgery	Primary Care	Insurance
Alaska	X					X			
Arizona	X	X	X	X	X	X	X		
California		X	X*		X	X		X	
Colorado	X	?				X	X	X	
Connecticut	X								X
DC	X		X		X	X			
Hawaii	X	X	X			X	X		
Kansas	X	X		X		X			
Maine			X*	X		X	X		
Maryland									
Minnesota	X					X	X	X	
Montana	X	X	X		X	X	X	X	X
New Hampshire	X	X	X	X	X	X		X	X
North Dakota		X							
Oregon	X	X	X		X	X	X	X	X
Utah		X	X	X	X	X	X	X	
Vermont	X		X	X	X			X	X
Washington	X	X	X			X	X	X	X

Exhibit 1
Naturopathy
Select Scope of Practice Variations by State

	<u>Rx Authority</u>	<u>Controlled Substances</u>	<u>Childbirth Attendance</u>	<u>Acupuncture</u>
Alaska				
Arizona	X	X		
California	X	X		
Connecticut				
DC			X	
Hawaii	X	X		
Idaho	X	X		
Kansas	X			X
Maine	X			X
Minnesota				
Montana	X	X	X	
New Hampshire	X	X	X	X
North Dakota				
Oregon	X	X	X	
Utah	X	X	X	X
Vermont	X	X	X	
Washington	X	X		

Source: Department of Legislative Services; Federation of Naturopathic Medicine Regulatory Authorities; U.S. Department of Justice, Drug Enforcement Administration

- Prescribing Authority:** Twelve states grant naturopathic physicians limited authority to prescribe prescription drugs. Of these states, eight have an administrative body that has established a formulary of drugs that licensees may prescribe. Two states, California and Kansas, allow licensees to prescribe prescription drugs, but only in accordance with a protocol established with a supervising physician. Ten states allow naturopathic physicians to prescribe an array of specified controlled substances. Five states do not allow licensees to prescribe prescription drugs.

BASTYR UNIVERSITY

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MIDWIFERY PROGRAM

BACHELOR/MASTER OF SCIENCE IN MIDWIFERY 2014-2015

PREREQUISITES

Entering undergraduates must have minimum cumulative GPA of 2.75 to be considered for admission. Graduate applicants must have a minimum cumulative GPA of 2.25. A grade of C or better is also required in all basic proficiency courses. Students may apply to the program while completing prerequisite coursework, but all prerequisites must be completed prior to enrollment in the program.

MASTER OF SCIENCE IN MIDWIFERY

(FOR APPLICANTS WITH A BACHELOR'S DEGREE IN ANY FIELD¹)

Psychology	3 quarter credits
Introductory Nutrition	3 quarter credits
General Chemistry w/ lab (allied-health-major level)	4 quarter credits
Microbiology	4 quarter credits
Anatomy and Physiology series	8 quarter credits
College Algebra or Statistics	4 quarter credits
Labor support course/doula training (DONA or ALACE approved)	not a college course
Childbirth educator training (ICEA or Lamaze approved)	not a college course

¹from a regionally accredited college/university

BACHELOR/MASTER OF SCIENCE IN MIDWIFERY

(FOR UNDERGRADUATE APPLICANTS)

BASIC SCIENCE AND PROFICIENCY PREREQUISITES

English Literature or Composition	9 quarter credits
General Psychology	3 quarter credits
Public Speaking	3 quarter credits
Introductory Nutrition	3 quarter credits
General Chemistry w/ lab (allied-health-major level)	4 quarter credits
Microbiology	4 quarter credits
Anatomy & Physiology series	8 quarter credits
College Algebra	4 quarter credits
Labor support course/doula training (DONA or ALACE approved)	not a college course
Childbirth educator training (ICEA or Lamaze approved)	not a college course

GENERAL EDUCATION REQUIREMENTS

Social Sciences	15 quarter credits
Arts and Humanities	15 quarter credits
Natural Sciences	4 quarter credits
Electives	18 quarter credits ¹

¹The number of elective credits may vary depending on the exact number of quarter credits earned in the other prerequisite categories. Total prerequisite credits must equal at least 90 quarter credits.

For BS/MS applicants, please visit the Bastyr University undergraduate admissions page for information about transfer credits at www.bastyr.edu/admissions/transfer-students/undergraduate-transfer-info.

GRADUATION REQUIREMENTS

Graduates must demonstrate proficiency in the midwifery program Core Competencies as shown by:

- Satisfactory completion of all didactic and clinical courses with a grade of 80 percent (B- or 2.7 GPA) or better (Some non-core courses may be passed with a grade of 75 percent or better).
- Satisfactory completion and presentation of a master's project, which will be electronically deposited in a publicly available (open access) repository (see Policy/Procedure #11-C55).

- Satisfactory completion of all sections of the comprehensive written and clinical exams in the last year of the program.
- Completion of 40 hours of community service for the University or the profession of midwifery
- Demonstration of the qualities of a professional midwife as determined by the Student Progress Committee.

Graduates must also meet the following minimum clinical requirements:

Participation in 60 births¹, including at least:

- 30 births in which the student functions in the role of primary midwife under supervision
- 20 births in which the student is actively involved in the client's care
- 10 births in which the student is observing
- 30 births in an out-of-hospital setting
- 25 births in the U.S. or the student's country of origin

¹An additional 40 births (total of 100 births) are required for Washington state licensure.

Participation in a minimum of 1,500 hours of clinical work, including at least the following:

- 400 hours of intrapartum experience
- 800 hours of clinic time in prenatal, postpartum and gynecological care
- Participation in 720 client contacts, including at least:
 - ◆ 300 prenatal exams
 - ◆ 100 postpartum visits
 - ◆ 50 newborn exams
 - ◆ 50 follow-up newborn exams
 - ◆ 50 gynecological exams

Completion of at least 15 Continuity of Care contacts as the primary midwife under supervision as follows:

- 5 Full Continuity of Care contacts that include:
 - ◆ At least 5 prenatal visits (spanning two trimesters)
 - ◆ The birth
 - ◆ The newborn exam
 - ◆ At least 2 postpartum visits
- 10 Other Continuity of Care contacts that include:
 - ◆ At least two prenatal visits
 - ◆ The birth
 - ◆ The newborn exam
 - ◆ At least 1 postpartum visit

Note: Continuity of Care requirements are different for registration as a midwife in Canada. Students planning to apply for Canadian registration should know the requirements and be documenting these births appropriately.

Clinical training for at least one year at a minimum of two clinical sites in the U.S. or the student's home country is required. All clinical training is supervised by preceptors who are practicing legally in their region and incorporates the following:

- At least one preceptorship in which the clinical faculty member is a midwife
- One site for at least six months and 15 births (involved and supervised primary) in an out-of-hospital setting
- One site for at least three months and 10 births (involved and supervised primary)
- Satisfactory completion of all levels of clinical evaluation

MASTER OF SCIENCE IN MIDWIFERY 2014-2015

The following curriculum table that follows lists the tentative schedule of courses each quarter. Next to each course are the number of credits per course (Crdt.), the approximate hours spent in the onsite and virtual classroom with faculty each quarter (Clsm), the lab/practical hours each quarter (L/P), and the total contact hours for the course over the entire quarter.

MSMW YEAR I

Qtr.	Cat. No.	Course Title	Crdt.	Lec.	L/C	Tot
F		Orientation ¹	0			
	MW3101	Midwifery Care 1: Introduction to the Midwives Model of Care	3	33	0	33
	MW3104	Introduction to Epidemiology for Midwives: Fundamentals of Evidence-Based Practice	3	33	0	33
	MW3301	Well Woman Health Assessment	4	44	44	88
	MW3311	Perinatal Nutrition 1: Pre-conception & Prenatal	2	22	0	22
	MW4106	Professional Issues Seminar: Power & Privilege in the Midwifery Profession	1	11	0	11
	MW4305	Gynecology	3.5	38.5	0	38.5
		Quarterly Totals	16.5	181.5	44	225.5
W	MW4100	Genetics & Embryology	2	22	0	22
	MW4302	Midwifery Care 2: Pregnancy & Prenatal Care	4	44	0	44
	MW4310	Pharmacology & Treatments 1	1.5	16.5	0	16.5
	MW4311	Pharmacology & Treatments 2	1.5	16.5	0	16.5
	MW4313	Counseling for the Childbearing Year 1	1	11	0	11
	MW4320	Clinical Skills 1	1.5	16.5	16.5	33
	MW5101	Master's Project 1	0.5	5.5	0	5.5
		Quarterly Totals	12	132	16.5	148.5
Sp	MW4101	Professional Issues Seminar: Social Differences & Implications in Practice	2	22	0	22
	MW4303	Midwifery Care 3: Advanced Pregnancy & Prenatal Care	4	44	0	44
	MW4314	Counseling for the Childbearing Year 2	1	11	0	11
	MW4322	Clinical Skills 2	1	0	22	22
	MW4331	Clinical Seminar 1	1	11	0	11
	MW4810	Midwifery Practicum	2.5	0	75	75
	MW5100	Research Methods for Midwifery	3	33	0	33
		Quarterly Totals	14.5	121	97	218
Su	MW4810	Midwifery Practicum	6	0	180	180
		Quarterly Totals	6	0	180	180

¹Orientation begins online approximately six weeks before the onset of the quarter, with the intention of building group cohesion and introducing students to all aspects of the program.

MSMW YEAR II

Qtr.	Cat. No.	Course Title	Crdt.	Lec.	L/C	Tot.
F	MW4102	Professional Issues Seminar: Midwifery History, Politics & Activism	2	22	0	22
	MW4323	Clinical Skills 3	0.5	0	11	11
	MW4332	Clinical Seminar 2	1	11	0	11
	MW5110	Master's Project 2	1.5	16.5	0	16.5
	MW5304	Midwifery Care 4: Labor & Birth	6	66	0	66
	MW5315	Counseling for the Childbearing Year 3	1.5	16.5	0	16.5
	MW5810	Midwifery Practicum	4.5	0	135	135
		Quarterly Totals	17	132	146	278
W	MW4307	Breastfeeding & Lactation Education	2	22	0	22
	MW4333	Clinical Seminar 3	1	11	0	11
	MW5111	Master's Project 3	2	22	0	22
	MW5114	Professional Issues Seminar: Health Care Systems & Health Policy	2	22	0	22
	MW5308	Midwifery Care 5: Postpartum & Newborn Care	5	55	0	55
	MW5316	Counseling for the Childbearing Year 4: Postpartum	1.5	16.5	0	16.5
	MW5324	Clinical Skills 4	0.5	0	11	11
	MW5810	Midwifery Practicum	3	0	90	90
		Quarterly Totals	17	148.5	101	249.5
Sp	MW4307	Breastfeeding & Lactation Education	2	22	0	22
	MW4333	Clinical Seminar 3	1	11	0	11
	MW5111	Master's Project 3	2	22	0	22
	MW5114	Professional Issues Seminar: Health Care Systems & Health Policy	2	22	0	22
	MW5308	Midwifery Care 5: Postpartum & Newborn Care	5	55	0	55
	MW5316	Counseling for the Childbearing Year 4: Postpartum	1.5	16.5	0	16.5
	MW5324	Clinical Skills 4	0.5	0	11	11
	MW5810	Midwifery Practicum	3	0	90	90
		Quarterly Totals	17	148.5	101	249.5
Sp	MW4105	Professional Issues Seminar: Midwifery Legal, Ethical & Professional Frameworks	2	22	0	22
	MW5112	Master's Project 4	2	22	0	22
	MW5309	Midwifery Care 6: Challenges in Practice	4	44	0	44
	MW5326	Clinical Skills 5	1	0	22	22
	MW5334	Clinical Seminar 4	1	11	0	11
	MW6810	Midwifery Practicum	4	0	120	120
		Quarterly Totals	14	99	142	241
Su	MW5110	Master's Project 5	2	22	0	22
	MW6810	Midwifery Practicum	4	0	120	120
		Quarterly Totals	6	22	120	142

MSMW YEAR III

Qtr.	Cat. No.	Course Title	Crdt.	Lec.	L/C	Tot.
F	MW6111	Master's Project 6	2	22	0	22
	MW6307	Midwifery Care 7: Synthesis & Application	2	22	0	22
	MW6335	Clinical Seminar 5	1	11	0	11
	MW6810	Midwifery Practicum	7	0	210	210
		Quarterly Totals	12	55	210	285
W	MW6112	Master's Project 7	1	11	0	11
	MW6336	Clinical Seminar 6	1	11	0	11
	MW6810	Midwifery Practicum	10	0	300	300
		Quarterly Totals	12	22	300	322
Sp	MW6115	Professional Issues Seminar: The Business of Midwifery	2.5	27.5	0	27.5
	MW6337	Clinical Seminar 7	1	11	0	11
	MW6810	Midwifery Practicum	8.5	0	250	250
		Quarterly Totals	12	38.5	250	288.5

Total Requirements: MSMW

	Crdt.	Lec.	L/C	Tot
Total Course Credits & Hours	89.5	951.5	126.5	1078
Total Practicum Hours	49.5	0	1485	1485
Total Requirements	139	951.5	1611.5	2563

ACADEMIC PROGRAM

Doctor of Naturopathic Medicine Program of Study – Year One

Course #	Year 1 Quarter 1	Contact Hours			Total Contact Hours	Total Credit Hours
		Clinic	Lab	Didactic		
CLPR 5010	Introduction to Clinical Practice I ¹	24			24	4.0
CLPR 5010L	Introduction to Clinical Prac. Skills Lab I* ¹	24			24	
HUBI 5010	Human Biology I			180	180	21.0
HUBI 5010L	Human Biology Lab I**		48		48	
HUBI 5010A	Human Biology Applications I**			24	24	
NTMD 5010	Philosophical & Histor. Foundations of Naturopathic Medicine			24	24	2.0
Year 1 Quarter 1 Totals		48	48	228	324	27.0

Course #	Year 1 Quarter 2	Contact Hours			Total Contact Hours	Total Credit Hours
		Clinic	Lab	Didactic		
CLPR 5020	Introduction to Clinical Practice II ¹	24			24	4.0
CLPR 5020L	Introduction to Clin. Prac. Skills Lab II* ¹	24			24	
HUBI 5020	Human Biology II			180	180	21.0
HUBI 5020L	Human Biology Lab II**		48		48	
HUBI 5020A	Human Biology Applications II**			24	24	
NTMD 5020	Philosophical & Histor. Foundations of Naturopathic Medicine II			24	24	2.0
Year 1 Quarter 2 Totals		48	48	228	324	27.0

Course #	Year 1 Quarter 3	Contact Hours			Total Contact Hours	Total Credit Hours
		Clinic	Lab	Didactic		
CLPR 5030	Introduction to Clinical Practice III ¹	24			24	4.0
CLPR 5030L	Introduction to Clin. Prac. Skills Lab III* ¹	24			24	
HUBI 5030	Human Biology III			180	180	23.0
HUBI 5030L	Human Biology Lab III**		72		72	
HUBI 5030A	Human Biology Applications III**			24	24	
NTMD 5030	Philosophical & Histor. Foundations of Naturopathic Medicine III			24	24	2.0
Year 1 Quarter 3 Totals		48	72	228	348	29.0
Grand Totals - Year 1		144	168	684	996	83.0

*Lab credit hours are included in each Intro. to Clinical Practice course.

**Lab and Applications credit hours are included in each Human Biology course.

¹These hours do not count toward the 1200 clock hours of clinical training required by CNME.

Course #	Year 1 Summer (Optional)*	Contact Hours			Total Contact Hours	Total Credit Hours
		Clinic	Lab	Didactic		
TBD	Didactic Selectives			72	72	6.0
CLTR 6600	Lab Posts ¹	12			12	1.0
CLTR 6700	Medicinary Posts ¹	12			12	1.0
CLTR 6000	Field Observation ²	60			60	5.0
Year 1 Summer Totals		84	0	72	156	13.0

*Students who entered in the fall may elect to attend the Year 1 Summer Quarter.

¹These hours do not count toward the 1200 clock hrs. of clinical training required by CNME.

²These hours count toward the 1200 clock hours of clinical training required by CNME.

ACADEMIC PROGRAM

Doctor of Naturopathic Medicine Program of Study – Year Two

Course #	Year 2 Quarter 4	Contact Hours			Total Contact Hours	Total Credit Hours
		Clinic	Lab	Didactic		
GNMD 6010	General Medical Diagnosis I			120	120	10.0
CLPR 6040	Clinical Practice I ¹	24			24	4.0
CLPR 6040L	Clinical Practice Skills Lab I* ¹	24			24	
ENVM 6010	Environmental Medicine I & II			30	30	2.5
ENVM 6010L	Environmental Medicine Lab		18		18	1.5
PSYC 6010	Mind-Body Medicine I			24	24	2.0
MNGT 6010	Practice Management I			12	12	1.0
OMND 6010	Oriental Medicine I			30	30	2.5
PHAR 6010	Pharmacology I			36	36	3.0
PHMD 6010	Physical Medicine I			12	12	1.0
PHMD 6010L	Physical Medicine Lab I		12		12	1.0
Year 2 Quarter 4 Totals		48	30	264	342	28.5

Course #	Year 2 Quarter 5	Contact Hours			Total Contact Hours	Total Credit Hours
		Clinic	Lab	Didactic		
GNMD 6020	General Medical Diagnosis II			120	120	10.0
CLPR 6050	Clinical Practice II ¹	24			24	4.0
CLPR 6050L	Clinical Practice Skills Lab II* ¹	24			24	
BOTM 6010	Botanical Medicine I			24	24	2.0
NUTR 6010	Nutrition I			24	24	2.0
OMND 6020	Oriental Medicine II			30	30	2.5
PHAR 6020	Pharmacology II			36	36	3.0
PHMD 6020	Physical Medicine II			24	24	2.0
PHMD 6020L	Physical Medicine Lab II		24		24	2.0
Year 2 Quarter 5 Totals		48	24	258	330	27.5

Course #	Year 2 Quarter 6	Contact Hours			Total Contact Hours	Total Credit Hours
		Clinic	Lab	Didactic		
GNMD 6030	General Medical Diagnosis III			120	120	10.0
CLPR 6060	Clinical Practice III ¹	24			24	4.0
CLPR 6060L	Clinical Practice Skills Lab III* ¹	24			24	
HME0 6010	Homeopathy I			24	24	2.0
NUTR 6020	Nutrition II			30	30	2.5
OMND 6030	Oriental Medicine III			18	18	1.5
OMND 6030L	Oriental Medicine Lab III		12		12	1.0
PHAR 6030	Pharmacology III			24	24	2.0
PHMD 6030	Physical Medicine III			24	24	2.0
PHMD 6030L	Physical Medicine Lab III		24		24	2.0
Year 2 Quarter 6 Totals		48	36	240	324	27.0

ACADEMIC PROGRAM

Course #	Year 2 Quarter 7	Contact Hours			Total Contact Hours	Total Credit Hours
		Clinic	Lab	Didactic		
BOTM 6020L	Botanical Medicine Lab II**		24		24	2.0
GNMP 6010	General Medical Practice I: Psychiatric Cond.			12	12	1.0
GNMP 6011	General Medical Practice I: Dermatology			12	12	1.0
GNMP 6012	General Medical Practice I: EENT			18	18	1.5
PSYC 6020	Mind-Body Medicine II			12	12	1.0
OMND 6040	Oriental Medicine IV			18	18	1.5
OMND 6040L	Oriental Medicine Lab IV		12		12	1.0
PHMD 6040	Physical Medicine IV			12	12	1.0
PHMD 6040L	Physical Medicine Lab IV		12		12	1.0
TBD	Didactic Selectives***			72	72	6.0
CLTR 6600	Lab Posts**** ¹	12			12	1.0
CLTR 6700	Medicinary Posts**** ¹	12			12	1.0
CLTR 6000	Field Observation ²	60			60	5.0
CLTR 4300	Clinical Entry Preparation ¹	12			12	1.0
Year 2 Quarter 7 Totals		96	48	156	300	25.0
Grand Totals – Year 2		240	138	918	1296	108.0

*Lab credit hours are included in each Clinical Practice course.

**Botanical Medicine Lab II must be taken in Qtr. 6 or 7

***The 12 total credit hours of didactic selectives may be taken in Qtrs. 4-14.

****Lab and Medicinary Posts may be taken after Qtr. 3.

¹These hours do not count toward the 1200 clock hours of clinical training required by CNME.

²These hours count toward the 1200 clock hours of clinical training required by CNME.

Doctor of Naturopathic Medicine Program of Study – Year Three

Course #	Year 3 Quarter 8	Contact Hours			Total Contact Hours	Total Credit Hours
		Clinic	Lab	Didactic		
BOTM 7030	Botanical Medicine III			24	24	2.0
GNMP 7020	General Medical Practice II: Gastroenterology			30	30	2.5
GYNE 7010	Gynecology I			36	36	3.0
HME0 7020	Homeopathy II			24	24	2.0
NUTR 7030	Nutrition III			30	30	2.5
OMND 7050	Oriental Medicine V			42	42	3.5
OMND 7060	Oriental Medicine VI			6	6	.5
OMND 7060L	Oriental Medicine Lab VI		12		12	1.0
PHMD 7050	Physical Medicine V			12	12	1.0
PHMD 7050L	Physical Medicine Lab V		12		12	1.0
CLTR 7000	Clinical Clerkships (2) ¹	96			96	8.0
Year 3 Quarter 8 Totals		96	24	204	324	27.0

ACADEMIC PROGRAM

Course #	Year 3 Quarter 9	Contact Hours			Total Contact Hours	Total Credit Hours
		Clinic	Lab	Didactic		
BOTM 7040	Botanical Medicine IV			24	24	2.0
GNMP 7030	General Medical Practice III: Endocrinology			30	30	2.5
GNMP 7031	General Medical Practice III: Hematology			12	12	1.0
GYNE 7020L	Gynecology I Lab*		24		24	2.0
HMEO 7030	Homeopathy III			24	24	2.0
MNGT 7020	Practice Management II			12	12	1.0
NUTR 7040	Nutrition IV			12	12	1.0
OBST 7010	Obstetrics			30	30	2.5
OMND 7070	Oriental Medicine VII			24	24	2.0
MSRG 7010	Minor Surgery I			12	12	1.0
MSRG 7010L	Minor Surgery I Lab		12		12	1.0
CLTR 7000	Clinical Clerkships (2) ¹	96			96	8.0
Year 3 Quarter 9 Totals		96	36	180	312	26.0

Course #	Year 3 Quarter 10	Contact Hours			Total Contact Hours	Total Credit Hours
		Clinic	Lab	Didactic		
BOTM 7050	Botanical Medicine V			24	24	2.0
GNMP 7040	General Medical Practice IV: Cardio./Vasc. Med.			18	18	1.5
GNMP 7041	General Medical Practice IV: Pulmonology			18	18	1.5
HMEO 7040	Homeopathy IV			24	24	2.0
MNGT 7030	Practice Management III			12	12	1.0
NUTR 7050	Nutrition V			24	24	2.0
PSYC 7030	Mind-Body Medicine III			18	18	1.5
OMND 7080	Oriental Medicine VIII			18	18	1.5
PEDS 7010	Pediatrics I			24	24	2.0
CLTR 7000	Clinical Clerkships (3) ¹	144			144	12.0
CLTR 4500	Comprehensive Clinical Skills Assessment I ²	12			12	1.0
Year 3 Quarter 10 Totals		156	0	180	336	28.0

Course #	Year 3 Quarter 11	Contact Hours			Total Contact Hours	Total Credit Hours
		Clinic	Lab	Didactic		
CLTR 7000	Clinical Clerkships (5) ¹	162			162	13.5
TBD	Didactic Selectives**			72	72	6.0
Year 3 Quarter 11 Totals		162	0	72	234	19.5
Grand Totals – Year 3		510	54	642	1206	100.5

*Gynecology I Lab may be taken in Qtr. 9, or 10.

**The 12 total credit hours of didactic selectives may be taken in Qtrs. 4-14.

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²These hours do not count toward the 1200 clock hours of clinical training required by CNME.

ACADEMIC PROGRAM

Doctor of Naturopathic Medicine Program of Study – Year Four

Course #	Year 4 Quarter 12	Contact Hours			Total Contact Hours	Total Credit Hours
		Clinic	Lab	Didactic		
GNMP 8050	General Medical Practice V: Rheumatology			24	24	2.0
GNMP 8051	General Medical Practice V: Muscul/Ortho			12	12	1.0
PEDS 8020	Pediatrics II			24	24	2.0
PSYC 8040	Mind-Body Medicine IV			18	18	1.5
CLTR 8000	Clinical Clerkships (5) ¹	240			240	20.0
Year 4 Quarter 12 Totals		240	0	78	318	26.5

Course #	Year 4 Quarter 13	Contact Hours			Total Contact Hours	Total Credit Hours
		Clinic	Lab	Didactic		
ERMD 8010	Emergency Medicine I			24	24	2.0
GNMP 8060	General Medical Practice VI: Neurology			24	24	2.0
GNMP 8061	General Medical Practice VI: Oncology			18	18	1.5
MSRG 8020	Minor Surgery II			12	12	1.0
MSRG 8020L	Minor Surgery Lab II		12		12	1.0
CLTR 8000	Clinical Clerkships (5) ¹	240			240	20.0
Year 4 Quarter 13 Totals		240	12	78	330	27.5

Course #	Year 4 Quarter 14	Contact Hours			Total Contact Hours	Total Credit Hours
		Clinic	Lab	Didactic		
ERMD 8020	Emergency Medicine II			24	24	2.0
GNMP 8070	General Medical Practice VII: Urology/Kidn			18	18	1.5
GNMP 8071	General Medical Practice VII: Geriatrics			12	12	1.0
MNGT 8040	Practice Management IV			12	12	1.0
CLTR 8000	Clinical Clerkships (5)	240			240	20.0
CLTR 4900	Comprehensive Clinical Skills Assessment II ²	12			12	1.0
Year 4 Quarter 14 Totals		252	0	66	318	26.5
Grand Totals – Year 4		732	12	222	966	80.5

	Contact Hours			Total Contact Hours	Total Credit Hours
	Clinic	Lab	Didactic		
Grand Totals (all four years)	1626	372	2466	4464	372.0

¹These hours count toward the 1200 clock hours of clinical training required by CNME.

²These hours do not count toward the 1200 clock hours of clinical training required by CNME.

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SB 2194 Naturopathic Scope Bill
Molly Ferguson, ND, LM, CPM
House Human Services Committee
March 25, 2015

2
SB 2194
3/25/15

Good morning Mr. Chairman and Members of the House Human Services Committee.

I am Dr. Molly Ferguson, a licensed naturopathic doctor and midwife in Minnesota. I am here to testify for the midwifery portion of the bill. I am currently practicing at Prairie Naturopathic Doctors in Moorhead with my husband Dr. Todd Ferguson, and Dr. Allison Svobodny.

I graduated from Bastyr University in Seattle in 2006 - completing both the naturopathic medicine and midwifery programs. My teachers were naturopathic doctors, MD's, PhD's, nurse midwives, and licensed midwives, and they provided my classroom and clinical training. Part of that training included 100 births prior to licensure, and another 50 under the supervision of a licensed midwife after I was first licensed. I am trained in the use of IV's, anti-hemorrhagic medications, neonatal resuscitation, antibiotic prophylaxis, suturing, and many other skills of birth care. To maintain my national certification, and MN license to practice, I am required to document peer review, CEU hours, and maintain certification in neonatal resuscitation and CPR.

I currently attend out of hospital births in both MN and ND, and provide full prenatal and postpartum care at my clinic. I follow a typical recommended visit schedule, and all standard labs and imaging are offered. I also refer out clients who don't qualify as low risk or whose risk status changes during pregnancy. My care involves developing a good working relationship with my clients; I provide families with highly informed and personalized care. My patients are a very diverse group, and have included lawyers, doctors, missionaries, Harley racers, minimal English speakers, single women, and even women who chose to birth in another's home due to their poverty. I think that many families desiring a homebirth are looking for this level of care, but are often unable to find it in their area. Naturopathic doctors trained in childbirth have the knowledge and skills needed to offer this.

Out of hospital births are not the norm in the US, and complications can always arise no matter where you choose to give birth; so, research is very important in evaluating out of hospital birth as a viable option when making public policy. The research is clear that for women who are low risk, and receive prenatal, delivery, and postpartum care from a trained provider, planned-homebirth outcomes for babies are the same, and mothers

receive far less intervention to achieve this. This research is referenced in your packets, and the data is collected from thousands of North American births for over a decade. This is not an interpretation I expect you to take my word on, the American Public Health Association, the World Health Organization, the United Kingdom's Royal College of Obstetricians and Gynecologists all recommend midwifery care for improved maternal-fetal health outcomes, and give me confidence, beyond my own experience, in the care I provide. I have added several attachments for your review:

Attachment A: List of studies and research table

Attachment B: CDC facts & Washington standards

Attachment C: Written patient testimony of Leah Schneck, RN from Fargo

Thank you for your time today. I would be happy to answer any questions you may have.

Health outcome research (see <http://narm.org/professional-development/research/search>)

Four US & Canadian studies have compared **low risk** Certified Professional Midwife (CPM) home births to **low risk** hospital births. All demonstrated that **planned home births** by **trained midwives** are equally safe, and consistently require fewer interventions.

- MANA study. *Journal of Midwifery & Women's Health* 2014; 15(1): 17-27
- North American study. *British Medical Journal* 2005; 330:1416 (18 June)
- British Columbia study. *Canadian Medical Association Journal* 2009; 181(6-7): 377-383
- Ontario study. *Birth* 2009; 36(3): 180-189

Source: Janssen PA, Saxel L, Page LA, Klein MC, Liston RM, Lee SK. Outcome of planned home birth with registered midwife versus planned hospital birth with midwife or physician. *Canadian Medical Association Journal*. 2009 181(6-7) 367-383.

Eligibility requirements for home births in British Columbia.
Established by the regulatory board – College of Midwives British Columbia
(Example of low-risk criteria)

- Absence of significant pre-existing disease, including heart disease, hypertensive chronic renal disease or type 1 diabetes
- Absence of significant disease arising during pregnancy, including pregnancy-induced hypertension with proteinuria (> 0.3 g/L by urine dipstick), antepartum hemorrhage after 20 weeks' gestation, gestational diabetes requiring insulin, active genital herpes, placenta previa or placental abruption
- Singleton fetus
- Cephalic presentation
- Gestational age greater than 36 and less than 41 completed weeks of pregnancy
- Mother has had no more than 1 previous cesarean section
- Labour is spontaneous or induced on an outpatient basis
- Mother has not been transferred to the delivery hospital from a referring hospital

Maternal Outcomes from British Columbia study 2009

Variable	Group; no. (%) of women		
	Planned home birth with midwife n = 2899	Planned hospital birth with midwife n = 4752	Planned hospital birth with physician n = 5331
Obstetric intervention			
Electronic fetal monitoring	394 (13.6)	1992 (41.9)	4201 (78.8)
External tocometer	389 (13.4)	1970 (41.5)	4164 (78.1)
Fetal scalp electrode	60 (2.1)	247 (5.2)	548 (10.3)
Augmentation of labour	688 (23.7)	1897 (39.9)	2689 (50.4)
Amniotomy	560 (19.3)	1518 (31.9)	2112 (39.6)
Oxytocin	172 (5.9)	603 (12.7)	981 (18.4)
Analgesia during labour			
Nitrous oxide	199 (6.9)	1565 (32.9)	2887 (54.2)
Epidural	224 (7.7)	901 (19.0)	1487 (27.9)
Narcotic	122 (4.2)	713 (15.0)	1877 (35.2)
Mode of delivery			
Spontaneous vaginal	2605 (89.9)	3910 (82.3)	4007 (75.2)
Assisted vaginal	86 (3.0)	344 (7.2)	736 (13.8)
Cesarean	208 (7.2)	498 (10.5)	588 (11.0)
Among nulliparous women	158/1215 (13.0)	453/2428 (18.7)	481/2204 (21.8)
Among multiparous women	50/1684 (3.0)	45/2324 (1.9)	107/3127 (3.4)
Primary indication for cesarean delivery			
Breech	34 (1.2)	0	0
Dystocia	79 (2.7)	253 (5.3)	288 (5.4)
Nonreassuring fetal heart rate	32 (1.1)	112 (2.4)	143 (2.7)
Repeat cesarean section	2 (0.1)	0	0
Malposition or malpresentation	39 (1.3)	89 (1.9)	78 (1.5)
Other	22 (0.8)	44 (0.9)	79 (1.5)
Episiotomy among vaginal deliveries	84/2691 (3.1)	289/4254 (6.8)	800/4743 (16.9)
Maternal outcome			
Prolapsed cord	2 (0.1)	6 (0.1)	9 (0.2)
Uterine rupture	0	0	2 (0.04)
Postpartum hemorrhage	110 (3.8)	285 (6.0)	357 (6.7)
Blood transfusion	2 (0.1)	10 (0.2)	15 (0.3)
Obstetric shock	1 (0.03)	1 (0.02)	1 (0.02)
Death	0	0	0
Manual removal of placenta	28 (1.0)	85 (1.8)	90 (1.7)
Uterine prolapse	1 (0.03)	1 (0.02)	2 (0.04)
Infection			
Pyrexia*	19 (0.7)	68 (1.4)	154 (2.9)
Urinary tract infection	0	1 (0.02)	5 (0.1)
Puerperal fever	1 (0.03)	4 (1.0)	7 (0.1)
Wound infection	0	11 (0.2)	16 (0.3)
Perineal tear			
None	1578 (54.4)	2189 (46.1)	2291 (43.0)
First- or second-degree tear	1262 (43.5)	2387 (50.2)	2836 (53.2)
Third- or fourth-degree tear	34 (1.2)	137 (2.9)	183 (3.4)
Degree of tear unknown	25 (0.9)	39 (0.8)	21 (0.4)
Cervical tear	2 (0.1)	5 (0.1)	4 (0.1)

*Temperature > 38°C.

Center for Disease Control & Prevention Birth Data Trends -

- Nationwide 1.36% of births take place outside the hospital – 2/3 of these occur at home. Out-of-hospital births have steadily increased since 2004 across all race and ethnic groups. Currently, 2% of white non-Hispanic women are having out-of-hospital births.
- Six states have more than 3% of births out-of-hospital: Alaska (6%), Montana (3.9%), Oregon (3.8%), Washington (3.4%), Idaho (3.4%), and Pennsylvania (3.1%).
- Midwives deliver 8% of all babies nationwide. States with the highest midwife deliveries include New Mexico (24%) and Georgia (18%). New Mexico also has the lowest C-section rates.

General curriculum requirements of Washington administrative rules – WAC 246-834-140

- The basic curriculum shall be at least three academic years, and shall consist of both didactic and clinical instruction.
- Each student must undertake the care of not less than fifty women in each of the prenatal, intra-partum and early postpartum periods. Students need not see the same women throughout each period.
- A candidate for licensure must observe an additional fifty women in the intra-partum period in order to qualify for licensure.
- Students receive instructions in the following instruction areas:
 - Basic sciences (including biology, physiology, microbiology, anatomy with emphasis on female reproductive anatomy, genetics and embryology) normal and abnormal obstetrics and gynecology, family planning techniques, childbirth education, nutrition both during pregnancy and lactation, breast feeding, neonatology, epidemiology, community care, and medical-legal aspects of midwifery.
 - Basic nursing skills and clinical skills, including but not limited to vital signs, perineal prep, enema, catheterization, aseptic techniques, administration of medications both orally and by injection, local infiltration for anesthesia, venipuncture, administration of intravenous fluids, infant and adult resuscitation, and charting.
 - Clinical practice in midwifery which includes care of women in the prenatal, intra-partum and early postpartum periods.

Additional course requirements set out in law (RCW 18.50.040) include neonatal pediatrics, behavioral sciences, obstetrical pharmacology, and genetics. The training required under this section shall include training in either hospitals or alternative birth settings or both with particular emphasis on learning the ability to differentiate between low-risk and high-risk pregnancies.

Key points of Washington law & rules for midwifery prescription drugs and devices
RCW 18.50.115 Administration of drugs and medications

A midwife licensed under this chapter may obtain and administer prophylactic ophthalmic medication, postpartum oxytocic, vitamin K, Rho immune globulin (human), and local anesthetic and may administer such other drugs or medications as prescribed by a physician. A pharmacist who dispenses such drugs to a licensed midwife shall not be liable for any adverse reactions caused by any method of use by the midwife.

The secretary, after consultation with representatives of the midwife advisory committee, the pharmacy quality assurance commission, and the medical quality assurance commission, may adopt rules that authorize licensed midwives to purchase and use legend drugs and devices in addition to the drugs authorized in this chapter.

Administrative rules for prescription drugs & devices (WAC 246-834-250)

- (1) Licensed midwives may purchase and use legend drugs and devices as follows:
 - (a) Dopplers, syringes, needles, phlebotomy equipment, suture, urinary catheters, intravenous equipment, amnihooks, airway suction devices, electronic fetal monitoring, toco monitoring, neonatal and adult resuscitation equipment, oxygen, glucometer, and centrifuge; and
 - (b) Pharmacies may issue breast pumps, compression stockings and belts, maternity belts, diaphragms and cervical caps, ordered by licensed midwives.
- (2) In addition to prophylactic ophthalmic medication, postpartum oxytocic, vitamin K, Rho immune globulin (human), and local anesthetic medications as listed in RCW 18.50.115, WAC 246-834-250 licensed midwives may obtain and administer the following medications:
 - (a) Intravenous fluids limited to Lactated Ringers, 5% Dextrose with Lactated Ringers heparin and 0.9% sodium chloride for use in intravenous locks;
 - (b) Sterile water for intradermal injections for pain relief;
 - (c) Magnesium sulfate for prevention of maternal seizures pending transport;
 - (d) Epinephrine for use in maternal anaphylaxis pending transport;
 - (e) Measles, Mumps, and Rubella (MMR) vaccine to nonimmune postpartum women, HBIG and HBV for neonates born to hepatitis B+ mothers;
 - (f) Terbutaline for nonreassuring fetal heart tones and/or cord prolapse pending transport;
 - (g) Antibiotics for intrapartum prophylaxis of Group B Beta hemolytic Streptococcus (GBS) per current CDC guidelines; and
 - (h) Antihemorrhagic drugs to control postpartum hemorrhage, such as misoprostel per rectum (for use only in postpartum hemorrhage), methylergonovine maleate in the absence of hypertension, oral or intramuscular, prostaglandin F2 alpha (hemobate), intramuscular.
- (3) The client's records shall contain documentation of all medications administered.
- (4) The midwife must have a procedure, policy or guideline for the use of each drug.

Attachment C –

January 12, 2015

RE: SB 2194 Naturopathic Bill

Members of the Human Services Committee,

I am writing to support the Naturopathic bill. I am a practicing RN in Fargo. I'd like to share with you why I chose home birth and my experience.

My husband and I chose to have home births with both of our daughters under Dr. Molly Ferguson's midwifery care. Our decision was based on our understanding of child birth as a natural, normal happening in life, not a medical event. In early pregnancy with our first daughter, we had a consultation with Dr. Molly Ferguson and felt home birth would be our best and safest choice for our baby. We desired to create our own peaceful, natural, prayerful atmosphere at home for our baby to be birthed.

I had healthy pregnancies and felt no need to be in a hospital for either of the births of my daughters. Dr. Molly (for both births) and her apprentice, Katie Murrey (for my second daughter's birth) empowered me to make wise, happy choices that enabled me to have wonderful, joyful birthing experiences. They both had in mind my and my baby's best interest. Both births were very positive experiences. I had normal progression in labor and births with no complications.

I would recommend Prairie Naturopathic midwifery to my friends who want a positive, empowering, joyful birthing experience.

Thank you,

Leah Schneck, RN

Good morning Mr. Chairman and Members of the House Human Service Committee. My name is Dr. Lezlie Link. I am a doctor of naturopathic medicine residing and practicing in Bismarck. I am also the chairperson for the North Dakota Board of Integrative Health Care, which regulates the profession of naturopathic medicine. This morning I am speaking on the naturopathic minor office procedures portion of the bill.

Dr. Allmendinger has reviewed the definition of minor office procedures and provided you with a copy of the curriculum. Minor office procedures are those as such that can be handled within the workflow of a daily health care office. Such procedures include but are not limited to the removal of an ingrown toenail, an unexpected superficial wound requiring sutures, and the removal of skin tags.

A vital element for all health care practitioners working in rural areas is the ability to perform minor office procedures. These services can be limited in rural areas from lack of health care providers, clinics, geographic distance, or what the Bakken Shale Play has given us an abundance of patients in the western part of North Dakota. Naturopathic doctors could alleviate the shortage of providers within smaller towns and within Indian Health Services. For example, doctors of naturopathic medicine are included as licensed providers within the Indian Health Services program. However, to service North Dakota's American Indian population effectively, it is necessary to be able to provide minor office procedures, prescribe and manage medications, as well as coordinate care with other providers. According to Indian Health Services data, 25% of American Indian women are diagnosed with diabetes; this is twice the non-Hispanic population in the U.S.¹. Now imagine, I need to attend to a woman and evaluate a diabetic ulcer that's has become infected. In this example, the ulcer isn't able to heal due to her high blood glucose levels. Not only does this patient require medication management, additionally she may require wound debridement and antibiotic therapy and she may even require a referral to a specialty wound care clinic. Currently, I can and would gladly make the referral but what happens while we wait for the patient to be evaluated, I have to refer her to another practitioner, i.e. a physician assistant, nurse practitioner, or a medical doctor.

Another crucial element for all health care practitioners providing minor office procedures is the ability to use injectable anesthetics. Injectable anesthetics provide localized infiltration of anesthesia and block nerve innervation thereby causing a loss of sensation to that area. More importantly to the patient, injectable anesthetics make a procedure more comfortable. Localized anesthetics vary in their time of duration and when considered with other factors are chosen as needed for a procedure. Injectable lidocaine can be used for quick skin tag removal where as marcaine might be chosen for a procedure needing more time such as an ingrown toenail removal. I would NOT provide or perform minor office procedures in my practice, if I

¹ *The Provider's Guide to Quality & Culture*,
http://erc.msh.org/provider/informatic/AIAN_Diabetes_Incidence.pdf

SB 2194 Naturopathic Scope Bill
Lezlie Link, ND
House Human Services Committee
March 25th, 2015

couldn't perform the procedures as I've been trained to do with anesthetics. It would violate one of the basic tenets of naturopathic medicine – *primum non nocere*, first do no harm.

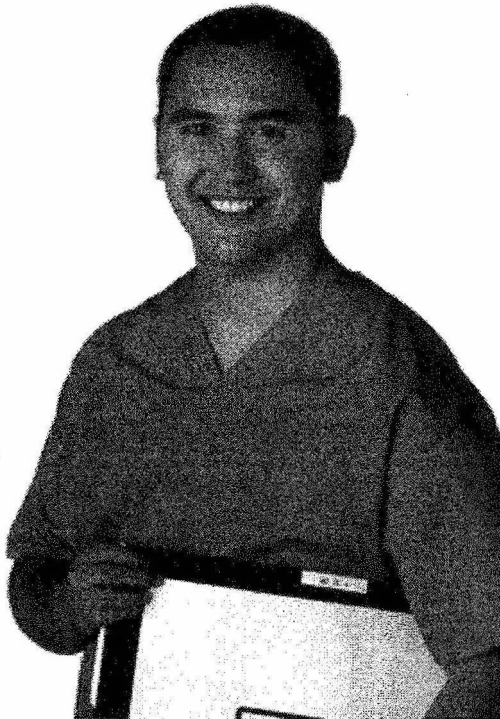
I am happy to answer your questions today or provide additional information as you work on this bill in committee work.

Mr. Chairman and Members of the Senate Human Service, thank you for your time.

U.S. Department of Health and Human Services

Indian Health Service

Eligible Health Professions



Advanced Practice Nurse

- Certified Nurse Midwife
- Certified Registered Nurse Anesthetist (CRNA)*
 - * Given priority consideration
- Doctor of Nursing Practice (DNP)
- Nurse Practitioner

Behavioral Health

- Chemical Dependency Counseling: Bachelor's and master's degree levels
- Clinical Psychology: PhD and PsyD
- Counseling: Master's degree-level only
 - Counseling Psychology: PhD

- Social Work: LCSW and LMSW

Dentistry

- Dental Assistant: Certified
- Dental Hygiene
- Dentist: DDS and DMD

Engineering

- Engineering (Environmental): BS — Engineers must provide environmental engineering services to be eligible.
- Environmental Health (Sanitarian): BS and MS

Medical Imaging

- Diagnostic Radiology Technology: Certificate, Associate and BS degree
- Ultrasonography

Medical Technology

- Medical Laboratory Scientist: Associate and BS
- Medical Laboratory Technician: Associate and BS
- Medical Technology: Associate and BS

Medicine

- Medicine: Allopathic and Osteopathic
- Podiatry: DPM

Nursing

- Nurse: Associate, BS and MS

Optometry

- Optometry: OD

Pharmacy

- Pharmacy: BS, PharmD

Physical Rehabilitation*

- Physical Therapy
- Occupational Therapy
- Speech-Language Pathology and Audiology

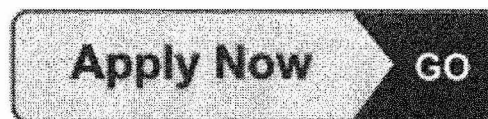
IS and DPT

Physician Assistant



- Physician Assistant: Certified

Other Health Professions

- Acupuncturist: Licensed
- Certified Professional Coder: AAPC or AHIMA
- Chiropractor: Licensed
- Health Records: RHIT and RHIA
- Naturopathic Medicine
- Public Health Nutritionist/Registered Dietician
- Respiratory Therapy



an Health Service (HQ) - The Reyes Building, 801 Thompson Avenue, Rockville MD, 20852

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Good morning, Mr. Chairman and Committee Members. My name is Stephanie Nishek and I am a licensed doctor of naturopathic medicine. I opened Aurora Naturopathic Center in Minot last year. Before moving to Arizona in 2006 to pursue my degree in naturopathic medicine, I had lived in North Dakota my whole life. Once I completed my degree in 2010, I was given an opportunity to join an established practice in Arizona, so I remained there for another four years before deciding to come back home. Now, after only 9 months of practice in Minot, I can say with full confidence that returning to North Dakota was the best decision I have made for my career and such a blessing on my young family. Public response in and around Minot has been overwhelmingly positive and my practice is growing quickly.

I'd like to discuss the expansion of the naturopathic scope to include prescription writing privileges. Arizona is one of 13 states where Naturopathic Doctors do prescribe medications, and I did during my time there as well. You see, part of practicing naturopathic medicine responsibly is recognizing the limitations of natural therapies and knowing how and when to use conventional treatments, when the situation arises. While our licensing law states that we are "naturopaths," the truth is that we are Doctors of Naturopathic Medicine or Naturopathic Doctors, and there is a significant difference between a mail-order "degree" in "naturopathy" and the four-year, post-graduate, fully accredited programs offered at naturopathic medical colleges across the country.

There are a number of situations and medical conditions that require occasional or consistent use of pharmaceuticals. For example, Group A Streptococcal pharyngitis, or "strep throat," is a bacterial throat infection most common in school-aged children and is easily diagnosed in-office with a swab of the tonsils and throat. This infection can have long term consequences, including heart problems and arthritis. The possibility of experiencing long term consequences is essentially negated if antibiotic therapy is initiated within 48 hours of infection. This is why the standard of care, even as a Naturopathic Doctor, is to use antibiotics. My patients are at a disadvantage in this situation. If diagnosed in my office, my only option is to refer them to an urgent or emergency care facility, which steals time from our 48-hour window and is an unnecessary financial burden on the patient.

A much more common situation encountered every day in both medical and naturopathic practices, is hypothyroidism. According to the American Thyroid Association, one woman in 8 will develop a thyroid condition at some point in her lifetime and it is estimated that 20 million Americans have some form of thyroid disease. My practice is 71% female, so I encounter patients on, or in need of, thyroid medication frequently. It is frustrating for patients that NDs have the tools and knowledge to diagnose their thyroid disease, but then have to send them out to be examined and tested all over again before receiving the appropriate treatment. Our patients, especially those who have come from a state that allows NDs to prescribe and expect the same comprehensive care here in North Dakota, are the driving force behind our presence here today.

Listed here are some examples of both acute (immediate or urgent) and chronic (long-term) conditions or situations in which I prescribed medications while practicing in Arizona:

<i>High blood pressure</i>	<i>Venomous spider bite</i>	<i>Asthma</i>
<i>Bacterial infections</i>	<i>Menopausal symptoms</i>	<i>Urinary tract infection</i>
<i>Skin abscess</i>	<i>Oral contraception/birth control</i>	<i>Pre-Diabetes/Diabetes</i>

Pharmacology is a fundamental part of a naturopathic medical education. We learn how and when to prescribe drugs, how to monitor and assess for therapeutic levels and toxicity, appropriate weaning strategies, pharmaceutical contraindications and when to refer to a primary care provider or specialist. The current version of our Part II Clinical Board Exam, called the NPLEX (Naturopathic Physician Licensing Examination), lists 187 pharmaceuticals for student review. We are also the only doctoral level health profession with advanced training in drug/supplement interactions. This is important, considering a 2012 study published by the Council for Responsible Nutrition indicated that as many as 68% of Americans take some type of vitamin, sport nutrition product or botanical and many consumers and healthcare providers are completely unaware of possible interactions with medications.

The state of North Dakota has already established precedence for allowing qualified health care professionals to prescribe within the boundaries established by their own profession's governing Board. When compared to other non-MD health professionals with doctoral degrees and prescription privilege, namely Doctors of Dental Medicine and Doctors of Optometry, Doctors of Naturopathic Medicine have similar length of program, prerequisites for entry into program, course structure and board exam structure. While these professions offer residency opportunities to their graduates, the lack of an adequate number of residency opportunities is also consistent throughout all three professions. As a local example, we compared our training to that of another non-MD health profession with prescription privilege, the University of North Dakota's Advanced Practice Registered Nurse (Nurse Practitioner) program. Naturopathic Doctors have up to eight credit hours of pharmacology, while Nurse Practitioners have four. Also, ND clinical training hours are more than double that of NPs at the time of graduation.

To support the points I have made regarding our education, I have attached the following documents for your review:

- A. **Naturopathic Formulary Laws by State:** This document shows that of the 17 states the license Naturopathic Doctors, 13 of them have prescription privileges
- B. **Doctoral and Masters Level Health Professionals Comparison Chart:** This document demonstrates the similarities in training and
- C. **NPLEX Part II Clinical Sciences Examinations: Blueprint and Study Guide:** pages 21-23 which list the pharmaceuticals required for student review prior to testing

The additional attachments provided with my testimony are letters of support. The first comes from a patient who has seen both Dr. Beth Allmendinger and myself and the second is from a local MD pediatrician practicing in Bismarck.

- D. **Letter of support provided by Prof. Harold Nelson of Minot, ND**
- E. **Letter of support provided by Dr. Sara Reinke, MD, FAAP**

Thank you for your time and attention. I would be happy to answer any questions you may have.

NATUROPATHIC FORMULARY LAWS BY STATE

As the scope of practice for NDs varies from state to state, so do the laws and regulations regarding prescribing. Ten of the 17 states that license NDs allow NDs to prescribe independently, without any MD/DO supervision or protocol.

STATES WITH LICENSURE OF NATUROPATHIC DOCTORS

&PRESCRIPTIVE AUTHORITY, UPDATED 2012

State	ND Licensure Enacted	# of Current Active NDs	Prescriptive Authority
Alaska	1986	40	No
Arizona	1935	750	Yes
California	2005	450	Yes
Connecticut	1920	260	No
District of Columbia	2007	28	Yes
Hawaii	1925	85	Yes
Idaho	2005	8	Yes
Kansas	2003	12	Yes
Maine	1995	28	Yes
Minnesota ¹	2008	12	No
Montana	1991	67	Yes
New Hampshire	1994	57	Yes
North Dakota	2011	4	No
Oregon	1927	715	Yes
Utah	1997	25	Yes
Vermont	1995	117	Yes
Washington	1919	802	Yes

¹ Minnesota has registration for NDs and they are regulated under the Medical Board's Registered Naturopathic Doctor Advisory Council.

(Attachment B)

Doctoral and Masters Level Health Professional Comparison Chart

Providers:	Program Duration	Pharmacology Credit Hours	Clinical Training Hours	Mandatory Residency?	Prescription Privileges in N.D.?
Southwest College of Naturopathic Medicine & Health Sciences/Doctor of Naturopathic Medicine	4 years	8	1626	No (Optional 1-3 years)	No
Illinois College of Optometry/Doctor of Optometry	4 years	8 (4 general, 4 ocular)	*	No (Optional)	Yes
University of Missouri, Kansas City/Doctor of Dental Medicine	4 years	4-5	*	No (Optional 1-2 years)	Yes
University of North Dakota Family/Advanced Practice Registered Nurse	2 years	4	680	No	Yes

**Clinical training hour data unavailable through online resources.*

Pharmacotherapeutic Agents

[NOTE: Because brand names in Canada and the United States are frequently different, only generic names will be used on both this blueprint and the examination. Some generic names are also different, and these will be noted as U.S. name/Canadian name. Also, because some drugs are used for conditions in more than one body system, drugs are no longer listed by categories, but are listed alphabetically.]

5-fluorouracil	cefdinir
acetaminophen	celecoxib
acyclovir	cephalexin
adalimumab	ciprofloxacin
adefovir	clindamycin
albuterol/salbutamol	clonidine
alendronate	clopidogrel
alprazolam	cocaine
amantadine	codeine
amiodarone	colchicine
amitriptyline	cyclobenzaprine
amlodipine	cyclosporine
amoxicillin	cyproheptadine
anastrozole	deferoxamine
androstenedione	desmopressin
aspirin	dexamethasone
atenolol	dextroamphetamine
atorvastatin	dextromethorphan
atropine	DHEA
azithromycin	diazepam
bisacodyl	dicyclomine
bismuth subsalicylate	digoxin
bromocriptine	diphenhydramine
bupropion	DMPS
buspirone	DMSA
caffeine	docusate
cannabis	donepezil
capsaicin	doxorubicin
carbamazepine	doxycycline
carisoprodol	DPT vaccine
carvedilol	edetate calcium disodium

epinephrine/adrenalin	lithium
epoetin	loperamide
esomeprazole	loratadine
estradiol	MDMA
estriol	mebendazole
estrogens (conjugated)	medroxyprogesterone
estrogen cream	melatonin
estrone	metformin
finasteride	methadone
fluconazole	methocarbamol
fluoxetine	methotrexate
fluticasone	methyl salicylate
furosemide	methylphenidate
gabapentin	metoclopramide
gemfibrozil	metronidazole
glyburide	misoprostol
guaifenesin	MMR vaccine
Haemophilus influenza type B conjugate	modafinil
hepatitis A vaccine	momentasone
hepatitis B vaccine	montelukast
heroin	morphine
HPV quadrivalent	meningococcal polysaccharide vaccine
hydrochlorothiazide	mupirocin
hydrocodone	naltrexone
hydrocortisone	naproxen
hydroxychloroquine	nicotine patch
hydroxyzine	nitrofurantoin
ibuprofen	nitroglycerin
influenza vaccine	norelgestromin/ethinyl estradiol (oral)
insulin	norgestimate/ethinyl estradiol (patch)
interferon	nystatin
isotretinoin	oseltomivir
ketamine	oxycodone
latanoprost	oxymetazoline
levodopa-carbidopa	oxytocin
levonoregestrel (IUD)	paclitaxel
levothyroxine	penicillamine
lisinopril	penicillin

pentoxifylline
permethrins
phenazopyridine
phenelzine
phenobarbital
phentermine
phenylephrine
phenytoin
pneumococcal polyvalent
polio vaccine
PPD skin test
pramipexole
prednisone
pregnenolone
prochlorperazine
progesterone
propranolol
propylthiouracil
pseudoephedrine
raloxifene
ranitidine
RGE vaccine
risperidone
rivastigmine
rosiglitazone

salmeterol
sildenafil
silver nitrate
sodium phosphate enema
spironolactone
sucralfate
sulfamethoxazole/trimethoprim
sulfasalazine
sumatriptan
tamsulosin
terbinafine
testosterone
tiotropium bromide
tolterodine
trazodone
triple antibiotic (bacitracin, neomycin,
polymixin B)
USP thyroid
valacyclovir
valsartan
vinblastine
warfarin
zidovudine
zolpidem

NOTE: Although individual fluids (e.g., Ringer's lactate, D5-W etc.) are not specified above, the examinee is responsible for understanding principles for using fluids administered parenterally in acute-care interventions.

1731 16th St NW

Minot, ND 58703

March, 11, 2015

Dear Member of the Legislature:

Since 1968, I have worked as a professor and, for 26 years, as a part-time administrator at Minot State University.

I have had various health challenges, including asthma, during my entire life. Dr. Beth Allmendinger, in Bismarck, and Dr. Stephanie Nishek, in Minot, have successfully treated me for many of these challenges during the last couple of years. For instance, I no longer need an inhaler for my asthma.

I plan to continue seeing Dr. Nishek. If she could renew the prescription for my thyroid medicine, I'd save the time and money that I now spend on visiting an MD for this renewal. I strongly encourage you to support granting naturopathic doctors the right to prescribe medications.

Thank you.

Sincerely,

A handwritten signature in cursive script, appearing to read "Harold Nelson".

Harold Nelson

Professor, English and Literature

Sanford Health
300 N 7th St
Bismarck, ND 58501
701-323-6000

March 25, 2015

Re: SB 2194 Naturopathic Scope

Mr. Chairman and Members of the Human Services Committee,

My name Dr. Sara Reinke and I am a board certified Pediatrician (MD, FAAP) at Sanford Health in Bismarck. I am writing this letter to discuss Senate Bill 2194 pertaining to Naturopathic scope expansion. As a physician with a consistent referral relationship with the local Naturopathic Doctors (ND) I support this bill.

One of the reasons I appreciate the referral relationship with ND's is their specialized training. They are trained in the standards of care of a family practice doctor (MD) but specialize in complementary medicine such as herbal and homeopathic medicine. MD's generally have limited exposure to complimentary medicine unless we pursue additional training. Since we have limited exposure I consult with ND's on a regular basis to discuss different supplements that my patients are on. I find ND's helpful in deciding if the supplements will interact with the prescriptions or treatment plans that I have advised. They usually also help me watch for potential side effects and dosage guidelines. Also, many of my patients have questions about complementary medicine that ND's can help me appropriately answer.

I am very familiar with the training ND's have gone through and am confident in scope of expansion requests. In my interactions with ND's I've found them to be knowledgeable in both conventional and complementary medicine.

Thank you for your consideration,



Dr. Sara Reinke, MD, FAAP

SB 2194 Naturopathic Scope Bill
Glen Hyland, MD
House Human Services Committee
March 25, 2015

#5
SB 2194
3-25-15

Good morning Mr. Chairman and Members of the House Human Service Committee.

My name is Dr. Glen Hyland, MD. I am a North Dakota native and have been in practice in North Dakota for 39 years. I am an internist, a board certified radiation oncologist, and am boarded in holistic medicine. Over the last 2.5 years, Dr. Lezlie Link, N.D. and I have worked collaboratively at Integrative Medical Solutions PLLC, here in Bismarck.

I have found her to be very knowledgeable in our medical practice about prescribing medication to our patients and discussing the actions and possible side effects with them. I personally have monitored her calling prescriptions to pharmacies and then have authorized those prescriptions. She knowledgeably answers the pharmacist's questions as well as our patient's questions regarding their prescriptions.

Dr. Link also knows when to refer patients for subspecialty advice. Example one: 60 y/o patient with difficult to control hypertension. He had hypertension diagnosed at age 21. When I asked her what she would do, she responded, "Check for anatomical causes of hypertension (renal artery stenosis or primary renal disease)." No one had previously considered this. Patient has been scheduled for appropriate studies to rule out a potentially correctible disease.

Another example is, minor office procedures: since 1983 I have been primarily involved with cancer patients prescribing various forms of therapeutic radiation. I had not performed a punch biopsy in 30 years. Dr. Link created a practice forum for me, which guided me in re-learning punch biopsies before performing them on patients.

My observation of doctors of naturopathic medicine is not limited to our integrative practice, but also from personal on site clinical observation of the training of naturopathic doctors at Southwest College of Naturopathic Medicine. I spent several days in classes with naturopathic students while they were instructed in IV nutrition, complimentary and alternative therapies, and integrative cancer care. They were required to know side effect profiles of pharmaceutical chemotherapy drugs, side effects of nutritional and herbal therapies, and interactions of naturopathic and standard therapies.

At SCNM, students are taught an integrative approach to thyroid disease. They are taught to diagnose thyroid disorders using stricter guidelines for thyroid ranges and they use hormone replacement and natural therapies for better treatment outcomes. I have personally adopted this treatment approach after my experience working with Dr. Link. This approach improves response to standard hormone only replacement protocols.

SB 2194 Naturopathic Scope Bill
Glen Hyland, MD
House Human Services Committee
March 25, 2015

Further, clinics covered by naturopathic students at SCNM prescribed a full range of pharmaceutical medications for common problems.

I am happy to answer your questions today or provide additional information as you work on this bill in committee work.

Mr. Chairman and Members of the House Human Services Committee, thank you for you time.

Testimony for: **SENATE BILL NO. 2194**

#6
SB 2194
3/25/15

Mr. Chairman and members of the committee, my name is Steve Irsfeld. I am a pharmacist and pharmacy owner from Dickinson. I currently sit on the ND state board of pharmacy however I am representing myself at this hearing.

In today's conventional practice model where office visits seem to get shorter year after year, often times patients get treatment to help relieve their current symptoms but not always information on treating the underlying cause. By the time the patients come to me with, for example, their pain medication prescriptions they are often frustrated and defeated. They are looking for someone who will spend the time helping them to find out the cause of their pain rather than covering up the pain. Most times this takes an integrative approach including diet, general exercise, nutritional supplements, evaluating environmental factors and other treatments. I feel that naturopaths fill a void for patients who need this type of care to be healthy and don't feel that the conventional avenues are helping them.

I know this from personal experience as well. My wife is one of these patients. She was suffering from increasingly debilitating pain and headaches and was just not getting any relief. It just kept getting worse to the point that her quality of life was severely suffering. This was not only hard on our family but also the community that she had no choice but to pull back from. We sought help through the regular channels but, frankly, it was difficult to get anyone to look at her symptoms as a whole and not just treat each one separately. It wasn't until with God's grace we stumbled upon a couple MDs who were also schooled in and believers of integrative medicine and were willing to take the time that was needed to figure out a very frustrating puzzle. We started on a new path that involved all of the channels mentioned above: exercise, physical therapy, massage therapy, chiropractic care, very specific dietary changes, nutritionals, and, yes, some prescription medications (none of which are controlled substance pain killers). Today she is 80% improved and feeling great.

Not only did this change our personal life, it changed the mission of my work. In 2006, I felt a need in the community to help patients with their nutritional supplements. We were receiving many questions about how supplements would work with their existing medications. We wanted to make sure our patients were taking appropriate supplements at appropriate doses and that they did not interact with their existing medications. This led me to joining the American Academy of Anti-Aging and Functional Medicine, an organization that provides education on functional medicine and the use of nutritional supplements as a way to address medical conditions. It was at these meetings that I came in contact with like-minded physicians, naturopaths, nurse practitioners and physician assistants, gaining knowledge on different ways to help our patients.

We are continually having patients ask us if we know of any integrative medical providers, allowing naturopaths prescriptive authority will bring more practitioners to the state which in turn will provide more access for patients looking for alternatives to conventional treatment. Some large healthcare systems like the Cleveland Clinic are embracing integrative medicine by giving it its own department. I believe this is a sign of the times.

In my practice, we are able to provide patients with custom compounded medications. When we have patients with difficult medication problems, we work closely with the patient and practitioner to find solutions. We refer to this as the triad of care: the patient, practitioner and pharmacist working together for a common goal. I find it odd that we are legally able to fill prescriptions from naturopathic doctors from other states a 1000 miles away who we don't have a working relationship with but not from the practitioner down the street from us.

I am here to testify because I saw first hand that there are times when an integrative approach is not only the best way but the only way to solve some health issues. This occurred prior to naturopaths being recognized in the state of ND. Many times through our journey when we were trying to manage the ins and outs of my wife's care we often felt sad for those who didn't have anyone with a medical background to advocate for them--no one was gathering the pieces and managing the care (including the prescriptions similar to the ones naturopaths will have the ability to prescribe if this bill passes). Unfortunately not all patients have a pharmacist or other health professional living with them to navigate the healthcare maze. In my wife's case with this situation a naturopathic doctor with prescribing rights would have been extremely valuable. In the next situation that may not be the case at all, but this time it was and we didn't have access to it, and for those times, for those patients, it should be available.

It is obvious that conventional medicine is the backbone to our nations healthcare but not all patients respond to its treatments. Having options for patients is something the legislature realized in the last assembly by recognizing naturopaths as a profession. Giving them the tools necessary to treat their patients only makes sense. I ask you to consider a do pass vote coming out of committee.

Lastly, I would please ask that, before denying them the prescribing rights as their counterparts in conventional medicine would like to see, that you ask yourself: Is it really because they are less-qualified or is it because they are not as like-minded? There is a big difference.



#7
SB 2194
3/25/15

REGARDING SENATE BILL NO. 2194

Chairman Weisz and committee members:

I am Cheryl Rising, FNP and legislative liaison for the North Dakota Nurse Practitioner Association (NDNPA). NDNPA has reviewed Senate Bill 2194. We were requested to review the proposed bill in Nov. 2014. Suggestions were made to exclude controlled substances such as narcotics. Beth Allen, NDAND Secretary and Legislative Coordinator did communicate they had made those changes and clarified professionals on the board that would be developing the formulary.

NDNPA supports this bill.

Cheryl Rising, FNP

701-527-2583

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#8
SB 2194
3/25/15

House Human Services Committee

SB 2194

March 25, 2015

Good morning Chairman Weisz and Committee Members. I am Courtney Koebele 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 opposes SB 2194, which expands the scope of naturopaths to include prescription, office procedures, and midwifery. Our concerns focus on patient safety and quality medical care. NDMA is in support of licensure of professions within the scope of their training. In 2011, when the naturopathic doctors sought licensure initially, NDMA only opposed the prescription section of the bill and their use of the term physician. Once those were stricken from the bill, NDMA did not oppose their licensure. Similarly, during this legislative session, NDMA did not oppose the licensure request of the acupuncturists and the radiologic technologists.

However, when professions seek to practice outside of their training, and thus endanger the safety of North Dakota patients, NDMA will object. Naturopaths are not trained adequately to prescribe, do minor office procedures, or practice midwifery. NDMA has further concerns that the board regulating them in North Dakota does not have the expertise in the areas of prescription, office procedures, or midwifery to properly regulate and discipline in those areas.

Naturopathic schools do not have the same admission standards as medical schools. They do not require the MCAT or similar exam before admission. The admission rates are quite high for naturopathic schools; in fact one accredited naturopathic school has a 100% admission rate. Moreover, there is no

requirement for naturopathic doctors to complete residencies. Medical students graduating from medical school wishing to practice family medicine have a three year residency. Recently, these residencies were limited to 80 hours – per week. The training is not comparable.

The comparison of pharmacological training of naturopaths to nurse practitioners and physician assistants is also not correct. I have handed out two documents submitted by Britt Marie Hermes. She is a graduate of Bastyr University and practiced as a naturopath in Arizona until 2014. Her submittals are quite lengthy – and I encourage you to read them all in their entirety. However, I wanted to point out a few items in each of them for your attention.

First, she points out the lack of clinical training compared to any other traditionally trained health practitioner. On page three of her March 7 letter, Ms. Hermes breaks down what the 1,100 hours of clinical training means for naturopathic doctors. She goes on to break down what the actual patient care rotations of 778 hours entails. She specifically states that her “clinical training included such a small amount of pharmacological experience that it hardly seems worth mentioning.” On page five she goes on to state that “naturopathic clinical training is not on-par with medical or osteopathic doctors and is in fact far less, in terms of quantity and quality, than nurse practitioners and physician assistants.”

Second, I would like to draw your attention to her March 24 letter, Appendix A, which sets forth the exact amount of pharmacology hours required for naturopaths, nurse practitioners, and physician assistant programs. As you can see, Naturopaths receive far more training in homeopathy, botanical, and manipulation than pharmacology.

NDMA respectfully requests a DO NOT PASS on SB 2194. Thank you for your time today. I would be happy to answer any questions. I have Dr. Jeff Hostetter, Dr. Brenda Miller, and Dr. Shari Orser here to testify in more detail regarding their concerns about this bill.

House Human Services
March 25, 2015
Testimony in opposition to SB 2194
Dr. Brenda Miller, Bismarck

#9
SB 2194
3/25/15

Good morning Chairman Weisz, Vice Chairman Hofstad, and members of the House Human Services Committee. My name is Dr. Brenda Miller and I am here to testify in opposition to Senate Bill 2194. The areas of concern for me involve prescribing and board regulation of this group of doctors.

I work as a Family Medicine physician in Bismarck currently and was trained as a Physical Therapist prior to attending medical school. In my years of experience both as a Physical Therapist and now as a physician, I have learned that the area of prescribing is vast and complicated which is why traditional medical schools focus on training physicians in a poly-pharmacy approach; a hospital-based training which highlights complex medical condition in patients who are on multiple pharmaceutical drugs at once. With the incorporated care model set in place now with nurses, physician assistants, advanced practice nurses, and other support staff, all of these professionals receive comprehensive education and clinical training in working with complicated cases. It can be difficult to partition out just what any of these practitioners receive in way of pharmacology training as it is ingratiated into every aspect of care throughout all of your schooling, residency, and required clinical experience. Here are a few areas of red flags that I quickly identified when thinking about prescribing:

- It is important to understand the indications for the use of prescription medications but equally important to the contraindications--- when not to use.
- It is essential to be aware as to how prescriptions work. Of equal importance, when the drugs are finished working, you need to have the understanding of how the body metabolizes them in the liver, kidneys, skin, and the gastrointestinal system. If any of the patient's pathways are impaired, you must know what to do or you could cause serious damage to vital organs.
- Often medications require monitoring by testing blood, urine, and/or radiological imaging. A provider is responsible for knowing this and how to interpret the subsequent results.
- Medications work differently based on sex, weight, body fat, age, and now we know genetics play a role as well. There are many drugs that will not work or they will work too much in a group of people based on genetic differences. This is now the standard of care for treating people.

With years of training, I feel physicians are adequately versed in understanding the importance of prescribing. Nurse Practitioners and Physician Assistants most often work

in concert with physicians and other health care providers and specialists, thus providing more oversight into the work of all the individual players to provide the highest quality of care to the patients of North Dakota.

Secondly, Naturopathic Doctors received licensure and board oversight in 2011. I currently serve on the Board of Medical Examiners, which monitors physicians and physician assistants in the state. I do not speak for the Board, which has no position on this bill, but I would like to relay to you the comprehensive system that is set up to protect North Dakotans. We analyze the work that physicians do, the care they provide to their patients, and their professionalism. We review individual cases through research, interviews, and thorough examination of the individual involved and his or her staff. I am concerned that the Board of Integrative Health, which oversees the work of Naturopathic Doctors, Musical Therapists and soon, acupuncturists, might not provide the level of oversight and follow-up with their doctors, as the Board of Integrative Health is small, is not fully staffed (the position of the Medical Doctor is vacant and has been for several months), and does not have full-time staffing to respond to concerns.

Ultimately, I am only concerned with ensuring that all North Dakotans receive the highest quality of care with the best set of checks and balances in place to empower the patient and hold the providers accountable. Please consider a Do Not Pass recommendation on this bill. Thank you for your time; I will stand for any questions.

House Human Services Committee
SB 2194
March 25, 2015

10
SB 2194
3/25/15

Good morning, Chairman Weisz and members of the Committee. My name is Dr. Shari Orser, an obstetrician/gynecologist in Bismarck and I am testifying for myself. I am concerned primarily with the portion of the bill related to childbirth attendance and the practice of midwifery.

Naturopaths are not medical doctors or osteopathic doctors, nor are they certified nurse midwives who practice with medical doctors and osteopathic doctors. Their schools are not accredited by the Association of American Medical Colleges, the American Medical Association, or the American Osteopathic Association's Commission on Osteopathic College Accreditation. Those who claim midwifery training are not certified by the American Midwifery Certification Board, the only one recognized by the North Dakota Board of Nursing. Their education and training are not equivalent to those physicians and certified nurse midwives who practice in North Dakota.

Naturopaths will not get hospital privileges so their practice will be one of home deliveries. Home deliveries have a higher risk of complications and perinatal mortality (even in countries with highly regulated home deliveries such as the Netherlands) and are advised against by the American College of Obstetricians and Gynecologists.

My concerns are – who will be their backup? How will they determine which patients to care for and can they recognize conditions which put pregnancies at risk? What if complications develop during labor – hemorrhage, prolapsed cord, breech, prolonged rupture of membranes, prolonged second stage, the need for operative delivery, severe laceration, retained placenta, inverted uterus, need for neonatal resuscitation? These are the sorts of complicated patients that appear at our hospitals without warning after attempted home births. The on-call ob-gyn must step in at the last minute with a patient he or she knows nothing about, attempt to salvage the situation and shoulder the liability.

I do not think the state should approve or encourage this practice.

Thank you for the opportunity to testify.

HOUSE HUMAN SERVICES COMMITTEE

SENATE BILL NO. 2194

March 25, 2015

Testimony of Duane Houdek
North Dakota State Board of Medical Examiners

#11
SB 2194
3/25/15

Chairman Weisz, members of the House Human Services Committee, my name is Duane Houdek, executive secretary of the North Dakota State Board of Medical Examiners. On behalf of the board, I oppose Senate Bill 2194.

When this bill was heard in the Senate, the board took a neutral position, focusing on amendments with regard to the issue of "minor office procedures" the board felt necessary to exclude the practice of surgery from the naturopathic practice. We were concerned about the lack of training and education in that area of practice. The areas of midwifery and prescribing, we felt, were best addressed by others more closely tied to those practices. The board's proposed amendments about "minor office procedures" were adopted.

Since then, we have received the letter you now have calling into question aspects of naturopathic training from one who has been through them. Furthermore, we have learned there are questions about their practice within the public health arena that could encompass the practice of midwifery.

It has caused our board to question whether this expansion into office procedures, prescribing and midwifery is appropriate at this time. There appear to be sufficient questions about the training of naturopaths in these areas that, to us, cause concern and warrant opposition to this bill.

If the committee feels it is necessary to move in this direction, than, at a minimum, we respectfully suggest this matter be studied first, so that the full extent of naturopathic training for this expansion of scope of practice can be assessed thoroughly, not in the rush of a session, but in the deliberative manner of an interim study.

Thank you. I would be glad to try to answer any questions you may have.

March 25, 2015

Testimony in Opposition to SB 2194

#12
SB 2194
3/25/15

Jeff Hostetter, MD, MS speaking for myself only.

Qualifications:

- American Board of Family Physicians certified, 13 years
- Fellowship training in graduate medical education, NIPDD Fellowship, American Academy of Family Physicians
- Program Director of the UND Center for Family Medicine Residency in Bismarck, 10 years
- Assistant Professor of the UND School of Medicine and Health Sciences in the Dept. of Family and Community Medicine, 13 years
- Board member and officer of the ND Academy of Family Physicians, 13 years

Chairman Weisz and Representatives,

Thank you for this opportunity to speak. I stand in opposition to SB 2194. I base this opposition on one major point of the legislation, and on one erroneous argument I have heard given in support of this bill.

The major issue of this measure that I feel is unsafe is the provision for prescribing privileges for naturopathic doctors. Medications kill people. Pharmaceuticals have given us increased life expectancy, and improved quality of life, but they are dangerous tools. Current estimates are that medication errors kill over 100,000 people annually in the United States making it the third leading cause of death. This is in spite of over 15 years of efforts to improve patient safety by people who are expert in the field. As an allopathic medical educator, one of my main duties is to make sure that young doctors have a healthy respect for the medications they are prescribing, and that they are equipped with the knowledge to save their patients from unexpected side effects like drug interactions, severe allergic reactions, cardiac arrest, and psychological reactions.

In order to accomplish this allopathic physicians receive extensive training on theoretical and clinical pharmacology. Overall, we receive approximately 8,700 lecture and clinical hours in medical school and another 10,000 hours of training in residency at a minimum. During this time, we receive dedicated lecture in pharmacology for two hours a day, five days a week for a year (500 hours), and clinical applied pharmacology of at least 2,500 hours. Contrast this to naturopathy training time of 4,100 hours overall in naturopathy school and another 1,000 hours if they complete residency*; it is not required to complete a residency in naturopathy to be licensed as a Naturopathic Doctor in North Dakota. For naturopaths, pharmacology lecture training is less than 100 hours, and there is no standard for how much clinical applied pharmacology training is received. So professionals with at least 3,000 hours of training each in prescribing medications kill 100,000 people a year, and this bill would give this power to professionals with, at most, 100 hours of training. This is a significant threat to patient safety.

Naturopathic doctors receive extensive training and are expert in areas of complimentary medicine of which allopathic doctors get little to no training. We do not prescribe these complimentary therapies, because we do not have adequate knowledge to do so. By the same token, naturopathic doctors do not have adequate training to safely prescribe most prescription drugs.

The erroneous argument that I have heard in support of this bill pertains to the possibility of naturopaths being able to provide care on Indian reservations at Indian Health Service facilities if they gain prescribing privileges. This is not the case. I was chief of staff and acting clinical director at the Standing Rock Service Unit in Fort Yates, ND. During my training and orientation, we were told that the IHS does not hire alternative medicine providers by rule. This federal rule could not be modified when we explored hiring Traditional Indian Healers to serve our patients. Naturopaths could be hired by tribal-run facilities. There are only two such facilities in ND: the clinics at New Town and Wahpeton. Naturopaths could not work at the hospitals or any affiliated clinics in the Fort Yates, Spirit Lake, or Belcourt service units.

Additionally, I discussed this issue with the head recruiter for the Fort Yates service unit last night. He told me that in his 14 years of doing this job, he has not had even one naturopath contact him with any interest in working in Fort Yates.

Thank you for your time and service. I would be happy to answer any questions if you have them.

*Source: Council on Naturopathic Medical Education standards



Education and Training: Family Physicians versus Naturopaths

Naturopaths—also known as “Doctors of Naturopathy,” “Doctors of Natural Medicine,” “Naturopathic Physicians,” and the like—receive their education typically through a four-year degree program that confers a Doctorate in Naturopathy (ND) or Doctorate in Naturopathic Medicine (NMD). Currently, there are four institutions in the United States— Bastyr University, National College of Natural Medicine, Southwest College of Naturopathic Medicine, and the University of Bridgeport—accredited by the Council on Naturopathic Medical Education (CNME), the only accrediting organization recognized by the US Department of Education. Naturopathic medicine schools do not require students to satisfactorily pass an entrance exam, such as the Medical College Admissions Test (MCAT) or Graduate Record Examination (GRE). CNME requires the course of study provided at these institutions be at 4,100 total clock hours in length.

This figure includes clinical education clock hours beginning in the third year of naturopathic study. At least 1,200 clinical clock hours are required, 60 percent of which (720) hours must be in direct patient care. Graduates of naturopathic degree programs are not required to undergo post-graduate training, like the residency required of medical school graduates. Optional 1 year programs are offered by some institutions. The University of Bridgeport, for example, offers a program that includes from 535 to 1,035 total hours of direct patient contact and didactic learning.

Family Physicians receive their education typically through a four-year degree program at one of the 130 accredited medical schools in the United States. Students must pass the Medical College Admissions Test for entrance into medical school. In 2005, the average score of matriculants was 30.2 of a possible 45. Medical students spend nearly 9,000 hours in lectures, clinical study, lab and direct patient care. The overall training process begins with medical school and continues through residency. During their time in medical school, students take two “step” exams, called the United States Medical Licensing Examination (USMLE), and must take core clerkships, or periods of clinical instruction. Passing both exams and the clerkships grants students the Medical Doctor (MD) degree, which entitles them to start full clinical training in a residency program.

Family medicine residency programs, which are accredited by the Accreditation Council for Graduate Medical Education (ACGME), require three years of training. As with other specialties, family medicine residency programs have specific requirements with certain numbers of hours that must be completed for board certification. They are designed to provide integrated experiences in ambulatory, community and inpatient environments during three years of concentrated study and hands-on training.

The first year of residency, called the internship year, is when the final “step” of the USMLE (Step 3 exam) is taken. During their three years of training, residents must meet the program requirements for both residency education in family medicine and certification by the American Board of Family Medicine (ABFM). Specific requirements for family medicine residency training vary by program. After three “program years” of training are completed and all requirements are met, residents are eligible to take the certification exam by the ABFM. Toward the end of residency, physicians also apply for licensure from their state medical boards, which determines where they can practice as a board-certified family physician. Although each state is different in their requirements for initial medical licensure, it is a necessity that physicians pass Step 3 of the USMLE.

The below tables offer a side-by-side comparison of the education and training involved in becoming a family physician versus the requirements to become a naturopath.

Degrees Required and Time to Completion

	Undergraduate Degree	Entrance Exam	School	Residency	Residency Completion Time
Family Physician (MD or DO)	Standard 4-year BA/BS	Medical College Admissions Test (MCAT)	4 years	REQUIRED	3 years
Naturopath (ND or NMD)	Standard 4-year BA/BS	None Required	4 years	OPTIONAL	1 year

Medical/Professional School and Residency/Post-Graduate Hours for Completion

	Lecture Hours (Pre-Clinical Years)	Study Hours (Pre-Clinical Years)	Combined** Hours (Clinical Years)	Residency Hours	TOTAL HOURS
Family Physician	2,700	3,000	6,000	9,000 – 10,000	20,700 – 21,700
Naturopath***	1,500	1,665	2,600	535 – 1,035	5,505 – 6,485
DIFFERENCE	1,200	1,335	3,400	8,465 – 8,965	15,195 – 15,215

*Council on Naturopathic Medical Education CNME standards were used for this comparison.

**Clinical and lecture hours

***Naturopath "Lecture Hours" and "Combined Hours" are averaged across publicly-available curricula advertised on the web sites of the four CNME-accredited institutions of naturopathic study (Bastyr University, National College of Natural Medicine, Southwest College of Naturopathic Medicine, and the University of Bridgeport).

Drafted by Greg Martin, Manager, State Government Affairs, AAFP

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#13
SB 2194
3/25/15

SB 2194
Senate Human Services Committee

Good morning Chairman Weisz and members of the House Human Services Committee. My name is Megan Houn. I am the Director of Government Relations for Blue Cross Blue Shield of North Dakota (BCBSND).

BCBSND believes that the substantial expansion in scope of practice for Naturopaths in this bill falls far short of the rigorous adherence to quality assurance and regulatory oversight which we believe needs to be in place prior to permitting naturopaths the expanded prescribing authority and enhancement of in-office surgical procedures and midwifery which they are seeking in SB 2194.

Blue Cross Blue Shield of North Dakota shares the concerns outlined by the ND Medical Association and the ND Hospital Association, including the lack of appropriate regulatory oversight and concerns for patient safety:

- Naturopaths are not versed in pharmacology, receiving the majority of their training in homeopathy and utilize non-FDA approved substances in their practices;
- Naturopaths are not regulated by the ND Board of Medical Examiners, raising concerns about oversight and proper regulation;
- Naturopath education is not equivalent – Naturopaths complete a 4-year program, falling far short of the training hours completed by MD's. Their schools are not accredited by the Association of American Medical Colleges and they are not certified by the American Midwifery Certification Board.

For all of these reasons, BCBSND is opposed to SB 2194.

March 25, 2015
Human Services Committee
Testimony against Senate Bill 2194

#14
SB 2194
3/25/15

Good Morning Chairman Weisz and Committee Members,

My name is Joan Connell. Today, I provide written testimony against Senate Bill 2194, which would provide naturopaths the ability to expand their scope of practice beyond what they have been trained to do. This testimony is based on my experience and education as a physician, a pharmacist, a medical educator, and as a patient advocate.

The practice of medicine is based on fundamental coursework during or after an undergraduate degree that lays the foundation for the academic framework that comprises four years of medical school followed by three to five years of residency. This can be followed by additional years of fellowship. This coursework and training is essential to arm physicians with the necessary foundational knowledge to understand mechanisms of health and wellness prevention. This specific training is also necessary to arm us with the ability to understand mechanisms of disease, signs and symptoms associated with disease, and appropriate treatments for such disease. When patients come to see "the doctor" this is their expectation- as it should be.

The practice of naturopathy, per this bill, is based on support of the patient's self-healing processes. The educational process is completely different. Please see the attached items outlining the curriculum for medical school and for naturopathic school. As a physician, I understand that I have not been trained in the art of naturopathy, and I respect that. While there is some vague wording in Section 2-1-d of this bill that states that a naturopath cannot advertise himself to be a "primary care provider", the naturopath's doctoral degree will make it very easy for patients to confuse a doctor of medicine with a doctor of naturopathy. Furthermore, in this same bill, section 1-7 refers to naturopathy as "primary health care". It is unfair and unrealistic to expect patients and their families to navigate these semantics when pursuing healthcare. Interestingly, when looking up the North Dakota Board of Integrative Health Care Website, one sees a man wearing a white coat with a stethoscope...what kind of doctor does that image depict?

I am concerned regarding the level of naturopath's training to support prescriptive authority and procedures if this bill becomes law. The wording of this bill with respect to prescriptive authority is confusing and potentially open-ended. Section 2-1a states that naturopaths will not be able to prescribe prescription drugs with the exception of what is outlined in subsection 4. This subsection allows for potential prescription of class V medications (combination medications that contain codeine and other narcotic substances) and other non-addictive prescription drugs that would be found on the naturopathic formulary. I do not wish to prescribe naturopathic medicine, nor do I pretend that I know how to do this. I wish for the same respect from naturopaths. How many procedures should be performed during training to be considered competent? How many should be done in practice to

maintain competency? Based on the clinical time expectations in the attached naturopath's curriculum, I find it impossible that naturopaths would leave training competent in the list of procedures described in this bill.

In conclusion, physicians and naturopaths are not the same. Our training and experiences are different, setting us up to approach health of a patient in different ways. I ask that you please respect those well-established differences. Voting "NO" on SB 2194 will make it easier for patients to clearly access the excellent care they deserve- whether they seek traditional or naturopathic medicine.

Undergraduate Requirements for Entry into Medical School

Bachelors degree that includes the following courses

Course	Minimum Semester Hours
Chemistry (with laboratory)	16+labs
Inorganic and qualitative	8
Organic	8
Biology (with laboratory)	8
Physics (with laboratory)	8
Psychology/Sociology	3
Language Arts (English, Speech, etc.)	6
College Algebra (or calculus or statistics)	3

Medical School Year 1

Basic Sciences - Functional biology of Cell & Tissues

- Genes and Chromosomes
- Proteins
- Metabolism; Replicative Behavior of Cells
- Intercellular and Intracellular Communication
- Architecture of Cells and Tissues

Early Development

Basic Sciences – Biology of Organ Systems

- Cardiovascular Biology
 - Air Conduction and Respiration
 - Immune System
 - Musculoskeletal System
- Clinical Sciences – Physical Examination and Human Life Cycle
- Vital Signs
 - Basic Examination of Musculoskeletal, Lymphatics, Pulmonary and Cardiovascular Systems

Pediatric Human Development and Pediatric Exam

Basic Sciences – Biology of Organ Systems

- GI Tract
 - Liver and Biliary System
 - Exocrine Pancreas
 - Renal and Urinary System
 - Reproduction
 - Endocrine
- Clinical Sciences – Physical Examination and Human Life Cycle
- Normal Adult Development
 - Sexuality
 - Challenging Patient Interviews
 - Basic Examination of the Abdomen
 - Male and Female Genitourinary Systems

Basic Sciences – Biology of the Nervous System

- Central Nervous System
 - Peripheral Nervous System (revisited)
 - Special Sensory Structures
- Clinical Sciences – Physical Examination and Human Life Cycle
- Normal Human Development

- Aging, and Death and Dying
- Preventative Medicine

Basic Examination of the HEENT and Neurological Systems

Interprofessional Health Care (IPHC) Course

During Blocks 3 and 4, half the class will participate in the IPHC experience. Students spend one evening per week for 6 weeks participating in case-based discussions of objectives related to the health care team. Students from multiple professions are involved including medicine, nursing, occupational therapy, physical therapy, social work, communication sciences disorders, and nutrition and dietetics.

Medical School Year 2

Basic Sciences – Introduction to Pathobiology

- Reaction to Injury
- Inflammation
- Repair and Regeneration
- Fluid Imbalance
- Disorders of Inheritance
- Disorders of Immunity
- Neoplasia
- Infection

Clinical Sciences – Evidence-Based Medicine

- Biostatistics and EBM
- Physical Exam Review – HEENT & Cranial Nerves
- Oral Case Presentations & Write-ups

ACE

Basic Sciences – Pathobiology I

- Disorders of Red Cells & Bleeding Disorders
- Disorders of White Cells, Lymph Nodes & Spleen
- Cardiovascular System
- Respiratory Tract
- Ear, Eyes, Nose and Throat

Clinical Sciences – The Physician and Society

- Clinical Psychiatric Syndromes & their Neurobiologic Dysfunctions
- Substance Use Disorders

ACE

Basic Sciences – Pathobiology II biology II

- Stress Management for Physicians
- Medical Marriages
- Lifestyle Balance
- Changing Health Care system
- Managed Care
- Medical/Legal Issues
- Physical Exam Review – Cardiovascular, Pulmonary, Abdomen
- Oral Case Presentations & Write-ups
- ACE

Clinical Sciences – Physical Examination and Human Life Cycle

- Health Promotion & Disease Prevention
- Clinical Procedural Skills
- Physical Exam Review – Neuromuscular
- Male and Female Genitourinary exams
- Oral Case Presentations & Write-ups

ACE

Basic Sciences – Pathobiology III

- Diabetes Mellitus
- Endocrinology
- Skeletal System & Soft Connective Tissue
- Skin
- Peripheral Nervous System & Skeletal Muscle
- Central Nervous System & Special Senses
- Environmental & Nutritional Disease

Clinical Sciences – Physical Examination and Human Life Cycle

- Clinical Psychiatric Syndromes & their Neurobiologic Dysfunctions
- Substance Use Disorders

ACE

Interprofessional Health Care (IPHC) Course

During Blocks 5 and 6, half the class will participate in the IPHC experience. Students spend one evening per week, for 6 weeks, participating in case-based discussions of objectives related to the healthcare team. Students from multiple professions are

involved including, medicine, nursing, occupational therapy, physical therapy, social work, communication sciences disorders, and nutrition and dietetics.

Ambulatory Care Experience (ACE)

During Blocks 5, 6, and 7, students will participate in the ACE experience. During one of the four weeks, students will spend part of one afternoon per week doing a history and physical on a volunteer patient. Clinical faculty will and give individual feedback to students after each encounter. Students will also complete write-ups and oral presentations on these patients during the block. The ACE experience in Block 8 consists of performing a history and physical on a standardized patient. These encounters are observed and graded as the clinical skills exam in Block 8.

Medical School Year 3

Option 1:

8-week clerkships required in the following:

- Family Medicine
- Internal Medicine
- Obstetrics/Gynecology
- Pediatrics
- Surgery

And a required 8-week Neurosciences block consisting of a 2-week Neurology Clerkship followed by a 6-week Psychiatry Clerkship

Option 2:

- Rural Opportunities in Medical Education (ROME)
- 28 weeks - Rural Experience in Primary Care
- 20 weeks – Required 1-month rotations in Pediatrics, Internal Medicine and OB/GYN plus a 2-month rotation in Neuroscience

Option 3:

- Minot Integrated Longitudinal Experience (MILE) - A 48-week experience combining family medicine, internal medicine,

obstetrics/gynecology, pediatrics, surgery, neurology and psychiatry

Also required for all three options:

- Clinical Epidemiology course

End-of-year Clinical Skills Assessment (CSA) – mid-June

Medical School Year 4

July Through May (34 weeks)

- 1 - 4-week required Acting Internship (AI) in Surgery
- 1 - 4-week required Acting Internship (AI) in Internal Medicine
- 6 electives (4 weeks each-24 week total)
- 12 weeks for vacation/interviewing/extra electives
- 1 week for Senior Colloquium before commencement
- Research project

Residency Requirements... 3-5 years depending upon specialty with 60 hour work weeks +/- additional 1-3 years of fellowship training

FOUR-YEAR TRACK YEAR I

Qtr.	Cat. No.	Course Title	Crdt.	Lec.	L/C	Tot.
F	BC5142	Fundamentals of Research Design ¹	2	2	0	22
	BC5150	Integrated Structure & Function	8.5	8	1	99
	BC5151	Integrated Musculoskeletal	6.5	6	1	77
	BC5122L	Gross Anatomy Lab 1	1	0	2	22
	NM5141	Naturopathic Theory & Practice 1	2	1	2	33
	NM5140	Constitutional Assessment ²	2	2	0	22
	PS5120	Therapeutic Alliance	1	1	0	11
	SN5100	Clinical Skills Lab 1	1	0	2	22
	SN5103	Integrated Case Studies 1	1	0	2	22
		Quarterly Subtotals	25	20	10	330
	NM5820	Clinic Observation 13	1	0	2	22
W	BC5152	Integrated Cardiovascular & Immune	5.5	5.5	0	60.5
	BC5153	Integrated Respiratory	4.5	4.5	0	49.5
	BC5154	Integrated Digestive	4.5	4.5	0	49.5
	BC5146	Physiology Lab 1	1.5	0	3	33
	BC5123L	Gross Human Anatomy Lab 2	1	0	2	22
	NM5142	Naturopathic Theory & Practice 2	2	1	2	33
	PM5315	Physical Medicine 1	1.5	1.5	0	16.5
	PM5315L	Physical Medicine Lab 1	1	0	2	22
	PS5121	Therapeutic Alliance 2	1	1	0	11
	SN5101	Clinical Skills Lab 2	1	0	2	22
	SN5104	Integrated Case Studies 2	1	0	2	22
		Quarterly Subtotals	24.5	18	13	341
S	BC5155	Integrated Endocrine & Metabolism	4.5	4.5	0	49.5
	BC5156	Integrated Renal & Reproductive	4	4	0	44
	BC5157	Integrated Nervous System	7	6	2	88
	BC5147	Physiology Lab 2	1	0	2	22
	BC5124L	Gross Human Anatomy Lab 3	1	0	2	22
	NM5143	Naturopathic Theory & Practice 3	2	1	2	33
	PM5316	Physical Medicine 2	1	1	0	11
	PM5316L	Physical Medicine 2 Lab	.5	0	1	11
	PS5109	Fundamentals of Counseling	3	3	0	33
	SN5102	Clinical Skills Lab 3	1	0	2	22
	SN5105	Integrated Case Studies 3	1	0	2	22
		Quarterly Subtotals	26	19.5	13	357.5

¹BC5142 offered Summer, Winter in Kenmore, Washington; fall and winter in San Diego, California

²NM5140 offered Summer both in Kenmore and San Diego

³NM5800 also assigned in winter or spring

FOUR-YEAR TRACK YEAR II

Qtr.	Cat. No.	Course Title	Crdt.	Lec.	L/C	Tot.
F	BC6101	Integrated Immunology, Pathology & Infectious Diseases 1	5.5	5.5	0	60.5
	BC6102	Integrated Immunology, Pathology & Infectious Diseases 2	2.5	2.5	0	27.5
	BO6305	Botanical Medicine Lab	1	0	2	22
	HO6305	Homeopathy 1	1.5	1.5	0	16.5
	NM6110	Naturopathic Theory & Practice	4.5	.5	0	5.5
	NM6310	Naturopathic Clinical Diagnosis 1	4	4	0	44
	NM6315	Physical Exam Diagnosis Lab 1	1	0	2	22
	NM6320	Clinical Diagnosis Lab 1	1	0	2	22
	PM6305	Physical Medicine 3	2	2	0	22
	PS6301	Counseling Theories & Interventions 1	3	2	1	33
	SN6100	Integrated Case Studies 4	.5	0	1	11
	SN6300	Integrated Therapeutics	3	3	0	33
		Quarterly Subtotals	25.5	21	8	319
	NM6811	Clinic Observation 2-11	1	0	2	22
W	BC6103	Integrated Immunology, Pathology & Infectious Diseases 3	3	3	0	33
	BC6104	Integrated Immunology, Pathology & Infectious Diseases 4	4	4	0	44
	HO6306	Homeopathy 2	2	2	0	22
	NM6111	Naturopathic Theory & Practice 5	.5	.5	0	5.5
	NM6311	Naturopathic Clinical Diagnosis 2	4	4	0	44
	NM6321	Clinical Diagnosis Lab 2	1	0	2	22
	NM6316	Physical Exam Diagnosis Lab 2	1	0	2	22
	PM6306	Physical Medicine 4	3	3	0	33
	PS6202	Psychological Assessment ¹	2	2	0	22
	SN6101	Integrated Case Studies 5	.5	0	1	11
	SN6303	Integrated Therapeutics 2	3	3	0	33
	TR6312	Nutrition Principles 1	3	3	0	33
		Quarterly Subtotals	27	24.5	5	324.5
	NM6812	Clinic Observation 2-22	1	0	2	22

S	BC6105	Integrated Immunology, Pathology & Infectious Diseases 5	4	4	0	44
	BC6106	Integrated Immunology, Pathology & Infectious Diseases 6	2	2	0	22
	HO6307	Homeopathy 3	2	2	0	22
	NM6112	Naturopathic Theory & Practice 6	.5	.5	0	5.5
	NM6312	Naturopathic Clinical Diagnosis 3	4	4	0	44
	NM6322	Clinical Diagnosis Lab 3	1	0	2	22
	NM6317	Physical Exam Diagnosis Lab 3	1	0	2	22
	PM6307	Physical Medicine 5	3	3	0	33
	PS6302	Counseling Theories & Interventions 2	2	2	0	22
	SN6102	Integrated Case Studies 6	.5	0	1	11
	SN6304	Integrated Therapeutics 3	3	3	0	33
	TR6313	Nutrition Principles 2	2.5	2.5	0	27.5
		Quarterly Subtotals	25.5	23	5	308

¹NM6811 also offered in summer, may be assigned in fall or winter

²NM6812 may be assigned in winter or spring.

FOUR-YEAR TRACK YEAR III

Qtr.	Cat. No.	Course Title	Crdt.	Lec.	L/C	Tot.
SU	BO7305	Botanical Medicine Formulation Lab 1	1	0	2	22
	NM7110	Naturopathic Theory & Practice 7	1	1	0	11
	NM7310	Musculoskeletal System & Orthopedics	3.5	3.5	0	38.5
	NM7326	Medical Procedures	2	1	2	33
	NM7332	Clinical Pharmacology 1	.5	0	1	11
	PM7310	Physical Medicine 6	3	3	0	33
		Quarterly Totals	11	8.5	5	148.5
F	BO7306	Botanical Medicine Formulation Lab 2	1	0	2	22
	HO7300	Homeopathy 4	1.5	1.5	0	16.5
	NM7111	Naturopathic Theory & Practice 8	.5	.5	0	5.5
	NM7321	Lifespan Considerations	3.5	3.5	0	38.5
	NM7318	Nervous System & Mental Health	5	5	0	55
	NM7319	Endocrine System	5	5	0	55
	NM7333	Clinical Pharmacology 2	.5	0	1	11
	PM7311	Physical Medicine 7	2	2	0	22
	PS7203	Addictions & Disorders	2	2	0	22
	SN7300	Advanced Case Studies 1	.5	0	1	11
		Quarterly Subtotals	21.5	19.5	4	258.5
		NM8801 Preceptorship 1	1	0	4	44
		1 Clinic Shift	2	0	4	44
W	BO7307	Botanical Formulations Lab 3	1	0	2	22
	HO7301	Homeopathy 5	1	1	0	11
	NM7112	Naturopathic Theory & Practice 9	.5	.5	0	5.5
	NM7142	Critical Evaluation of the Literature ¹	2	2	0	22
	NM7322	Digestive System	3.5	3.5	0	38.5
	NM7323	Cardiovascular	5	5	0	55
	NM7324	Respiratory	3	3	0	33
	NM7327	Environmental Medicine	1	1	0	11
	NM7334	Clinical Pharmacology 3	.5	0	1	11
	SN7301	Advanced Case Studies 2	.5	0	1	11
		Quarterly Subtotals	18	16	4	220
		1 or 2 Clinic Shifts	2-4	0	4-8	44-88
S	BO7308	Botanical Formulation Lab 4	1	0	2	22
	NM7113	Naturopathic Theory & Practice 10	1	1	0	11
	NM7328	Female Reproductive & Urology	5	5	0	55
	NM7329	Male Reproductive & Urology	2.5	2.5	0	27.5
	NM7331	Renal System	2.5	2.5	0	27.5
	NM7335	Clinical Pharmacology 4	.5	0	1	11
	NM7336	EENT	3.5	3.5	0	38.5
	SN7302	Advanced Case Studies 3	.5	0	1	11
		Quarterly Subtotals	16.5	14.5	4	203.5
		1 or 2 Clinic Shifts	2-4	0	4-8	44-88

¹NM7142 also offered spring quarter

FOUR-YEAR TRACK YEAR IV

Qtr.	Cat. No.	Course Title	Crdt.	Lec.	L/C	Tot.
SU	BO8301	Botanical Formulations Lab 5	1	0	2	22
	NM8100	Naturopathic Theory & Practice 11	.5	.5	0	5.5
	NM8301	Clinical Pharmacology 5	.5	0	1	11
	NM8305	Integumentary System	3	3	0	33
	NM8310	Medical Procedures 2	2	1	2	33
	SN8300	Advanced Case Studies 4	.5	0	1	11
		Quarterly Subtotals	7.5	4.5	6	115.5
		4 Clinic Shifts	8	0	16	176
F	NM8105	Advanced Business Practices 1	1.5	1.5	0	16.5
	NM8316	Advanced Topics in Public Health	1	1	0	11
	NM8317	Advanced Topics in Geriatric Medicine	2	2	0	22
	NM8815	Grand Rounds 1	1	1	0	11
		Quarterly Subtotals	5.5	5.5	0	60.5
	NM8802	Preceptorship 2	1	0	4	44
		4 Clinic Shifts	10	0	20	220
W	NM8106	Advanced Business Practices	2.5	.5	0	5.5
	NM8309	Rheumatology	1.5	1.5	0	16.5
	NM8318	Advanced Topics in Clinical Ecology	1	1	0	11
	NM8319	Advanced Topics in Oncology	2.5	2.5	0	27.5
	NM8816	Grand Rounds 2	1	1	0	11
		Quarterly Subtotals	6.5	6.5	0	71.5
		4 Clinic Shifts	10	0	20	220
S	NM8107	Advanced Business Practices	3.5	.5	0	5.5
	NM8817	Grand Rounds 3	1	1	0	11
		Quarterly Subtotals	1.5	1.5	0	16.5
	NM8803	Preceptorship 3	1	0	4	44
		4 Clinic Shifts	8	0	16	176

**Summary of Clinic Requirements:
Naturopathic Medicine Program**

Qtr.	Cat. No.	Course Title	Crdt.	Lec.	L/C	Tot.
	NM5820	Observation 1	1	0	2	22
	NM6810	Observation 2 ²	2	0	4	44
	NM6811	Observation 2-1 ³	1	0	2	22
	NM6812	Observation 2-2 ⁴	1	0	2	22
variable	NM7820-29	Patient Care 1-10	20	0	40	440
variable	NM8801-3	Preceptorship 1-3	3	0	12	132
variable	NM8830-37	Patient Care 11-18	16	0	32	352
variable	NM8844	Interim Patient Care	2	0	4	44
variable	PM7801-2	Physical Medicine 1-2	4	0	8	88
variable	PM8801-2	Physical Medicine 3-4	4	0	8	88
		Clinic Totals	52	0	110	1210

¹Quarterly shift assignments are based on availability.

**Elective Requirements:
Naturopathic Medicine Program**

Qtr.	Cat. No.	Course Title	Crdt.	Lec.	L/C	Tot.
variable	variable	Elective and Special Topics	8	8	0	88
		Elective Totals	8	8	0	88

Total Requirements: Naturopathic Medicine Program

	Crdt.	Lec.	L/C	Tot.
Total Core Course Credits and Hours	242	197.5	81	3,019.5
Total Elective Credits and Hours	8	8	0	88
Total Clinic Credits and Hours	52	0	170	1,210
Total Requirements	302	205.5	251	4,317.5

March 23, 2015

#15
SB 2194
3/25/15

Dear Legislators:

I am writing in opposition to SB 2194. I am a family physician practicing in Minot and am presenting information on behalf of myself, with concerns for our community.

I am not concerned about competition or hierarchy in my opposition to the expansion of the legal scope of practice for naturopaths in North Dakota. I am concerned that unsafe conditions would be created for the citizens of our state with the adoption of SB 2194. Two provisions of the bill concern me:

1- Broader legal ability to prescribe medications. Since the very definition of naturopathy is to reject prescription medications, it is seemingly obvious that naturopathic training would de-emphasize pharmacology. Rather than expand the scope of practice in this area for naturopaths, encouraging naturopaths to have collaborative referral relationships with health care providers with extensive training in pharmacology combined with physiology and pathology and their clinical application (physicians, nurse practitioners, physicians assistants) would seem more appropriate. It could be a great advantage for individuals participating in naturopathic care to have their providers working collaboratively and at the top of their scope of practice. I have attached definitions of naturopathy from the American Association of Naturopathic Physicians and a description of why individuals select naturopathic care from the North Dakota Association of Naturopathic Doctors website. Both indicate an aversion to use of prescription medication.

2- Legalization of naturopathic attendance at childbirth. The only venue in which naturopathic practitioners would be attending childbirth would be in homes. Some of the hospitals in the state grant privileges to physicians and nurse midwives to attend deliveries within the hospital. The privileges are granted based on extensive criteria. It is my belief, based on my familiarity with hospital medical staff function, that it is unlikely that the hospitals would extend privileges for childbirth attendance to naturopathic doctors. Therefore, I conclude that the naturopaths are interested in expanding home births in North Dakota. I believe that our legislature has declined to license lay midwives in the past. Though this issues is about health care practitioners with formalized education and licensure pathways, including this specific language in state law would seem out of fairness to require additional regulation of other health care providers providing home deliveries. Data from a Colorado study of planned home births reports a perinatal death rate at home birth of 16.4 per 1000 births, compared to overall perinatal morality in Colorado of 6.3 per 1000 (from <http://homebirthdeathstatistic.blogspot.com/2012/07/no-wonder-colorado-homebirth-midwives.html>). Home birth is an important safety issue for our state, and may need a broader review before granting legal home birth to a medical group which is the newest and least established in our state.

The basic tenants of naturopathy are appealing to everyone- support of exceptional health through natural methods. I do not believe SB 2194 supports these tenants, and I do not believe it

will provide for the support of exceptional health for our citizens. As a physician and involved community member, I respectfully support a "do not pass" recommendation from the committee and the House.

Sincerely,

A handwritten signature in black ink, appearing to read "Kim Krohn", with a long horizontal flourish extending to the right.

Kim Krohn, MD, MPH, FAAFP
2501 Brookside Drive
Minot, ND 58701
701-721-4756

Attachment 1:

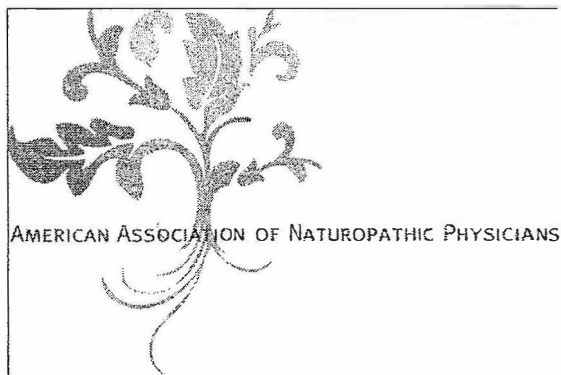
From the North Dakota Association of Naturopathic Doctors Website,
<http://www.dakotanuturopaths.org/>:

People are looking at natural health care options for a wide variety of reasons. Some:

- Are looking to prevent an illness that runs in their family.
- Are seeking to avoid the effects of aging.
- Are very healthy and want to stay that way.
- Cannot afford high tech procedures or prescription drugs.
- Cannot find an answer to their medical problem.
- Cannot tolerate conventional treatments due to side effects or allergies.
- Have exhausted all conventional treatment options.
- Have tried conventional approaches with limited results.
- Prefer a more hands-on, old-fashioned, low tech approach to health care.
- Want someone to take more time to listen or explain things to them.

Attachment 2:

American Association of Naturopathic Physicians House of Delegates Position Paper "Definition of Naturopathic Medicine," from
<http://www.naturopathic.org/files/Committees/HOD/Position%20Paper%20Docs/Definition%20Naturopathic%20Medicine.pdf>



House of Delegates Position Paper

Definition of Naturopathic Medicine

This paper contains the following versions:

- One line definitions of naturopathic medicine
- Brief definition of naturopathic medicine
- Paragraph definition of naturopathic medicine
- Short definition of naturopathic medicine
- One page definition of naturopathic medicine
- Comprehensive definition of naturopathic medicine

ONE LINE DEFINITIONS OF NATUROPATHIC MEDICINE

Naturopathic physicians work with nature to restore people's health.

Naturopathic medicine: working with nature to restore people's health.

BRIEF DEFINITION OF NATUROPATHIC MEDICINE

Naturopathic medicine is a distinct primary health care profession, emphasizing prevention, treatment and optimal health through the use of therapeutic methods and substances which encourage the person's inherent self-healing process, the vis medicatrix naturae.

PARAGRAPH DEFINITION OF NATUROPATHIC MEDICINE

Naturopathic medicine is a distinct method of primary health care -an art, science, philosophy and practice of diagnosis, treatment, and prevention of illness. Naturopathic physicians seek to restore and maintain optimum health in their patients by emphasizing nature's inherent self-healing process, the vis medicatrix naturae. This is accomplished through education and the rational use of natural therapeutics.

SHORT DEFINITION

Naturopathic medicine is a distinct system of primary health care-an art, science and practice of preventing, diagnosing and treating conditions of the human mind and body.

Naturopathic physicians work with their patients to prevent and treat acute and chronic illness and disease, restore health and establish optimal fitness by supporting the person's inherent self-healing process, the vis medicatrix naturae. This is accomplished through:

- **Prevention**

Prevention of disease is emphasized through public health measures and hygiene as well as the encouragement and guidance of persons to adopt lifestyles which are conducive to optimal health.

- **Diagnosis**

Diagnosis and evaluation of the individual's state of health are accomplished by integrated modern and traditional, clinical and laboratory diagnostic methods.

- **Treatment and Care**

Therapeutic methods and substances are used which work in harmony with the person's inherent self-healing process, the *vis medicatrix naturae*, including: dietetics and nutritional substances, botanical medicine, psychotherapy, naturopathic physical medicine including naturopathic manipulative therapy, minor surgery, prescription medications, naturopathic obstetrics (natural childbirth), homeopathy, and acupuncture.

ONE PAGE DEFINITION OF NATUROPATHIC MEDICINE

Overview:

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 upon which its practice is based. These principles are continually reexamined in the light of scientific advances. The techniques of naturopathic medicine include modern and traditional, scientific and empirical methods. The following principles are the foundation of naturopathic medical practice:

Principles:

The Healing Power of Nature (*Vis Medicatrix Naturae*): Naturopathic medicine recognizes an inherent self-healing process in the person which is ordered and intelligent. Naturopathic physicians act to identify and remove obstacles to healing and recovery, and to facilitate and augment this inherent self-healing process.

Identify and Treat the Causes (*Tolle Causam*): The naturopathic physician seeks to identify and remove the underlying causes of illness, rather than to merely eliminate or suppress symptoms.

First Do No Harm (*Primum Non Nocere*): Naturopathic physicians follow three guidelines to avoid harming the patient:

- Utilize methods and medicinal substances which minimize the risk of harmful side effects, using the least force necessary to diagnose and treat;
- Avoid when possible the harmful suppression of symptoms;
- Acknowledge, respect and work with the individual's self-healing process.

Doctor as Teacher (*Docere*): Naturopathic physicians educate their patients and encourage self-responsibility for health. They also recognize and employ the therapeutic potential of the doctor-patient relationship.

Treat the Whole Person: Naturopathic physicians treat each patient by taking into account individual physical, mental, emotional, genetic, environmental, social, and other factors. Since total health also includes spiritual health, naturopathic physicians encourage individuals to pursue their personal spiritual development.

Prevention: Naturopathic physicians emphasize the prevention of disease -assessing risk factors, heredity and susceptibility to disease and making appropriate interventions in partnership with their patients to prevent illness. Naturopathic medicine is committed to the creation of a healthy world in which humanity may thrive.

Practice

Naturopathic Methods:

Naturopathic medicine is defined by its principles. Methods and modalities are selected and applied based upon these principles in relationship to the individual needs of each patient.

Diagnostic and therapeutic methods are selected from various sources and systems, and will continue to evolve with the progress of knowledge.

Naturopathic Practice:

Naturopathic practice includes the following diagnostic and therapeutic modalities: nutritional medicine, botanical medicine, naturopathic physical medicine including naturopathic manipulative therapy, public health measures and hygiene, counseling, minor surgery, homeopathy, acupuncture, prescription medication, intravenous and injection therapy, naturopathic obstetrics (natural childbirth), and appropriate methods of laboratory and clinical diagnosis.

COMPREHENSIVE DEFINITION OF NATUROPATHIC MEDICINE

Overview:

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

Principles:

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 physician'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 physician seeks to treat the causes of disease, rather than to merely eliminate or suppress symptoms.

First Do No Harm (Primum Non Nocere)

Naturopathic physicians follow three precepts to avoid harming the patient:

- Naturopathic physicians 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 physicians respect and work with the vis medicatrix naturae 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 physicians 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 physicians 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 physicians 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 health in patients are primary objectives of naturopathic medicine. In practice, these objectives are accomplished through education and the promotion of healthy ways of living.

Naturopathic physicians 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.

Practice

Naturopathic Methods:

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

Naturopathic Practice:

Naturopathic practice includes the following diagnostic and treatment modalities: utilization of all methods of clinical and laboratory diagnostic testing including diagnostic radiology and other imaging techniques; nutritional medicine, dietetics and therapeutic fasting; medicines of mineral, animal and botanical origin; hygiene and public health measures; naturopathic physical medicine including naturopathic manipulative therapies; the use of water, heat, cold, light, electricity, air, earth, electromagnetic and mechanical devices, ultrasound, and therapeutic exercise; homeopathy; psychotherapy and counseling; acupuncture, injection and intravenous therapy; minor surgery; prescription medication; and naturopathic obstetrics (natural childbirth).

Adopted at the 1989 Annual Convention
Reviewed by AANP HOD, 2000
Reviewed by AANP PPRC 2005, 2006, 2007, 2008, 2009
Amended by AANP PPRC 2011

Britt Marie Hermes
Dänische Str. 36
24103 Kiel, Germany

Re: SB 2194 Naturopathic scope expansion

March 7, 2015

To the House Human Services Committee of North Dakota:

My name is Britt Marie Hermes. In 2011, I graduated from Bastyr University (an "accredited" naturopathic medical school) with a doctorate in naturopathic medicine. I passed the Naturopathic Physicians Licensing Examination (NPLEX) and landed a competitive, one-year residency in family medicine and pediatrics at an out-patient clinic in Seattle. When I completed my residency, I remained in naturopathic medical practice as a primary care physician in Arizona until 2014.

My mother was raised in Moorhead, MN on a beet farm. She attended Moorhead University and then moved west to California after marrying my father. While I technically grew up in California, I consider both Minnesota and North Dakota to be my second homes. I spent nearly every summer fishing on Cotton Lake in Detroit Lakes and having slumber parties with my cousins on the patio of my grandmother's Fargo apartment. I still have many family members in North Dakota; in fact, the flower girl from my recent wedding lives in Watford City and my favorite aunt still resides in Bismarck. When I learned that naturopaths were attempting to expand their scope of practice in North Dakota to include prescription rights, minor surgery, and midwifery, I knew I needed to contact you immediately and share my story.

I watched my colleague, Elizabeth Allmendinger spearhead the political movement to get naturopaths licensed in North Dakota in 2011 from Bastyr's classrooms. I remember the excitement I felt about North Dakota "gaining licensure." With so much of my family still residing in the midwest, the hypothetical possibility of practicing near family was an enticing fantasy. North Dakota passed legislation right before we graduated and I watched Elizabeth travel back home to fulfill her dream of practicing naturopathic medicine in her home state, while I went on to fulfill my dream of practicing in a pediatric clinic.

Sadly, it did not take much time for my dreams to come crashing down around me. During my brief time in practice as a naturopath, I witnessed dangerous, illegal, and unethical naturopathic medical practices from licensed naturopathic doctors who graduated from accredited schools. I had previously believed that only the "fake-NDs" who earned online degrees engaged in menacing medical practices, such as intravenous hydrogen peroxide therapy for the treatment of cancer or chronic disease. In reality, an abundant number of licensed naturopaths from accredited universities use dubious diagnostic methods and unsound therapies. I personally witnessed the illegal importation of cancer therapies for use on terminally ill patients. I found this type of egregious behavior so common within the profession of "real" naturopathic doctors that I felt like I had no other choice than to change professions. I have since left the profession to study biomedical research in Germany.

Based on my educational and professional experience as an accomplished member of the naturopathic community, I can say that naturopathic medicine might be a distinct form of something, but it is not any form of primary health care. I am saddened to report that not only was I misled, but so were hundreds of legislators, thousands of students, and tens of thousands of patients. I do not want to see legislators in North Dakota fooled by false information regarding the education, training, and medical capabilities of naturopaths.

The issue of this deceit boils down to the education and clinical training of naturopaths and how the American Association of Naturopathic Physicians (AANP) and its members manipulate this information for political advancement. The naturopathic profession perpetuates a series of false assertions to justify its progress, which unfold in a closed-loop system that eschews external criticism. Two examples of this dynamic show that naturopaths are the sole regulators of naturopathic medicine. The NPLEX, the naturopathic licensing exams administered by the North American Board of Naturopathic Examiners (NABNE), is written entirely by naturopaths and not made publicly available like the USMLE or COMPLEX-USA for MDs and DOs. The NPLEX continues to be kept secret by NABNE, making it impossible for legislators and health organizations to assess the quality of the licensing examinations and to assess claims that the exams are as rigorous and comprehensive as the USMLE or COMPLEX-USA.

The Council on Naturopathic Medical Education (CNME) is an accrediting agency that approves naturopathic medicine programs in North America as designated by the U.S. Department of Education. This accreditation does not mean what naturopaths were taught in school or what legislators are told. It actually means that the CNME meets administrative criteria and conducts its own evaluation process of naturopathic programs which it approves. The CNME board members have numerous conflicts of interest with naturopathic and alternative medicine, in general. The founder of CNME, Joseph Pizzorno ND, is also one of the co-founders of Bastyr University. This historical conflict of interest alone is enough to suggest that CNME and the accredited naturopathic schools are likely mutually profiting from their relationship. In 2001, the U.S. Secretary of State recommended that the U.S. Department of Education not recertify CNME as an accrediting agency for naturopathic medical schools due to CNME's prime role in covering up extensive debt at the accredited Southwest College for Natural Medicine in Tempe, AZ. I suspect that there are many more conflicts of interests and corrupt activity yet to be revealed.

Despite the use of the term "accreditation" by naturopaths, naturopathic organizations and their universities, this term does not vouch for the quality of the education provided at the institutions. It simply means that certain administrative criteria are in place and that the university is willing to participate in a self-assessment process. Naturopaths are led to believe that the specific content of their education is "U.S. Department of Education approved" and flaunt this fact to lawmakers to help push through licensing laws. In fact, the only thing approved by the U.S. Department of Education is the university's administration management, its mission statement, and its willingness to partake in a self-evaluation.

Furthermore, the AANP and its members like to say the the naturopathic medical degree is classified "on par with medical degrees and doctor of osteopathic medicine degrees." This statement is a lie.

Naturopaths love to use education comparison charts to show that they are qualified to practice medicine as a primary care provider, write prescriptions for pharmacologic medications, and perform procedures like minor surgery or intravenous procedures. I've found several charts comparing naturopathic education to the education of other health care providers. They are all a bit different in how hours are categorized for comparison, which tipped me off that there was some manipulation of the data. To clarify the training of naturopaths for you, I have attached my transcript and a chart of my education hours which shows you exactly what was required for me to earn my naturopathic medical degree.

You will be interested in the following points from my transcript and the accompanying spreadsheet detailing the hours I spent in each class and in clinical training.

Clinical Training:

- 1,100 hours of primary care medicine training in "direct patient contact" including
- 748 total clinical training hours on "patient care rotations"
 - 44 hours on a counseling rotation
 - 176 hours on physical medicine rotations (chiropractic therapy)
 - 132 hours spent shadowing any kind of health practitioner (ND, MD, DO, DC, LAc, Homeopath, PT, PA, NP, etc.)

748 Hours Patient Care Rotations:

A patient care rotation is scheduled in 4 hour shifts, once per week, for an 11-week quarter. One of these four hours is spent discussing patient cases and information on every shift. Three hours are spent in direct patient care, reducing the total numbers of hours spent in clinical training down to 561 hours. Clinical training on patient care shifts encompassed debunked medical theories, pseudoscience, energy medicine like homeopathy, hydrotherapy like colon irrigation, physical medicine like chiropractic adjustments (called naturopathic manipulation in your bill), and yes, some primary care concepts. However, the primary care training is diluted with the sheer amount of experimental medical practices and quackery.

My clinical training included such a small amount of pharmacological experience that it hardly seems worth mentioning. I spent far more time learning how to write a prescription for botanical medicines than how to prescribe appropriate pharmaceutical medications. I specifically befriended a pharmacist at a local pharmacy in Seattle so I could ask questions about drugs, dosages, interactions, and protocols.

Of note, there are no naturopathic standards of care. Students and residents at Bastyr University have compiled documents explaining the diagnosis and treatments for a variety of diseases, which are available to students and faculty on the university's online portal. A review of these documents reveals a large degree of

untamed variability that is reflected in naturopathic medicine. For example, the entry on angina includes a variety of treatment options: nutrient therapy with selenium, CoQ10, magnesium, and niacin; limiting fat intake, removing sucrose, alcohol and caffeine from the diet; botanical medicine doses of ginger, ginkgo biloba, aconite, and bromelain; at home exercises; recommendations to address a type A personality; a detoxification diet; colon hydrotherapy; castor oil packs; food allergy elimination; juice fasts; hormone replacement therapy; lifestyle changes; and monitoring of uric acid levels. Of the documents I've reviewed, all fail to mention any standard of care, which for some conditions, at a minimum should include an immediate referral to the emergency room or medical specialist. I know it sounds cynical, but naturopathic medical care is like picking treatments out of a magical hat.

The theme of not making firm clinical or public health recommendations rooted in science is apparent in the profession's position papers. Most notably, the AANP position paper on vaccinations does not mention any vaccine schedule specifically nor does the paper recommend an adherence to any standard of care regarding immunizations. The paper instead clearly leaves room open for exemptions and custom inoculation schedules between parents and practitioners "within the range of options provided by state law." Since many states have major loopholes in public health law regarding vaccine exemptions, this statement basically means vaccinate as you like or even not at all. This type of weak public health care policy results in infectious disease outbreaks like the pertussis outbreak in California in 2010. I can imagine that strong public health policies regarding immunization is very important in North Dakota right now given the state's large workplace flux with the energy industry.

Course Training:

BC 6305 Pharmacology for ND Students: "pharmacology for the ND student population"

- 55 lecture hours in one course
- No additional pharmacology training provided in other courses
- Minimal, if any, additional pharmacology training provided in clinical training hours

NM 7416 Minor Office Procedures: Lecture course that covers suturing techniques, use of anesthesia, performing biopsies, managing wounds, infections, and complications with natural therapies, homeopathic remedies for wound healing and infections, and insurance billing for these procedures. Technique and skills are practiced on pig feet.

- 96 lecture hours
- No required clinical training
- No clinical competency exam required for graduation or licensing

NM 7417 Medical Procedures: Lecture course that covers common "primary care procedures" such as epi-pen injection, intravenous therapies, heavy metal testing, injections, IV cannulation, safety issues with IV therapy, sinus irrigation, naso-sympatico, eustachian tube massage, ear lavage, nebulizer use, how to use an oxygen tank and CPR/ first aid

- 33 hours lecture hours
- No required clinical training
- No clinical competency exam required for graduation or licensing
- This meager class meets the "16 hours of IV training required" to be licensed as a naturopathic doctor in the state of Washington.

It is my opinion, that naturopathic "doctors" or "physicians" are not qualified to practice primary care. Yet, I hope that my description of the clinical training provided by Bastyr propels this claim closer to the realm of fact. I find it extremely troubling to have been the victim of so many layers of deceit: from naturopathic medical school promotional material, the education and clinical training, the AANP's political efforts, and information promulgated by my former naturopathic peers, colleagues, and elders. I sincerely hope that I can help shed light on the truth, which is why I decided to start my own blog.

In short, naturopathic clinical training is not on-par with medical or osteopathic doctors and is in fact far less, in terms of quantity and quality--also less than nurse practitioners and physician's assistants. Of the hours that Bastyr provided to me and my classmates in purported primary care training (748 hours), one quarter of this time was spent in case preview and review. The remaining 75% (561 hours) contained dubious diagnostics and experimental treatments that were so embedded within a pseudo-medical practice that the student clinician loses the ability to assess what is truth and what is make-believe. When homeopathic remedies are presented on the same level as antibiotic treatment, the naturopathic student is lost, and I don't blame them.

I think it is quite apparent that the 561 hours of what I calculated to be "direct patient contact" in clinical training are nothing of the sort that would instill confidence in anyone that naturopathic education can produce competent primary care physicians. There is no way that such training produces better health care that is affordable or efficacious than what is currently available. Yet, this is exactly the rhetoric fed to federal and state lawmakers about naturopathic medicine, and it is wrong.

I recognize that it is a common position of governing bodies to promote freedom of choice. And by that logic, it is easy to license naturopaths, expand their scope of practice, and state that you are allowing citizens to make their own decisions regarding who is providing primary health care to them and their families. However, granting naturopaths an expanded scope of practice that includes prescription rights, minor surgery, and midwifery practices provides the false illusion to North Dakotans that they are choosing between equally qualified health care physicians. I graduated from naturopathic medical school with no midwifery training whatsoever, a meager amount of pharmacology training, and the bare minimum amount of minor surgery training; all of which, by the way, was taught in a lecture format and not in a clinical setting. Any naturopath claiming to be adequately qualified in these areas, without having sought extensive training outside of naturopathic medical school, is simply regurgitating lies from their governing organization.

Furthermore, I would never recommend that any of my family members or friends seek naturopathic medical care for any medical condition, and certainly not for primary care.

If naturopaths are going to continue to argue that their scope of practice should reflect their training, then they need to accept that their scope of practice should be severely, severely, severely dialed back or they need to conduct a massive overhaul of their training, as the DOs did in the 1970s. Furthermore, naturopaths are not required to complete residencies (except for those practicing in Utah who need one year of residency), which is where any physician will argue the real practice of medicine is learned over the course of a multiple-year residency in a teaching hospital.

Realistically, if I were to practice naturopathic medicine according to my training at Bastyr, I honestly do not even know what I would be qualified to do.

Please do not support SB 2194 to expand the scope of practice for naturopathic "physicians" in North Dakota. Please continue to limit the scope of naturopathic "physicians" that is commensurate with their minimal training in primary care medicine. To act otherwise, is to risk the well-being and safety of every North Dakotan.

Sincerely,

Britt Marie Deegan Hermes

TRANSCRIPT OF ACADEMIC RECORD

9/22/2014

Bastyr University
14500 Juanita Drive NE
Kenmore, WA 98028-4966
(425) 823-1300

Page 1 of 3

STUDENT OFFICIAL TRANSCRIPT

Student Name: Deegan, Britt Marie

Student ID: [REDACTED]

Provided Solely for:

Major: Naturopathic Medicine

Degree: Doctor of Naturopathic Medicine - 06/18/2011

Conferred: 06/18/2011

Majors: Naturopathic Medicine

Term: SP-08

Term: SU-07

BC	2106	Introduction to Physics	4.00	B+		
BC	3115	Organic Chemistry 1 Lecture	4.00	A-		
BC	3116	Organic Chemistry 1 Lab	1.00	A		
BC	3125	Organic Chemistry 2 Lecture	4.00	W		
BC	3126	Organic Chemistry 2 Lab	1.00	W		
BC	4112	Biochemistry for Life Sciences 2 Lecture	4.00	A-		
		ATT	ERN	HRS	PTS	GPA
TERM		18.00	13.00	13.00	46.00	3.800
CUM		18.00	13.00	13.00	46.00	3.800

Term: FA-07

BC	5104	Biochemistry 1	4.00	AC			
BC	5107	Human Physiology 1 Lec/Lab	5.50	AC			
BC	5110	Histology	5.00	AC			
BC	5122	Gross Human Anatomy 1	4.50	AC			
BC	5123	Gross Human Anatomy 1 Lab	1.00	AC			
NM	5113	Naturopathic Medicine in Historical Context	2.00	AC			
NM	5504	Clinic Entry 1	1.00	AC			
			ATT	ERN	HRS	PTS	GPA
TERM			23.00	23.00	0.00	0.00	0.000
CUM			41.00	36.00	13.00	46.00	3.800

Term: WI-08

BC	5108	Human Physiology 2 Lec/Lab	5.50	AC		
BC	5117	Embryology	3.00	AC		
BC	5124	Gross Human Anatomy 2	4.50	AC		
BC	5125	Gross Human Anatomy 2 Lab	1.00	AC		
NM	5114	Fundamentals of Neuropathic Clinical Theory	2.00	AC		
OM	4101	History of Medicine	2.00	B+		
PM	6301	Hydrotherapy/Physiotherapy Lecture	2.00	AC		
PM	6305	Hydrotherapy/Physiotherapy Lab	1.00	AC		
PS	9529	Clinical Biobackpack	2.00	A		
		ATT	ERN	HRS	PTS	GPA
TERM		23.00	23.00	4.00	14.60	3.650
CUM		64.00	59.00	17.00	61.40	3.612

Term: SU-08

BC	5106	Biochemistry 2	4.00	AC		
BC	5109	Human Physiology 3 Lecture	3.00	AC		
BC	5124	Gross Human Anatomy 3	4.50	AC		
BC	5124	Gross Human Anatomy 3 Lab	1.00	AC		
BC	5129	Neuroscience	5.50	AC		
BC	5301	Botanical Medicine 1	2.00	AC		
MM	9120	Fertility Awareness & Natural Family Planning	2.00	AU		
NM	5115	Naturopathic Medicine in Global Context	2.00	AC		
NM	8001	Preventative 1	1.00	AC		
PM	5310	Myofascial Analysis	1.20	AC		
		ATT	ERN	HRS	PTS	GPA
TERM		24.50	24.50	0.00	0.00	0.000
CUM		88.50	83.50	17.00	61.40	3.612

Term: SU-08

BC	8204	Immunology	4.00	AC		
BC	9128	Plant Identification and Medicinal Field Botany	3.00	AC		
OM	5442	Tai Chi	1.00	A		
TR	5101	Whole Foods Production	1.00	B+		
		ATT	ERN	HRS	PTS	GPA
TERM		11.00	11.00	4.00	13.90	3.475
CUM		99.50	94.50	21.00	75.30	3.586

Term: FA-08

BC	6200	Human Pathology 1	4.00	AC		
BC	6301	Botanical Medicine 2	2.00	AC		
HO	6300	Herpetopathy 1	2.00	AC		
NM	6210	Clinical Lab Diagnosis 1	3.50	AC		
NM	6221	Physical/Clinical Diagnosis 1 Lect	2.00	AC		
NM	6221L	Physical/Clinical Diagnosis 1 Lab	2.00	AC		
PS	6305	Naturopathic Counts 1	3.00	AC		
TR	6310	Food, Dietary Syst & Assessment	8.00	AC		
ACADEMIC TOTAL		ATT	ERN	HRS	PTS	GPA
TERM		21.50	21.50	0.00	0.00	0.000
CUM		121.00	116.00	21.00	75.30	3.586

Term: WI-09

BC	6201	Human Pathology 2	4.00	AC			
BC	6305	Pharmacology	5.00	AC			
BC	6302	Botanical Medicine 3	2.00	AC			
HO	6301	Herpetology 2	1.00	AC			
NM	6211	Clinical Lab Diagnosis 2	3.50	AC			
NM	6222	Physical/Clinical Diagnosis 2 Lect	2.00	AC			
NM	6222L	Physical/Clinical Diagnosis 2 Lab	2.00	AC			
PS	6306	Naturopathic Course 2	3.00	AC			
TR	6311	Macro & Microinfectia	3.00	AC			
			ATT	ERN	HRS	PTS	GPA
TERM			27.50	27.50	0.00	0.00	0.000
CUM			148.50	143.50	21.00	75.30	3.586

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TRANSCRIPT OF ACADEMIC RECORD

9/22/2014

Bastyr University
14500 Juanita Drive NE
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(425) 823-1300

Page 2 of 3

STUDENT OFFICIAL TRANSCRIPT

Student Name: Deegan, Britt Marie

Student ID: [REDACTED]

Provided Solely for:



Term: SP-09

Term: WI-10

BO	6502	Human Pathology 3	4.00	AC
BO	6209	Infectious Diseases	5.00	AC
HO	6502	Homeopathy 3	3.00	AC
NM	6212	Clinical Lab Diagnosis	3.50	AC
NM	6223	Physical/Clinical Diagnosis 3 Lec	2.00	AC
NM	6223A	Physical/Clinical Diagnosis 3 Lab	2.00	AC
NM	6604	Clinic Entry 2	1.00	AC
NM	7417	Medical Procedures	3.00	AC
PM	8300	Naturopathic Manipulation 1	2.00	AC

ATI ERN HRS PTS GPA
TERM 25.50 25.50 0.00 0.00 0.000
CUM 174.00 198.00 21.00 75.30 3.586

Term: SU-09

BO	6303	Bot Med Dispensary Lab	1.00	AC
NM	7325	Nat Case Anal & Mgmt 1	1.50	AC
NM	7418	Minor Office Procedures	3.00	AC
NM	7503	Patient Care 1	2.00	AC
PM	7901	Pt Care 1B/Phys Med 1	2.00	AC

ATI ERN HRS PTS GPA
TERM 9.50 9.50 0.00 0.00 0.000
CUM 183.50 207.50 21.00 76.30 3.586

Term: FA-09

BO	7300	Botanical Medicine 4	2.00	AC
NM	7421	Normal Maternity	3.00	AC
NM	7407	Eye, Ear, Nose and Throat	2.00	AC
NM	7313	Gynecology	3.00	AC
OM	4118	TCM Fundamentals	4.00	B
PM	7301	Naturopathic Manipulation 2	3.00	AC
PM	7305	Orthopedics	2.00	AC
PS	7200	Psychological Assessment	2.00	AC
TR	7411	Diet & Nutrient Therapy 1	3.00	AC

ATI ERN HRS PTS GPA
TERM 24.00 24.00 4.00 12.00 3.000
CUM 207.50 202.50 25.00 87.30 3.492

BO	7500	Clinical Formulators & Applications of Botanical Medicine	1.00	AC
NM	7101	Environmental Medicine	1.50	AC
NM	7102	Public Health	1.50	AC
NM	7115	Naturopathic Clinical Theory	1.00	AC
NM	7304	Dermatology	2.00	AC
NM	7306	Oncology	2.00	AC
NM	7316	Pediatrics 1	2.00	AC
NM	7821	Patient Care 2	2.00	AC
NM	7822	Patient Care 3	2.00	AC
PM	7302	Naturopathic Manipulation 3	3.00	AC
PM	7341	Sports Med/Therapeutic Exercise	2.00	AC
PS	7203	Addictions and Disorders	2.00	AC
TR	7412	Diet & Nutrient Therapy 2	3.00	AC

ATI ERN HRS PTS GPA
TERM 25.00 25.00 0.00 0.00 0.000
CUM 232.50 227.50 25.00 87.30 3.492

Term: SP-10

BO	7301	Botanical Medicine 5	2.00	AC
NM	7109	Practice Management 1	2.00	AC
NM	7302	Gastroenterology	2.00	AC
NM	7305	Clinical Ecology	2.00	AC
NM	7311	Neurology	2.00	AC
NM	7315	Pediatrics 2	2.00	AC
NM	7320	Family Medicine	2.00	AC
NM	7330	The Healing Systems	1.00	AC
NM	7823	Patient Care 4	2.00	AC
NM	5562	IV Therapy, Form, Comp & Safety Considerations	2.00	AC
PM	7303	Naturopathic Manipulation 4	3.00	AC
PM	7802	Pt Care 1B/Phys Med 2	2.00	AC
PS	7315	Nat Counseling 3	2.00	AC

ATI ERN HRS PTS GPA
TERM 25.00 25.00 0.00 0.00 0.000
CUM 258.50 253.50 25.00 87.30 3.492

Term: SU-10

NM	7841	Cardiology	3.00	AC
NM	7844	Patient Care 5	2.00	AC
NM	7825	Patient Care 6	2.00	AC
NM	7826	Patient Care 7	2.00	AC
NM	7847	Patient Care 8	2.00	AC
NM	8204	Radiographic Intern 1 Lecture	3.00	AC
NM	8207	Radiographic Intern 1 Lab	1.00	AC

ATI ERN HRS PTS GPA
TERM 15.00 15.00 0.00 0.00 0.000
CUM 273.50 268.50 25.00 87.30 3.492

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9/22/2014

Page 3 of 3

STUDENT OFFICIAL TRANSCRIPT

Student Name : Deegan, Britt Marie

Student ID : [REDACTED]

Provided Solely for:



Term: FA-10

NM	7829	Patient Care 9	2.00	AC
NM	7829	Patient Care 10	2.00	AC
NM	9107	Ethics	1.00	AC
NM	9303	Genetics	2.00	AC
NM	9308	Endocrinology	3.00	AC
NM	9312	Urology	1.50	AC
NM	9413	Advanced Neuropathic Therapeutics	2.00	AC
NM	9830	Patient Care 11	2.00	AC
NM	9816	Advanced Pediatrics	2.00	AC
PM	9801	PT Care 20/Phys Med 3	2.00	AC

	ATT	ERN	HRS	PTS	GPA
TERM	19.50	18.50	0.00	0.00	0.000
CUM	293.00	298.00	25.00	87.30	3.492

Term: WI-11

NM	9212	Radiographic Interpretation 2	3.00	AC
NM	9309	Rheumatology	1.50	AC
NM	9325	Nat Care Anal & Mgmt 2, Grd Rds	1.00	AC
NM	9414	Advanced Neuropathic Therapeutics 2	2.00	AC
NM	9802	Preceptorship 2	1.00	AC
NM	9831	Patient Care 12	2.00	AC
NM	9832	Patient Care 13	2.00	AC
NM	9833	Patient Care 14	2.00	AC
NM	9863	Neuropathic Family Management	2.00	AC
PS	6207	Counseling for Eating Disorders	2.00	AU

	ATT	ERN	HRS	PTS	GPA
TERM	16.50	16.50	0.00	0.00	0.000
CUM	309.50	304.50	25.00	87.30	3.492

Term: SP-11

NM	9102	Jurisprudence	1.00	AC
NM	9103	Practice Management 2	2.00	AC
NM	9213	Diagnostic Imaging	2.00	AC
NM	9314	Pulmonary Medicine	1.50	AC
NM	9603	Preceptorship 3	1.00	AC
NM	9834	Patient Care 15	2.00	AC
NM	9835	Patient Care 16	2.00	AC
NM	9836	Patient Care 17	2.00	AC
NM	9844	Param Patient Care	2.00	AC
NM	9838	Standards of Care	2.00	AC
PM	9802	PT Care 21/Phys Med 4	2.00	AC

	ATT	ERN	HRS	PTS	GPA
TERM	19.50	19.50	0.00	0.00	0.000
CUM	329.00	324.00	25.00	87.30	3.492

The Family Educational Rights and Privacy Act of 1974 (as amended) prohibits the release of this information without the student's written consent. An official transcript must include the signature of the registrar and the seal of the college or university. This document reports academic information only.

Amulya S.

TRANSCRIPT CONTINUES ON REVERSE SIDE

**HOW I EARNED MY "DOCTORATE" IN NATUROPATHIC MEDICINE AT BASTYR UNIVERSITY
2007-2011**

Britt Marie Deegan

Pre Clinical Courses

BioChemistry	132 Hours
Human Anatomy Lecture/ Lab	231 Hours
Human Physiology Lecture/Lab 1-2	154 Hours
Human Physiology 3	33 Hours
Histology	66 Hours
Embryology	33 Hours
Neuroscience	77 Hours
Immunology	44 Hours
Human Pathology 1-3	132 Hours
Clin Lab Diagnosis 1-3	165 Hours
Phys/Clin Diag Lect 1-3	66 Hours
Phys/Clin Diag Lab 1-3	99 Hours
Pharmacology	55 Hours
Fund. of Research Design	22 Hours
Infectious Diseases	55 Hours
Total Lecture Hours:	1364 Hours

Clinical Courses

Medical Procedures	33 Hours
Minor Office Procedures	96 Hours
EENT	22 Hours
Gynecology	22 Hours
Orthopedics	22 Hours
Dermatology	22 Hours
Oncology	22 Hours
Pediatrics 1	22 Hours
Sports Medicine	22 Hours
Gastroenterology	22 Hours
Neurology	22 Hours
Pediatrics 2	22 Hours
Family Medicine	22 Hours
Cardiology	33 Hours
Radio Interp Lecture and Lab 1	55 Hours
Radio Interp Lect and Lab 2	33 Hours
Geriatrics	22 Hours
Endocrinology	33 Hours
Urology	16.5 Hours
Rheumatology	16.5 Hours
Diagnostic imaging	22 Hours
Pulmonary medicine	16.5 Hours
Total Lecture Hours	618.5 Hours

Electives

Clinical Formulations of Bot Med	14 Hours
IV Therapy	12 Hours
Naturopathic fertility management	22 Hours
Standards of care *elective course	22 Hours
Advanced Pediatrics	22 Hours
Counseling for Eating Disorders	33 Hours
Plant Identification	unknownr Hours

Other category:

Normal Maternity	33 Hours
Fundamentals of TCM	33 Hours
Clinical Ecology	22 Hours
Environmental Medicine	16.5 Hours
Public Health	16.5 Hours
Clinic entry 1	11 Hours
Clinic entry 2	11 Hours

Counseling

Naturopathic Counseling 1	33 Hours
Naturopathic Counseling 2	33 Hours
Naturopathic Counseling 3	22 Hours
Psychological Assessment	22 Hours
Addictions and Disorders	22 Hours
Total	132 Hours

Phytotherapy/ Herbal Medicine

Botanical Medicine 1	26.5 Hours
Botanical Medicine 2	22 Hours
Botanical Medicine 3	22 Hours
Botanical Medicine 4	26.5 Hours
Botanical Medicine 5	26.5 Hours
Botanical Medicine Dispensary Lab	22 Hours
Total	146 Hours

Nutrition

Foods, Dietary Systems and Assess	44 Hours
Diet and Nutrient Therapy 1	33 Hours
Diet and Nutirent Therapy 2	33 Hours
Macro and Mirco Nutrients	33 Hours
Total	143 Hours

Homeopathy Courses

Homeopathy 1	22 Hours
Homeopathy 2	33 Hours
Homeopathy 3	33 Hours
Total	88 Hours

Physical Medicine

Naturopathic Manipulation 1	22 Hours
Naturopathic Manipulation 2	33 Hours
Naturopathic Manipulation 3	33 Hours
Naturopathic Manipulation 4	33 Hours
Hydrotherapy/ Physio Lect/ Lab	44 Hours
Myofascial Analysis	33 Hours
Total	198 Hours

Professional Development

Practice Management 1	22 Hours
-----------------------	----------

Tai Chi	unknownr Hours	Practice Management 2	22 Hours
Whole Foods	40 Hours	Jurisprudence	11 Hours
Clinical Biofeedback	22 Hours	Ethics	11 Hours
History of Medicine	22 Hours	Total	44 Hours

CLINICAL TRAINING HOURS

Patient Care Rotations (17)	748 Hours
Counseling Rotation (1)	44 Hours
Physical Medicine Shifts (4)	176 Hours
Precepting	132 Hours
Total Clinical Training Hours	1100 Hours

Naturopathic Theory

Naturopathic Medicine in Global Context	33 Hours
Naturopathic Medicine in Historical Context	33 Hours
Fundamentals of Naturopathic Clinical Theory	22 Hours
Advanced Naturopathic Therapeutics 1	22 Hours
Advanced Naturopathic Therapeutics 2	22 Hours
Healing Systems	11 Hours
Naturopathic Case Analysis and Management 1	33 Hours
Naturopathic Case Analysis and Manag. 2	22 Hours
Total	165 Hours

Britt Marie Hermes
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Addendum letter re: SB 2194 Naturopathic scope expansion

24 March 2015

To the Human House Services Committee of North Dakota:

The profession of naturopathic medicine is medical fraud.

I'll describe issues of inadequate clinical training and blatant lying about the profession.

The consequences of allowing naturopaths to practice independently, prescribe drugs, provide maternity care, or deliver babies will endanger the health of North Dakotans.

I'll reiterate that naturopaths should not:

- Provide medical care on Native American reservations
- Prescribe *any* pharmacologic or scheduled medication
- Practice as a primary care physician in *any* capacity

Naturopaths are not qualified to provide medical care on reservations

Students attending accredited naturopathic schools, such as Bastyr University in Seattle, University of Bridgeport in Connecticut, Southwest College for Natural Medicine in Phoenix, and National College for Natural Medicine in Portland acquire substantial student loan debt.

Naturopaths graduating from these programs are allowed to borrow federal money to finance their education.

Some clever naturopaths have come up with a solution to help receive government assistance to repay part of their federal debts: work with Native populations on reservations and apply for Indian Health Services' student loan repayment support.

Allowing licensed naturopaths to work on reservations would be a dangerous mistake.

Typically, the patient population on reservations suffer from multiple complex health conditions that require medical management with numerous pharmacological medications and experienced clinical skills.

Naturopaths have neither the education or the clinical training that make them capable of managing complex medical diseases and multiple pharmacological medications. This is evidenced by the lack of pharmacology training and the low quality of the clinical training in naturopathic programs.

Naturopaths are not qualified to prescribe any drugs

I graduated from Bastyr University in 2011. This is the same year Beth Allmendinger graduated, the naturopathic doctor who spearheaded SB 2194. According to my transcript and the course catalog from our time at Bastyr, we received 55 hours in pharmacology.

I included my official transcript with my previous letter. I have now included to this addendum the syllabus to the single pharmacology course Beth and I took for reference to the scope of instruction (Appendix B).

Bastyr University has recently undergone curriculum changes which includes a "system-based" medical education, yet according to the 2013 Bastyr Course Catalog, current students receive only 27.5 hours in pharmacology. This new course catalog is included with this letter for your reference.

I think we can all agree that a mere 27.5 hours of pharmacology training hardly instills any confidence in one's pharmacological competency.

NDs do not receive more clinical or pharmacology training than PAs or NPs

I also researched the number of didactic pharmacology hours at Northwest College of Natural Medicine (NCNM) and University of Bridgeport, two accredited naturopathy universities. Naturopathic students receive 72 hours in classroom pharmacology training at each university.

Even though these numbers appear better than Bastyr's, they are still inadequate.

Physician Assistants receive far more pharmacology training and apply this knowledge in a very active setting working exclusively alongside a Physician (Medical Doctors or Doctors of Osteopathic Medicine). For example, Salus University in Pennsylvania, Lincoln Memorial University in Tennessee and University of Utah provide their students with 90, 90, and 120 hours in pharmacology, respectively from which students apply their knowledge in clinical training at hospitals and medical clinics.

Even with this training, though, Physician Assistants must always practice under the supervision of a Physician (MD or DO). Because naturopaths receive less training in pharmacology than Physician Assistants, naturopaths are not capable of practicing independently.

When compared to the pharmacology training for Nurse Practitioners, naturopathic programs still fall short. From Nurse Practitioner programs at Long Island University, Vanderbilt University, and Ohio State University, graduates will have received 105, 115, and 101 hours, respectively in pharmacology. Again, like Physician Assistants, Nurse Practitioners are trained in hospitals and medical clinics.

Naturopathic programs do not adequately train their graduates to practice at the same level as Physician Assistants or Nurse Practitioners.

The quantity and quality of naturopathic clinical training hours

At Bastyr, Beth Allmendinger and I were each required to receive only 1100 hours of what Bastyr claims as clinical training.

Any statement claiming that currently licensed naturopathic doctors were required to receive more than 1100 hours of clinical training from Bastyr University is false. Naturopaths often exaggerate their training.

First, naturopathic clinical training hours are not rooted in medical science or evidence-based practice. Most of the training provided at accredited universities encompasses instruction in diagnosing fake diseases, using unproven or disproven laboratory testing methods, and treating real diseases with alternative therapies including homeopathy, hydrotherapy, chiropractic adjustments, dietary supplements, and energy healing.

It is worth noting that naturopathic students receive large amounts of training in pseudoscience, such as homeopathy, botanical medicine, and naturopathic manipulation (the naturopathic version of chiropractic.) As an example, naturopathic students at Bastyr University, National College of Natural Medicine, and University of Bridgeport receive 88 hours, 144 hours, and 144 hours, respectively in homeopathy. This field is an antiquated practice from the 19th century that has been definitively debunked by the scientific community and is considered by medical experts to be health fraud.

In the attached chart (Appendix A) comparing training between naturopaths, Nurse Practitioners, and Physician Assistants, you will see that a much larger number of pseudoscientific topics are taught than pharmacology in naturopathic programs. Large proportions of naturopathic training is occupied by learning homeopathy, herbalism, and manipulations (hydrotherapy, massage, cranio-sacral, and chiropractic adjustments).

Naturopaths do not use the same textbooks as medical doctors

A common argument used by naturopathic doctors to prove their education is "on-par with that of medical doctors" is a claim that naturopathic courses require the same textbooks as students in medical school.

I have not reviewed the course syllabi for medical schools, so I cannot speak regarding the truthfulness of this argument.

However, the similarity of a handful of textbooks cannot demonstrate that naturopathic education is equivalent to medical doctors.

I can show that many of the naturopathic clinical science courses require and use textbooks that teach unproven, untested, or discredited medical therapies and theories.

Here is a short list from my Bastyr course syllabi:

- **MW 7320 Normal Maternity:**
 - Davis, Elizabeth. *Heart and Hands, A Midwife's Guide to Pregnancy and Birth, 4th Edition* (2004). Celestial Arts.
 - "This introductory and concise text outlines the basics of normal *maternity* care in a warm and engaging fashion. It is noteworthy for it's inclusion of information on homeopathic and herbal remedies utilized in maternity care." -Instructor's description
- **NM 7307 Eyes, Ears, Nose and Throat:**
 - Author *Naturopathic Approach to Ophthalmology and Otolaryngology*. (2004). Healing Mountain Publishing
- **NM 7313 Gynecology**
 - Hudson, Tori. *Women's Encyclopedia of Natural Medicine, 2nd edition*.
- **NM 7311 Neurology**
 - Weintraub, Michael I. *Alternative and Complementary Treatment in Neurologic Illness*. (2001). Churchill Livingstone.
- **NM 8309 Rheumatology**
 - Vasquez, Alex. *Integrative Rheumatology, 2nd ed.*
- **NM 7315 Pediatrics**
 - Herscu, P. *The Homeopathic Treatment of Children*
 - McIntyre, Anne. *Herbal Treatment of Children: Western and Ayurvedic Perspectives*. (2005) Elsevier.
 - Sears, Robert. *The Vaccine Book*. (You may recognize this author as the medical physician who popularized the delayed and alternative childhood immunization schedule.)

While some medical science was taught, the education at Bastyr is heavily supplemented with pseudoscience and alternative health practices.

Non-existent Standards of Care

There are no naturopathic standards of care.

One of the most important points I can make is that naturopaths do not have their own clear standards of care nor do they adopt the medical standards of care practiced by the vast majority of Physicians worldwide.

One of the parts about my clinical training I consider the most shocking is that naturopathic diagnosis and treatments lacked any semblance of consistency or efficacy.

For example, students and residents at Bastyr University have compiled documents explaining the naturopathic diagnosis and treatments for a variety of diseases, which are available to students and faculty on the university's online portal. A review of these documents reveals a large degree of untamed variability.

For example, students and residents use a library of naturopathic treatments for training in the Bastyr Clinics. The entry on angina covers a plethora of treatments (Appendix C): nutrient therapy with selenium, CoQ10, magnesium, and niacin; limiting fat intake; removing sucrose, alcohol and caffeine from the diet; botanical medicine doses of ginger, ginkgo biloba, aconite, and bromelain; at home exercises; recommendations to address a type A personality; a detoxification diet; colon hydrotherapy; castor oil packs; food allergy elimination; juice fasts; hormone replacement therapy; lifestyle changes; and monitoring of uric acid levels.

Of the documents I've reviewed, all fail to mention any standards of care, which for some conditions, at a minimum should include an immediate referral to the emergency room or medical specialist. I know it sounds cynical, but naturopathic medical care is like picking treatments out of a magical hat.

Standards of care that Physicians follow are formulated by public health agencies and scientific advisory boards. For example, the childhood immunization schedule is set by the Center for Disease and Control and the World Health Organization. Medical doctors follow these recommendations because, the scientific consensus is shown to be the best practice, in the best interest of the public, and based on rigorous and ongoing medical research.

In contrast, naturopaths often do not follow the CDC childhood immunization schedule for their patients. This has contributed to the outbreaks of communicable diseases like the measles and Whooping Cough.

Given the wide variability of naturopathic belief systems regarding anything in medicine, it is possible that a naturopath who does not advocate for childhood immunizations, or who believes a delayed vaccine schedule is medically appropriate, may endanger the health of North Dakotans.

The public health consequences of discouraging immunizations are grave.

Naturopathic Training with MDs or DOs

In naturopathic education and training, student precepting has a broad definition that can mean anything from the student shadowing, assisting in medical (or naturopathic) diagnosis or treatment, or providing administrative/front desk support. These hours may be spent with a medical doctor, osteopath, naturopathic doctor, homeopath, chiropractor, acupuncturist, or anyone else deemed appropriate by one's program. For me, eighty-eight of these 132 hours were required to be spent with a naturopath, and a student was limited to 44 hours of precepting with non-naturopathic providers, including medical doctors.

SB 2194 may result in patient deaths

Naturopathic training is not as naturopaths present. It is riddled with pseudoscience, debunked medical theories, and experimental medical practices. Naturopathic doctors are medical fraudsters. They are falsifying their medical training and subsequently risking the lives of patients they treat. As a result, they are incapable of treating medical diseases and this incompetency can lead to patient harm and death.

I think it is very important to note that naturopaths are nice people and believe they are doing the right thing. From my experience in the profession, I used to believe these ideas too. I can strongly say that these false beliefs originate in the professional organizations and naturopathic schools and are presented to students as the truth. A noticeable effect is that naturopaths have the most difficult time explaining clearly and factually how their training enables them to diagnose and treat diseases with prescription drugs or practice midwifery.

The naturopathic profession, organized by the American Association of Naturopathic Physicians, perpetuates false claims to meet its political goals. Lawmakers have been told that naturopathic schools are accredited by the US Department of Education, but this is only partly true. An independent body run by naturopaths and chiropractors acts as the agency that is responsible for accrediting naturopathic programs, called the Council on Naturopathic Medical Education (CNME).

The organization that administers the naturopathic licensing exam, North American Naturopathic Board of Examiners (NABNE), is also run solely by alternative health providers.

Lawmakers often look to these organizations in order to make decisions regarding the safety of licensing naturopaths and expanding their scope of practice. Lawmakers also often hear from naturopaths themselves and sometimes their patients. Please be wary of anecdotal evidence from alternative health providers.

Prior to what I have shared about my time at Bastyr, naturopathic education remained mysterious to outside observers. It has been often understood as being on-par with MDs or DOs, better than Physician Assistants and Nurse Practitioners, and of high quality. Dr. Stephen Barrett wrote about naturopathic medicine in November 2013 on his website Quackwatch.com. He ended his article with this historical fact:

In 1968, the U.S. Department of Health, Education, and Welfare (HEW) recommended against Medicare coverage of naturopathy. HEW's report concluded:

Naturopathic theory and practice are not based on the 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.

I could not have said it better myself to describe the profession as it is today. Naturopaths claim to have undergone reforms and evolution based on scientific research, but nothing could be further from the truth. The education of naturopathic doctors is just as dismal as it was 47 years ago.

Do not allow North Dakotans to be victims of medical fraud. Do not support SB 2194.

Sincerely,


Britt Marie Deegan Hermes

Appendix A

Some Didactic Training Comparisons

	Educational Institution	Location	Pharmacology Hours	Homeopathy Hours	Botanical Hours	Manipulation Hours
<i>Naturopathic</i>	Bastyr University	Washington	27.5*	88	132	203.5
	National College of Natural Medicine	Oregon	72	144	96	216
	University of Bridgeport	Connecticut	72	144	144	315
<i>Nurse Practitioner</i>	Long Island University	New York	105	0	0	0
	Vanderbilt University	Tennessee	115	0	0	0
	Ohio State University	Ohio	101	0	0	0
<i>Physician Assistant</i>	Salus University	Pennsylvania	90	0	0	0
	Lincoln Memorial University	Tennessee	90	0	0	0
	University of Utah	Utah	120	0	0	0

Sources:

<http://www.bastyr.edu/sites/default/files/images/pdfs/course-catalog/2013-14-catalog/Catalog-2013-14.pdf>
http://www.ncnm.edu/images/academic/curriculum/2013-14_ND_4yr_winter.pdf
<http://www.bridgeport.edu/academics/graduate/naturopathic-medicine-nd/curriculum-and-program-requirements/>
http://www.liu.edu/~media/Files/Brooklyn/Academics/Schools/Nursing/SON_StudentHandbook_2012-13.esix
<http://www.nursing.vanderbilt.edu/current/handbook.pdf>
https://nursing.osu.edu/assets/attachments/Masters_programs/MS_student_handbook.pdf
<http://www.salus.edu/physicianAssistant/paStudentHandbookClassof2015Highlighted.pdf>
<http://www.lmunet.edu/doom/pdfs/pa-student-handbook.pdf>
<http://medicine.utah.edu/physician-assistant-program/program/curriculum.php>

*In 2012-2013 Bastyr University changed their naturopathic curriculum. The former program contained 55 hours of pharmacology training as reported by a Bastyr alumnus who graduated in 2011:
<http://www.sciencebasedmedicine.org/nd-confession-part-1-clinical-training-inside-and-out/>

Data Breakdown

Naturopathic Programs

Bastyr University

<http://www.bastyr.edu/sites/default/files/images/pdfs/course-catalog/2013-14-catalog/Catalog-2013-14.pdf>

Pharmacology 1	11 hours
Pharmacology 2	11 hours
Pharmacology 3	5.5 hours
Total Pharmacology	27.5 hours*

*Based on 2013-2014 program. The 2007-2008 program required 55 hours of pharmacology training. See detailed account here:

<http://www.sciencebasedmedicine.org/nd-confession-part-1-clinical-training-inside-and-out/>

Homeopathy 1	16.5 hours
Homeopathy 2	22 hours
Homeopathy 3	22 hours
Homeopathy 4	16.5 hours
Homeopathy 5	11 hours
Total Homeopathy	88 hours

Botanical Medicine Lab	22 hours
Botanical Medicine Formulation Lab 1	22 hours
Botanical Medicine Formulation Lab 2	22 hours
Botanical Medicine Formulation Lab 3	22 hours
Botanical Medicine Formulation Lab 4	22 hours
Botanical Medicine Formulation Lab 5	22 hours
Total Botanical	132 hours

Physical Medicine 1	27.5 hours
Physical Medicine Lab 1	11 hours
Physical Medicine 2	11 hours
Physical Medicine 2 Lab [sic]	11 hours
Physical Medicine 3	22 hours
Physical Medicine 4	33 hours
Physical Medicine 5	38.5 hours
Physical Medicine 6	27.5 hours
Physical Medicine 7	22 hours
Total Manipulation	203.5 hours

National College of Natural Medicine

http://www.ncnm.edu/images/academic/curriculum/2013-14_ND_4yr_winter.pdf

Pharmacology I	36 hours
Pharmacology II	36 hours
Total Pharmacology	72 hours

Intro to Homeopathy	24 hours
Homeopathy I	24 hours
Homeopathy II	24 hours
Homeopathy III	36 hours
Homeopathy IV	36 hours
Total Homeopathy	144 hours

Botanical Materia Medica I	36 hours
Botanical Materia Medica II	24 hours
Botanical Materia Medica III	36 hours
Total Botanical	96 hours

Hydrotherapy with lab	36 hours
NMT/Orthopedics Synthesis I	36 hours
NMT/Orthopedics Synthesis II	36 hours
NMT/Orthopedics Synthesis III	36 hours
NMT/Orthopedics Synthesis IV	36 hours
NMT/Orthopedics Synthesis V	36 hours

University of Bridgeport

<http://www.bridgeport.edu/academics/graduate/naturopathic-medicine-md/curriculum-and-program-requirements/>

Pharmacology I	36 hours
Pharmacology II	36 hours
Total Pharmacology	72 hours

Homeopathy I	36 hours
Homeopathy II	36 hours
Homeopathy III	36 hours
Homeopathy IV	36 hours
Total Homeopathy	144 hours

Botanical Pharmacy Lab	36 hours
Botanical Medicine I	36 hours
Botanical Medicine II	36 hours
Botanical Medicine III	36 hours

Total Botanical	144 hours
Naturopathic Manipulation I	108 hours
Naturopathic Manipulation II	108 hours
Hydrotherapy	45 hours
Physiological Therapeutics	54 hours
Total Manipulation	315 hours

Nurse Practitioner Programs

Long Island University School of Nursing

http://www.liu.edu/~media/Files/Brooklyn/Academics/Schools/Nursing/SON_StudentHandbook_2012-13.ashx

Advanced Pharmacology	60 hours
Basic Pharmacology (from BSc nursing degree)	45 hours
Total Pharmacology	105 hours

Vanderbilt University School of Nursing

<http://www.nursing.vanderbilt.edu/current/handbook.pdf>

Advanced Pharmacology	70 hours
Basic Pharmacology (from BSc nursing degree)	45 hours
Total Pharmacology	115 hours

Ohio State University College of Nursing

https://nursing.osu.edu/assets/attachments/Masters_programs/MS_student_handbook.pdf

Advanced Pharmacology	56 hours
Basic Pharmacology (from BSc nursing degree)	45 hours
Total Pharmacology	101 hours

Physician Assistant Programs

Salus University

<http://www.salus.edu/physicianAssistant/paStudentHandbookClassof2015Highlighted.pdf>

Pharmacology and Clinical Therapeutics 1	22.5 hours
Pharmacology and Clinical Therapeutics 2	33.5 hours
Pharmacology and Clinical Therapeutics 3	34 hours
Total Pharmacology	90 hours

Lincoln Memorial University

<http://www.lmunet.edu/dcom/pdfs/pa-student-handbook.pdf>

Pharmacology	18 hours
Pharmacology and Pharmacotherapeutics I	36 hours
Pharmacology and Pharmacotherapeutics II	36 hours
Total Pharmacology	90 hours

University of Utah

<http://medicine.utah.edu/physician-assistant-program/program/curriculum.php>

Drug Therapy in Primary Care I	50 hours
Drug Therapy in Primary Care II	50 hours
Drug Therapy in Primary Care III	20 hours
Total Pharmacology	120 hours

Appendix B

(See next page)

**BASTYR
UNIVERSITY**
COURSE INFORMATION FOR STUDENTS
Winter Quarter 2009

COURSE NUMBER	BC6305	
COURSE TITLE	Pharmacology for ND Students	
INSTRUCTOR	[REDACTED], ND	
CLASS TIME	Tuesday 8-10AM (Rm1062); Thursday 3-6 PM (Rm 146) Tutorial Weekly: Thursdays - Noon-1:00 PM	
CREDITS	5	
STUDENT ADVISING HOURS	By Appointment AND During the weekly Tutorial Sessions.	
CONTACT INFO	(Work Phone) 425-[REDACTED]	(E-mail) [REDACTED]@bastyr.edu Office # [REDACTED]
Test Scantrons available in the Bastyr University Bookstore		

- *Students are responsible for knowing and adhering to Academic Policies and Procedures as outlined in the Student Handbook.*
- *Students are responsible for completing electronic assessments through the "MyBU" student portal from 5:00 p.m. 02/27/09 to 8:00 a.m. 03/16/09.*
- *For difficulties in math and writing, tutoring (at no cost to the student) is available through the tutoring center, 425-602-3147. An instructor may make a strong recommendation for, or may require tutoring in a particular subject or topic in a class as part of successful completion.*

1. Table of Contents

This syllabus follows the standard Bastyr University format of contents.

2. Course Overview

• **Course Description**

This is a course in Pharmacology for the ND student population. It is a basis for study in pharmacology for clinical applications, future use in your specialty courses in years three and four, and passing the NPLEX questions related to pharmacology.

• **Organization & Requirements**

Class including lecture and discussion. Weekly Tutorial Sessions to answer questions and review examinations etc. Available case questions for each section essential to passing the exams.

• **Instructional Philosophy**

I will provide course materials, content, lecture and discussion questions to maximize the student's learning experience. I expect students will attend class, read and search out information, and be proactive in achieving the class learning objectives. My goals are that our combined efforts will produce true learning in pharmacology.

• **Pre-requisite Knowledge**

Basic Medical Sciences Biochemistry, Physiology, Anatomy etc.

• **Instructional Materials and Resources**

REQUIRED TEXT:

PRINCIPLES of PHARMACOLOGY - The Pathophysiologic Basis of Drug Therapy; 2008 – 2nd ed David Golan ed.; Wolters / Lippincott

RECOMMENDED RESOURCES:

- **Nursing Drug Handbook**
Lippincott 29th ed ISBN10: 0-7817-9286X
- **The Sanford Guide to Antimicrobial Therapy 2008 (www.sanfordguide.com)**
ISBN 978-1-930808-46-1
- **Principles of Pharmacology**
Lippincott 2d ed ISBN 978-0-7817-8355-2
- **www.drugs.com**
- **www.epocrates.com/products/**
- **Drug Facts**
Resource most used by pharmacies
Has a "pocket book" version
- **PDR: www.PDRbookstore.com**
Multiple sub-specialty references available (Diabetes, Neonatal, ...)
Print and electronic versions available for most.

3. Grading

- 1: Case questions posted per-section (5 total).
NOT turned in, but ESSENTIAL to pass exams.
- 2: Section Exams: 5 Section Exams, each worth 20% of the grade.
These Exams are given per the schedule in the syllabus.
Case questions posted prior to each section will be imperative to your ability to pass these exams.

Each is worth 20% of your grade.

If you miss one the MAXIMUM grade you can achieve would be 80%, if you miss 2 Exams 60% and so forth.

2a: Exams are NOT available for make-up or taking at alternate times without the following:

- Pre-excused absence
- Absence with a doctor's note
- School closure

2b: Class Grading

AC: 75% Cumulative and Above

PC: 65% - 75%.

F: Under 65%

**** PC can be made up (Remediated) ONLY with an instructor approved plan within the time frame listed in the Bastyr Catalog.**

4. Study Strategies & Class Participation Expectations

This is a VERY demanding topic in medical school. It is essential for your understanding of your patients' general health that you be able to master pharmacologic principles. It is also essential for many of your other specialty classes that you understand this information.

I would recommend that you plan to:

- Attend every class**
- Complete required readings**
- Complete required case questions**
- Attend weekly tutorials**
- Use the concepts below:**

Read:

Recommended reading is listed in the syllabus for each section.
Course notes will be posted for each section.
There is an almost limitless set of resources for pharmacology in the library and online.

Question:

Use the posted case questions to crystallize your thinking BEFORE each exam.
Bring unanswered questions to the TUTORIAL sessions.
Review your answers.

Think:

Spend PLENTY of time on this class. If you fall behind you may not be able to recover.
Use your reading and questioning to work the information into your brain.

Talk:

Use STUDY GROUPS to help learn this tough information.
Come to the TUTORIAL and get your questions answered.

BASTYR UNIVERSITY
COURSE INFORMATION FOR STUDENTS
Winter Quarter 2009

WEEK	DATE	TOPIC	READING	ASSIGNMENTS
1	1-6/8	Pharmacokinetics, Pharmacodynamics Principles of Pharmacology, Drug Abuse	I, II B, C	Reading, case questions-1 posted
2	1-13/15	Autonomic Pharmacology Pharmacology of Inflammation	" VI	
3	1-20/22	Antibiotics, Antivirals, Immunologic Agents Dermatologic Agents Prescription Writing / Patient Management	V VI	Section 1 Exam case questions-2 posted
4	1-27/29	Antibiotics, Antivirals, Immunologic Agents Dermatologic Agents		Reading
5	2-3/5	Endocrinologic Agents including bone metabolics, birth control agents and standard hormonal therapies.	IV	Section 2 Exam case questions-3 posted
6	2-10/12	Endocrinologic Agents including bone metabolics, birth control agents and standard hormonal therapies		Reading
7	2-17/19	Cardiovascular Agents, Clotting Pharmacology	III	Section 3 Exam case questions-4 posted
8	2-24/26	Cardiovascular Agents, Clotting Pharmacology Nephrology – Urology and Arousal Medications		Reading
9	3-3/5	Neuropharmacology, Pain Pharmacology, Drugs of abuse.	II A, C	Section 4 Exam case questions-5 posted
10	3-10/12	Neuropharmacology, Pain Pharmacology, Drugs of abuse.		Reading Section 5 Exam
11	3-17/19	FINAL EXAM WEEK		

Winter quarter classes begin on Monday, 01/05/09. The quarter and final exams end on Friday, 03/20/09. Grades are due to the Registrar by 2:00 p.m. on Wednesday, 03/25/09. Holidays are Martin Luther King Day, 1/19/09 and Presidents Day, 2/16/09. Spring break is 3/23/09 through 4/03/09. This syllabus is tentative and may change if the course instructor finds it necessary. You will be informed in class of any changes.

GLOBAL STUDENT COMPETENCIES

1. COMMUNICATION SKILLS

Listening: Listening without interrupting, accurate paraphrasing, clarification, and focus on speaker. Respond to verbal and nonverbal cues with congruence and empathy.

Speaking: Determine audience for appropriate language, content and delivery. Clearly articulate concepts and how they apply through organized thought (intro, body, ending).

2. CRITICAL THINKING

Synthesis & Integration: Ability to gather and assess relevant information from many sources and divergent points of view. Ability to arrive at well-reasoned conclusions and solutions based on consideration of information from divergent points of view. Ability to apply solutions and test their effectiveness against relevant criteria and standards. Ability to generate new knowledge from assimilated knowledge.

Reflective Evaluation: Ability to understanding one's own assumptions and biases/point of view. Ability to understanding of the role of one's own inferences and interpretations. Ability to reconsider or reflect about one's own thinking and decision making processes.

Problem Solving: Ability to break the problem apart into its elements, analyze the problem, and estimate reasonableness of the proposed solution. Ability to find and execute a solution in order to achieve a goal using appropriate technologies and techniques. Ability to consider the ethical implications of the proposed solution.

Analytical Skills: Ability to make inferences based on understanding of many perspectives. Ability to recognize and analyze multiple perspectives, including quantitative and qualitative patterns. Ability to construct a claim and support it with logic and evidence.

Intuitive Skills

Research Skills: Research is the ability to conduct field or literature-based inquiry using available technology/techniques and producing a result in the discipline-appropriate form. Ability to understand, design and apply research strategies; evaluate sources of information in terms of relevancy, accuracy and bias; demonstrate knowledge of how information is obtained, analyzed and communicated in a discipline-appropriate manner; interpret and/or apply the results of the research strategy in an ethical manner.

3. PROFESSIONAL BEHAVIOR

Medical & Professional Ethics: Confidentiality and sharing of information, plagiarism and cheating, fairness and equality, and doing no harm.

Compassionate Caring Behaviors: Do no harm, active listening, honesty, and clear expectations (i.e. a syllabus).

Respectful Communication: Openness to new ideas and information, being proactive vs. reactive, respectful communication with/for students, faculty, and staff.

Professional Boundary Skills: Knowing the limit of self and others. Students are not health care practitioners with a right to practice.

Policy Regarding Academic Honesty

Academic work is evaluated on the assumption and the expectation that the work presented is the student's own, unless designated otherwise. Anything less is unacceptable and is considered academically dishonest. Cheating and Plagiarism – defined below – are considered forms of academic dishonesty and students guilty of such acts are subject to disciplinary action as explained below.

Cheating:

1. No student shall offer information of any kind to a student during an examination or quiz.
2. No student shall receive information of any kind from another student or from the quiz, or exam responses made by another student.
3. No student shall have in possession any written material or other device, which may be of assistance in taking a quiz or exam and which has not been authorized by the instructor.
4. No student shall take, steal, or otherwise procure in an unauthorized manner any piece of writing which contains the questions or answers to an exam scheduled to be given to any individual or group enrolled in any course of studies offered by the university.
5. No student shall sell, lend or otherwise furnish to any unauthorized individual any document that contains the questions or answers to an exam scheduled to be given to any individual or group enrolled in any course of studies offered by the university.

NOTE: The unauthorized possession of any of the aforesaid pieces of writing shall be considered prima facie evidence of a violation of the regulation on academic dishonesty.

Plagiarism:

1. No student shall intentionally or knowingly represent the words or ideas of another as one's own in any academic exercise.
2. No student shall expropriate words, phrases, or ideas of another without attribution.
3. No student shall offer as one's own work the words, ideas, or arguments of another person, without appropriate attribution by question, reference or footnote.

Plagiarism occurs both when one reproduces without acknowledgment another's words, and when one paraphrases another's ideas or arguments in a way that leads the reader to believe they originated with the paraphraser.

Plagiarism also involves copying and/or cutting and pasting text, diagrams, photos, phrasing and structure from web-based sources. If you use information from external sources, including all web-based information, you must provide a citation for the material. At a minimum, the citation must include information about the material's author, the date of production, and the website at which the material may be found and verified.

Appendix C

(see next page)

ANGINA

Definition

1. Stable angina-has consistent pattern

2. Unstable angina

-unpredictable pain pattern; stable can progress to unstable which is a poor prognosis(pre-infarction angina, coronary insuff)

3. Variant angina

-pain at rest; vasospasm of coronary arteries; not related to increased myocardial demand; can be relieved by nitroglycerin

Symptoms

Attributes of anginal pain (Costarella)

a. location

-retrosternal; can be upper, middle or lower sternum, more pain on the left or the right

b. radiation

-radiates to the left arm, occasionally the right arm, neck or jaw, and to the precordium(anterior to heart); can also radiate to back, throat, teeth, abdomen (Marz)

c. quality

-tightness or pressure in chest

- indigestion (maybe like heartburn, HH, or digestive disturbances-Marz)

-squeezing or aching that is dull; anginal "salute"(first over heart when describing)

- occasionally jaw, neck, and arm pain but no chest pain

-angina attacks will be described the same on recurrent attacks with same person but each description is different with each patient; pain is rarely described as burning

-vary from vague ache to intense precordial crushing sensation with rapid onset (Marz)

d. duration

-typically 2-10 min; can last as long as 15 minutes; <30 min (Milner)

-longer->consider other causes

e. onset

-increased exertion, emotional stress, high fat meal, tobacco smoking

f. aggravating /ameliorating

-<: exertion, emotions, stress, exposure to cold, after eating, after intercourse, raising arms over head. (Milner)

->: rest; nitroglycerin(it can also relieve other pain: esophageal, anxiety); valsalva manoeuvre

g. associated signs and symptoms

- nausea, vomiting, diaphoresis, belching (Costarella); atrial gallop (S4)

-dyspnea, dizziness, cold extremities, lethargy, difficulty concentrating, HTN, leg pain on exertion, blurred vision, sensation of enlarged heart, heart palpitations, acute anxiety, Hx of prior MI or thrombus/embolism (Milner)

-During an acute episode you may see; tachycardia, HTN, heart sound are harder to hear and sound more distant, apical impulse is diffuse, bulging of the chest during systole, S3 &/or S4 sounds, systolic murmur (shrill from papillary muscle dysfunction) (Milner)

DDx (Milner)

**** ANY PAIN OR DISCOMFORT BETWEEN THE NOSE AND NAVEL THAT COMES ON WITH EXERTION AND IS RELIEVED BY REST SHOULD BE ASSUMED TO BE AN MI UNLESS PROVEN OTHERWISE. MI's CAN KILL. 50% OF MI PATIENTS DO NOT SURVIVE TO RECEIVE MEDICAL ATTENTION. MORTALITY IS GREATEST DURING THE FIRST HOUR WITH 50% MORTALITY BY 2.5 HOURS AFTER THE ONSET OF PAIN.**

DDx Angina vs MI:

Angina: sensation of tightness, squeezing, aching, stabbing (short), mostly in chest, shoulders and arms, with slight to intense intensity, lasting 1-3 minutes, usually worse with exertion, and they are somewhat worried

MI: sensation of the same or crushing, heaviness, bursting or unremitting indigestion, in the chest, jaw, mid-back, epigastrium, shoulders, arms, hands tingling, usually very intense but there are silent MIs, usually lasting 10 to 15 mins or longer, worse with exertion, they become very anxious and distressed

Etiology/Epidemiology

Pathophysiology (Costarella)

1. Mechanism of ischemia

-if using maximum O₂ at rest, an increase in myocardial demand on coronary arteries during activity can cause ischemia; it is important how large lumen is; if coronary arteries are reduced by 70%(dilated maximally at rest) there is no room to increase lumen size during exercise

2. Mechanisms of pain

-increased metabolites from anaerobic metabolism may be causing the pain; it is not clearly understood(theory)

3. Myocardial pain transmission

-usually radiates to T1 to T4; can radiate as high as C3 or as low as T8

Key PE

Key Lab

as part of dx check WBC magnesium (Marz)

Strategy

ANGINA PECTORIS

TX PROTOCOLS

Nutrient Considerations

1. inverse relationship with angina & antioxidants (DL)
 2. magnesium (DL)-check WBC mag levels - heart needs 18 Xs the mag as in blood levels - can have fatal coronary spasms if too low (more common cz of death than infarct) - IV & IM best way to get it in - decrs damage and scarring after MI -mag def seen in hi BP, chronic mm spasms, dysmenorrhea (Marz); 700-1400mgs; fncts as Ca channel blocker & vasodil (Milner)
 3. NAC-n-acetyl cysteine: small study pt. given 600 mg QID; some improvement EKG segments of depression & in pain evulation (DL)
 4. selenium & vitamin E: low selenium & vitamin E were correlated with inc. in angina (DL); mixed tocopherols 400 IU TID (Marz); Vit E as free radical scavenger - 800-1200 IUs (Milner)
 5. Co-enzyme Q - 53% decr in angina and 20% incr in treadmill tolerance with CoQ(Marz); 10 - 50-250 mg daily(Milner)
 7. Taurine - incrs contractility - 300-500 mg up to 1500 mg(Marz); 500-1000 mgs TID (Milner)
 8. L Carnitine - 500 mg TID - incrs O₂ saturation in tissues, incrs HDLs and exercise tolerance (Marz/Milner)
- CO-Q, TAURINE AND CARNITINE MAY REPLACE DIGITALIS TX
9. Bromelain (Anabrom from Sci Bot - 1/4 tsp TID) -fibrinolytic, decrs platelet agg, dissolves plaques
 10. Vit C for collagen in vessel walls & free rads =< bowel tol (Milner)
 11. Vit B6 50-250 mgs cofactor-lysyl oxidase-collagen crosslink (Milner)
 12. Zinc and Copper - antioxidants and def czs incrd cholesterol; Zinc 30-50 mg / Copper up to 2 mg (balance is IMP)
 13. Magnesium Calcium needed for contractility & mag normalizes metabolism (Milner)
 14. Chromium for glucose metabolism - 200 mcg/day (Milner)
 15. Niacin < 1 grams daily with Cr- together lower cholesterol (Milner)
 16. Potassium 800-3200 mg (to obtain blood levels of 20-80 mEq) (Milner)
 17. P5P can replace B6 at a dose of 40-120 mg daily (Milner)
 18. pantetheine 300-900 mg daily (Milner)
 19. Omega 3 f.a.s - EPA 3-10 grams daily or 1 Tbs flax oil (Milner)
 20. Omega 6 f.a.s - EPO, borage, black current oil 1000 mgs TID (Milner)

Dietary Considerations

1. similar diet to Dean Cornish (DL)
2. Milner
 - a. modify fat intake by decreasing saturated fat intake, decrease blood cholesterol, and avoid overheating or oxidized fats and oils and sources of trans fatty acids such as margarine and shortening - Pritikin or Ornish diet
 - b. add fat emulsifiers to diet (ie. lecithin)
 - c. modify salt intake to minimal amount if excessive
 - d. remove sucrose & refined CHO's which increase TGs, platelet adhesiveness, BP, and uric acid - high sucrose linked to kidney damage causing HTN & vessel injury
 - e. remove ETOH, coffee and caffeinated beverages
 - f. add vitamins and minerals (sugar depletes these)

Botanicals

1. Eat onions, garlic, & ginger (as tea & spice) (Milner)
2. aconite, adonis (vernalis), alfalfa, angelica, aesclepias, bromelain, cactus, convallaria, crataegus, garlic, gelsemium (with Cimicifuga), ginkgo, ginger, ginseng, gota kola, lobelia, lycopus, macrotys, mustard, nitroglycerine, opium (morphine, papaverine), squill, strophanthus, taraxacum, valarian, SSKlodide (Milner)

Homeopathy

Physical Medicine

1. Exercise program(DL, Marz, Milner) - at least work up to 45 mins of walking three times weekly, goal: target HR for 20 mins 3-5Xs/week; increases collateral circulation

Oriental Medicine

Psychology

1. stress control and address Type A personality, work fulfillment and issues over satisfaction with life (Milner)

Other (Milner)

1. Tx HTN and get the BP down with diet, lifestyle, magnesium aspartate and calcium citrate, veratrum, taraxacum, viscum alba, rauwolfia, (& lozol in Oregon)
2. lifestyle: stop smoking, lose weight, control blood sugar levels, 3. women: remove BCPs and synthetic hormones and replace with natural hormones if menopausal.
4. monitor uric acid levels and gout and tx to correct
5. Cleansing and Detoxification - cleansing diets, fasting (juices or water), massage, castor oil packs, colonic cleansing with flora normalization, drink lots of pure water, and remove food allergens from diet.
- 6.tx the atherosclerotic plaques (Marz)

March 2, 2015

The Honorable Robin Weisz
Chair
Human Services Committee
North Dakota House of Representatives
2639 First Street, SE
Hurdsville, ND 58451

Dear Chair Weisz:

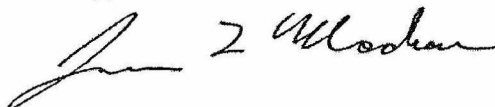
On behalf of the American Medical Association (AMA) and our physician and medical student members, I write in **opposition to Senate Bill (S.B.) 2194**. This naturopathic licensure bill would inappropriately authorize naturopaths to prescribe medications in a manner beyond naturopaths' education and training.

A close review of naturopathic education and training reveals significant shortcomings that should give the North Dakota House of Representatives pause when conferring independent authority on naturopaths to prescribe drugs. Naturopathy – by its very definition as a “natural modality” based on the belief that the human body has an innate healing ability – pays almost no attention to pharmacological treatment or education. For example, naturopathic doctoral programs accredited by the Council on Naturopathic Medical Education require a mere seven to eleven credit hours of intervention during naturopathic training.

Because naturopathic training does not include meaningful pharmaceutical education or provide sufficient experience, by virtue of the accreditation of naturopathic schools and the underlying philosophies of naturopathy, this bill's authorization of naturopath prescribing of prescription drugs threatens the health and safety of North Dakota's patients.

The AMA thanks you for the opportunity to submit these comments. Based on the above, we urge you to oppose S.B. 2194. Please contact Kristin Schleiter, JD, Senior Legislative Attorney, Advocacy Resource Center, at kristin.schleiter@ama-assn.org or (312) 464-4783, with any questions.

Sincerely,



James L. Madara, MD

cc: North Dakota Medical Association

Sanford Health
300 N 7th St
Bismarck, ND 58501
701-323-6000

March 25, 2015

Re: SB 2194 Naturopathic Scope

Mr. Chairman and Members of the Human Services Committee,

My name Dr. Sara Reinke and I am a board certified Pediatrician (MD, FAAP) at Sanford Health in Bismarck. I am writing this letter to discuss Senate Bill 2194 pertaining to Naturopathic scope expansion. As a physician with a consistent referral relationship with the local Naturopathic Doctors (ND) I support this bill.

One of the reasons I appreciate the referral relationship with ND's is their specialized training. They are trained in the standards of care of a family practice doctor (MD) but specialize in complementary medicine such as herbal and homeopathic medicine. MD's generally have limited exposure to complimentary medicine unless we pursue additional training. Since we have limited exposure I consult with ND's on a regular basis to discuss different supplements that my patients are on. I find ND's helpful in deciding if the supplements will interact with the prescriptions or treatment plans that I have advised. They usually also help me watch for potential side effects and dosage guidelines. Also, many of my patients have questions about complementary medicine that ND's can help me appropriately answer.

I am very familiar with the training ND's have gone through and am confident in scope of expansion requests. In my interactions with ND's I've found them to be knowledgeable in both conventional and complementary medicine.

Thank you for your consideration,



Dr. Sara Reinke, MD, FAAP

1731 16th St NW

Minot, ND 58703

March, 11, 2015

Dear Member of the Legislature:

Since 1968, I have worked as a professor and, for 26 years, as a part-time administrator at Minot State University.

I have had various health challenges, including asthma, during my entire life. Dr. Beth Allmendinger, in Bismarck, and Dr. Stephanie Nishek, in Minot, have successfully treated me for many of these challenges during the last couple of years. For instance, I no longer need an inhaler for my asthma.

I plan to continue seeing Dr. Nishek. If she could renew the prescription for my thyroid medicine, I'd save the time and money that I now spend on visiting an MD for this renewal. I strongly encourage you to support granting naturopathic doctors the right to prescribe medications.

Thank you.

Sincerely,

A handwritten signature in black ink, appearing to read "Harold Nelson", with a long horizontal flourish extending to the right.

Harold Nelson

Professor, English and Literature

SB 2194 Naturopathic Bill

Kevin Oberlander, R.Ph.

House Human Services Committee

March 25, 2015

Good morning Chairman Weisz and Members of the House Human Services Committee. I am Pharmacist Kevin Oberlander from Bismarck and was recently appointed by The Governor to a second term on The North Dakota Board of Integrative Health Care, which regulates the profession of naturopathic medicine as well as music therapists. I currently serve as the Treasurer of the Board.

The Board of Integrative Health Care has chosen to take a neutral position with regards to the Naturopathic Bill. SB 2194.

Thank you for your time and hard work on matters such as this.