



14500 Juanita Drive NE • Room 381 • Kenmore, WA 98028 •
T:206.547.2130 • F: 206.547.2549 • www.wanp.org

Proposal to Increase Scope of Practice Cover Sheet

To Whom It May Concern:

Please accept this packet as a proposal by the **Washington Association of Naturopathic Physicians (WANP)** to increase the scope of practice of **naturopathic physicians** (Chapter 18.36A RCW – Naturopathy¹; Chapter 246-836 WAC – Naturopathic Physicians²) licensed in Washington State. In particular, the legislative proposal we are seeking review for under the sunrise process was filed as **Senate Bill 5411**³ during the 2023 Legislative Session, with bipartisan sponsorship of Senators Shelly Short, Emily Randall, June Robinson, Sharon Shewmake, Javier Valdez, Judy Warnick, Claire Wilson, and Lynda Wilson. (Note that a very similar bill – filed as House Bill 4573.4 during the 2014 Legislative Session – has already undergone a review under the sunrise process, completed in December 2014.⁴) In short, the current bill would expand naturopathic prescriptive authority to include controlled substances in Schedules II through V of the Uniform Controlled Substances Act as necessary in the practice of naturopathy; enable naturopathic physicians to sign and attest to any documents or certificates that any primary care provider is routinely expected to sign; update defining language under “minor office procedures” and “physical modalities”; and update the RCW to reflect that our profession is now regulated by an established board rather than by the Office of the Secretary of Health (effective 2011).

As of August 2023, the Washington State Department of Health reports **1,619 licensed naturopathic physicians** in Washington State.

The **Washington Association of Naturopathic Physicians (WANP)**⁵, located at **14500 Juanita Drive NE, Room 381, Kenmore, WA 98028**, represents the naturopathic physician profession in Washington. **Executive Director Angela Ross, ND**, is the primary point of contact for this proposal. She can be reached by email at executive@wanp.org or via phone at **206.547.2130**. At present, the WANP has a **membership of approximately 480**.

The **American Association of Naturopathic Physicians (AANP)**⁶, located at **300 New Jersey Avenue SW, Suite 900, Washington, DC 20001**, represents the naturopathic physician profession nationally. As of August 2023, the AANP has a **membership of approximately 2,100**.

¹ <https://app.leg.wa.gov/rcw/default.aspx?cite=18.36A>

² <https://app.leg.wa.gov/wac/default.aspx?cite=246-836>

³ <https://lawfilesexternal.leg.wa.gov/biennium/2023-24/Pdf/Bills/Senate%20Bills/5411.pdf?q=20230817161356>

⁴ <https://doh.wa.gov/sites/default/files/legacy/Documents/2000/NaturopathFinal.pdf?uid=650b3fac5f7a0>

⁵ <https://www.wanp.org>

⁶ <https://naturopathic.org/default.aspx>



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Most states have their own professional associations for naturopathic physicians and there are several national specialty and academic organizations. The WANP has some affiliation with many of these organizations through its affiliation with the AANP.

The scope of practice we are seeking in the current bill is already in place in **Oregon**⁷ and **Vermont**⁸. Additionally, naturopathic physicians licensed in **Arizona**⁹ can legally prescribe controlled substances in Schedules III through V, plus morphine in Schedule II and any other drugs that have been reclassified from Schedule III to Schedule II since 2014; those in **California**¹⁰ are legally permitted to prescribe controlled substances in Schedules III through V under the supervision of a physician or surgeon; and those in **New Mexico**¹¹ may prescribe all controlled substances in Schedules III through V except for benzodiazepines, opiates, or opiate derivatives.

Thank you in advance for taking the time to review this proposal. Please do not hesitate to reach out with any questions.

In health,

Angela Ross, ND
Executive Director

⁷ <https://secure.sos.state.or.us/oard/displayDivisionRules.action?selectedDivision=3919>

⁸ <https://legislature.vermont.gov/statutes/fullchapter/26/081>

⁹ <https://www.azleg.gov/viewDocument/?docName=http://www.azleg.gov/ars/32/01501.htm>

¹⁰ https://leginfo.legislature.ca.gov/faces/codes_displayText.xhtml?lawCode=BPC&division=2.&title=&part=&chapter=8.2.&article=4.

¹¹ <https://nmanp.org/wp-content/uploads/2019/10/sb0135.pdf>



Proposal to Increase Scope of Practice

Key Factors to Consider

In considering our proposal to increase the scope of practice of naturopathic physicians to better align with our legally recognized status as primary care providers, we respectfully request consideration of the following:

1.) Define the problem and why the change in regulation is necessary.

The practice of naturopathic medicine has been regulated in Washington State since 1919 – longer than in any other state in the country. Over the past century, the influence of and demand for this holistic approach to healthcare has steadily grown, and modern naturopathic physicians have earned recognition as primary care clinicians playing a key role in the primary healthcare network in Washington. As the world evolves and changes, so too do the needs of patients served by naturopathic doctors. It is past time to update the regulation pertaining to naturopathic physicians to enable trained and competent doctors to help address some of the incredible need that exists in the healthcare system today.

The last increase to naturopathic scope of practice occurred in 2005, when the Washington State Legislature overwhelmingly approved House Bill 1546¹² and granted naturopathic physicians legal authority to prescribe all legend drugs plus codeine and testosterone products contained in Schedules III through V of the Uniform Controlled Substances Act. Since then, naturopathic physicians have consistently demonstrated safety and competence in their prescribing. A lot has changed in healthcare in Washington in the two decades since – much of which supports the need for an increased scope of practice for naturopathic physicians.

In approximately 2013, naturopathic physicians were recognized by the state legislature as primary care providers¹³ and, effective January 2014, included as such in Washington’s Medicaid/Tribal Health systems. As of August 2023, there are over 450 naturopathic physicians – nearly 30% of licensees – credentialed as Medicaid providers and serving patients in 21 counties across Washington.¹⁴ As more and more patients select naturopathic physicians for their primary care needs (both within Apple Health and outside of it), more and more naturopathic doctors find themselves caring for patients on prescription medications that are not currently in their scope of practice. Patients establish care and rely on their state-recommended primary care practitioner to be able to prescribe refills of their controlled substances, but naturopathic doctors cannot legally provide this necessary care. In these

¹² <https://lawfilesext.leg.wa.gov/biennium/2005-06/Pdf/Bills/Session%20Laws/House/1546.SL.pdf?cite=2005%20c%20158%20%20>

¹³ <https://app.leg.wa.gov/rcw/default.aspx?cite=74.09.010>

¹⁴ <https://hca-tableau.watech.wa.gov/t/51/views/ProviderDashboard-EDW/ProviderDashboard?%3AisGuestRedirectFromVizportal=y&%3Aembed=y>



cases, the naturopathic primary care physician must explain the limitations on their prescriptive authority and refer the patient out to a different provider type for management of just a few medications. This creates burden not only on the system by requiring funds to reimburse multiple providers for care that could easily be addressed by just one, but also on the patients who have to take additional time off work, pay additional co-pays and other cost shares (depending on insurance plans), and pay to travel. This burden can become prohibitive for patients in remote locations and those who cannot afford the additional costs of time and money. This duplication of services also adversely impacts coordination of care, increasing confusion and requiring more time and effort for patients, clinicians, and staff. There is simply no need for this dual utilization for prescription and management of medications that are routinely handled in the primary care setting.

During the 2019 Legislative Session, the Washington State Legislature passed an omnibus bill pertaining to the Vital Records System. Among other things, Engrossed Substitute Senate Bill 5332¹⁵ defined “physician” as “a person licensed to practice medicine, naturopathy, or osteopathy pursuant to Title 18 RCW.” This granted naturopathic physicians legal authority to sign death certificates and other vital records, yet naturopathic physicians remain excluded from signing hospice orders, POLST (portable medical orders) forms, some disability determinations, and more. Patients in need of these documents turn to their primary care physicians for support. Without this signatory authority codified in statute, many private industries and organizations create internal policies that do not include naturopathic physicians as allowable signatories. Once again, this creates undue burden on patients to locate and establish care with additional providers just to sign these documents. It also causes unnecessary delays for completing important (and often time-sensitive) paperwork and costs the system and patients more money.

Currently, Washington State is experiencing significant shortages in the healthcare workforce, and patients continue to suffer longer wait times to get in to see a healthcare practitioner. The COVID pandemic, beginning in 2020, exacerbated these issues. Just this month, the Washington State Medical Association (WSMA) identified the Health Care Workforce as one of its top 3 legislative agenda items for 2024.¹⁶ Earlier this year, the Washington State Hospital Association (WSHA) shared the *2022 Survey of Physician Appointment Wait Times and Medicare and Medicaid Acceptance Rates*, which demonstrates an average wait time of 24 days for patients to see a primary care provider for a non-urgent condition (like routine health screening).¹⁷ Naturopathic physicians can be a larger part of the solution – but they need to be able to address all routine primary care needs of their patients, including management of controlled substances beyond testosterone and codeine products.

¹⁵ <https://lawfilesexternal.wa.gov/biennium/2019-20/Pdf/Bills/Session%20Laws/Senate/5332-S.SL.pdf?cite=2019%20c%20148%20s%202>

¹⁶ https://wsma.org/Shared_Content/News/Membership_Memo/2023/august-25/wsmas-2024-legislative-agenda-a-preview

¹⁷ <http://www.wsha.org/wp-content/uploads/mha2022waittimesurveyfinal.pdf>



During the COVID pandemic, naturopathic physicians stepped forward and struggled to keep their clinics open in the midst of tremendous uncertainty and fear. The epidemic of mental and behavioral health crises got much worse, and increasing numbers of patients turned to their primary care providers for support for anxiety, insomnia, panic, and addictions. The National Institutes of Health (NIH) identified mental health as a primary focus of research after early data showed that nearly half of all U.S. Americans reported developing symptoms of anxiety or depression since the pandemic – with 10% reporting that their mental health needs were not being met.¹⁸ In March 2022, the World Health Organization (WHO) reported a 25% increase in anxiety and depression worldwide.¹⁹ The report highlighted that women and youth were the most impacted and that gaps in care during the pandemic were contributing to the problem. The American Psychiatric Association (APA) has published guidelines on the treatment of panic disorder²⁰ and of substance use disorders²¹, and the prescription of benzodiazepines (primarily Schedule IV controlled substances²²) features prominently in the standard of care treatment of both – particularly to help stabilize patients while waiting for other treatment approaches to take effect or for an appointment to open with a specialist.

Another mental health condition that has been a focus throughout the COVID pandemic is ADHD – especially as children moved to online schooling and adults moved to work-from-home formats. The Centers for Disease Control and Prevention (CDC) reports that 7% of children ages 3-17 have been diagnosed with ADHD in Washington, and that nearly 50% of those are currently on medication for it.²³ The American Academy of Pediatrics (AAP) has published guidelines that direct primary care clinicians to “prescribe US Food and Drug Administration–approved medications for ADHD” alongside behavior therapy, and state that “the evidence is particularly strong for stimulant medications.”²⁴ The primary stimulant medication used to treat ADHD is methylphenidate, which is currently a Schedule II controlled substance.²⁵ It is important to note that the AAP identifies the primary care clinician as the key player in not only diagnosing but also managing ADHD in patients. Once again, naturopathic physicians are serving as primary care physicians but find their hands tied when providing routine primary care to patients in need.

Yet another shift that has occurred in the last decade is the move to rely more heavily on the primary care clinician for temporary pain management, and this is another reason for this proposal to obtain expanded prescriptive authority. Over the years, more and more hospitals and surgical centers provide limited pain management and instead refer patients to their primary care clinicians for follow up and

¹⁸ <https://covid19.nih.gov/covid-19-topics/mental-health>

¹⁹ <https://www.who.int/news/item/02-03-2022-covid-19-pandemic-triggers-25-increase-in-prevalence-of-anxiety-and-depression-worldwide>

²⁰ https://psychiatryonline.org/pb/assets/raw/sitewide/practice_guidelines/guidelines/panicdisorder.pdf

²¹ https://psychiatryonline.org/pb/assets/raw/sitewide/practice_guidelines/guidelines/substanceuse.pdf

²² https://www.deadiversion.usdoj.gov/drug_chem_info/benzo.pdf

²³ <https://www.cdc.gov/ncbddd/adhd/data/diagnosis-treatment-data.html>

²⁴ <https://publications.aap.org/pediatrics/article/128/5/1007/31018/ADHD-Clinical-Practice-Guideline-for-the-Diagnosis?autologincheck=redirected>

²⁵ https://www.deadiversion.usdoj.gov/drug_chem_info/methylphenidate.pdf



on-going management of post-procedural pain. This makes good sense, as primary care practitioners are more likely to know the comprehensive personal and family medical histories of their patients and to recognize potentially addictive or drug-seeking behavior early on. But when post-surgical patients are sent to their naturopathic primary care physicians, they frequently end up back in the emergency room because of the current limitation on naturopathic prescriptive authority. Again, the burden here is primarily on the patient but also costs the state and the system more money for care that is typically managed in the primary care setting.

A recent change to federal law that adds support for this proposal for increased scope is the signing and implementation of the federal Consolidated Appropriations Act of 2023²⁶. Notably, this eliminated the requirement for health care practitioners to obtain a federal waiver to prescribe medication assisted treatment (MAT) for opioid use disorder (OUD)²⁷ and established a requirement for 8 hours of training on MAT for OUD for any practitioners registered with the U.S. Drug Enforcement Administration (DEA) to prescribe controlled substances²⁸. In light of this passage, both the Substance Abuse and Mental Health Services Administration (SAMHSA) and the DEA have expressed commitment to make medication (primarily buprenorphine, which is a Schedule III narcotic analgesic²⁹) for OUD “readily and safely available to anyone in the country who needs it.”³⁰ Many naturopathic physicians in Washington are already registered with the DEA to prescribe codeine and testosterone in Schedules III through V, and these physicians are now mandated to complete training in MAT for OUD. However, state law prohibits them from prescribing this well-documented life-saving medication. Naturopathic physicians are ideally positioned to participate in addressing the opiate addiction crisis, as they are trained to utilize many other lifestyle, counseling, and nonpharmacological modalities in addition to pharmaceuticals to help patients achieve long-term recovery. But they need the legal authority to prescribe medications like buprenorphine and benzodiazepines to provide comprehensive care to those struggling.

There have also been two recent pieces of legislation here in Washington that aimed to expand access to care by updating language around what types of providers could provide said care. Engrossed House Bill 1851³¹, passed during the 2022 regular legislative session, updated the provider types that could terminate or assist in terminating a pregnancy from “physician” to “physician, physician assistant, advanced registered nurse practitioner, or other health care provider acting within the provider’s scope of practice.” Conversations with legislative champions of this bill revealed that the inclusion of

²⁶ <https://www.congress.gov/bill/117th-congress/house-bill/2617/text>

²⁷ [https://www.samhsa.gov/medications-substance-use-disorders/waiver-elimination-mat-act#:~:text=Section%201262%20of%20the%20Consolidated,opioid%20use%20disorder%20\(OUD\)](https://www.samhsa.gov/medications-substance-use-disorders/waiver-elimination-mat-act#:~:text=Section%201262%20of%20the%20Consolidated,opioid%20use%20disorder%20(OUD))

²⁸ https://www.dea.gov/diversion.usdoj.gov/pubs/docs/MATE_training.html

²⁹ https://www.dea.gov/diversion.usdoj.gov/drug_chem_info/buprenorphine.pdf

³⁰ https://www.samhsa.gov/sites/default/files/dear-colleague-letter-fda-samhsa.pdf?utm_source=SAMHSA&utm_campaign=ccca9b7af8-EMAIL_CAMPAIGN_2023_05_10_01_10&utm_medium=email&utm_term=0_-ccca9b7af8-%5BLIST_EMAIL_ID%5D

³¹ <https://lawfilesexternal.wa.gov/biennium/2021-22/Pdf/Bills/Session%20Laws/House/1851.SL.pdf?q=20230828124709>



“other health care provider” was intended to include clinicians such as naturopathic physicians and midwives, but the current limitations in naturopathic prescriptive authority and outdated language in the minor office procedures section of naturopathic scope preclude their participation. Similarly, Engrossed Substitute Senate Bill 5179³², passed during the 2023 regular legislative session, updated the provider types that could participate in Washington’s Death with Dignity Act from “physician” to “qualified medical provider.” The bill further defined “attending qualified medical provider” as “the qualified medical provider who has primary responsibility for the care of the patient and treatment of the patient’s terminal disease.” In other words, the “attending qualified medical provider” is expected to be the patient’s primary care provider. The bill as passed requires that the medications involved must be prescribed by the “attending qualified medical provider” (rather than by the “consulting qualified medical provider”). Therefore, the currently limited prescriptive authority of naturopathic physicians resulted in an automatic exclusion of naturopathic doctors under the bill’s definition of “qualified medical provider,” which was expanded to include a physician or osteopathic physician, a physician assistant, or an advanced registered nurse practitioner. Once again, this list includes all statute-recognized primary care providers except for naturopathic physicians – even though naturopathic physicians routinely provide primary care and support through end of life and occasionally receive requests for Death with Dignity from certain terminally ill patients.

Both of these bills clearly intend to expand their respective authority to all primary care provider types in Washington in order to expand access to care, but in both cases, the existing limitations on the prescriptive authority of naturopathic physicians prevents their participation – even despite having patients wanting this care and despite naturopathic physicians being willing (and competent) to provide it. Decisions around reproduction and end of life are deeply personal, and patients should be able to make these decisions with their primary care provider of choice. Expanding the scope of practice of naturopathic physicians as proposed would empower patients to seek the care they need from the provider they trust. And it would be in line with the legislative intent of expanding access to these important services.

In summary, naturopathic physicians are trained to be primary care physicians and are recognized as such by many Washington State departments, including Department of Health, Health Care Authority, Department of Labor and Industries, and Department of Vital Records. However, the current scope of practice does not match that of all other recognized primary care providers in Washington. Naturopathic doctors have been given the incredible responsibility of serving patients as primary care providers, yet they have restricted access to the tools routinely used in a primary care setting. This creates undue burden on and confusion for patients and the healthcare system as a whole and should be remedied through a change in regulation and an update to naturopathic scope of practice.

³² <https://lawfilesexternal.wa.gov/biennium/2023-24/Pdf/Bills/Session%20Laws/Senate/5179-S.SL.pdf?q=20230829172914>



2.) Explain how the proposal addresses the problem and benefits the public.

This proposal would increase the scope of practice of Washington-licensed naturopathic physicians to better match that of other statute-recognized primary care practitioners, thereby enabling them to provide the full scope of primary care services to patients.

This regulatory update would benefit the public in numerous ways, including:

This proposal would help address the on-going workforce shortage of healthcare providers in Washington State by enabling additional highly trained physicians to fulfill the full range of primary care needs of patients across the state. Allowing full prescriptive authority and codifying legal authority of naturopathic physicians to sign key health documents for patients (disability claims, hospice orders, etc.) increases opportunities for naturopathic physicians to work in community health clinics, hospital systems, and private integrated clinics, all of which currently must bear the costs of dual utilization internally when they bring naturopathic physicians on board.

This proposal would reduce barriers to access to care – particularly to traditionally underserved patients in rural and remote areas and to those of lower socioeconomic status. Naturopathic physicians live and work in 48 of 49 legislative districts in Washington and may be the only healthcare practitioner within a large radius in some of the more rural communities. The burden on patients having to seek care from multiple providers because naturopathic physicians do not legally have full prescriptive or signatory authority (and not because of a lack of competence, training, or safety) can be too much to bear for the most vulnerable among us.

This proposal would save money for patients, for taxpayers and the state, and for private insurers by decreasing dual utilization and duplicative care for no good reason.

This proposal would enable naturopathic physicians to play a larger role in helping to address behavioral health concerns of patients both by allowing them to prescribe life-saving medications like benzodiazepines for alcohol use disorder or buprenorphine for opioid use disorder and by allowing them authority to work with patients to safely taper use of controlled substances.

The public would be well-served by having access to additional competent and attentive prescribers to help address a full range of mental health conditions – from ADHD to panic disorder. These conditions are routinely diagnosed and managed in the primary care setting, and forcing a traumatized or struggling patient to have care delayed while they wait to be seen by a specialist or another type of provider with advanced prescriptive authority is frankly cruel and not in the best interest of either the individual patient or of the society in which they live.



3.) What is the minimum level of education and training necessary to perform the new skill or service based on objective criteria?

A review of Washington State statutes pertaining to opioid and other prescribing reveals a wide range when trying to establish an objective minimum level of education and training necessary to perform the increased scope we are seeking.

In Washington, the following healthcare professionals have authority to prescribe some or all controlled substances: medical doctor, osteopath, naturopathic physician, podiatrist, dentist, nurse practitioner, physician assistant, and optometrist.

When it comes to foundational training in these fields, a search of the curricula of local programs for each demonstrates the following: Bastyr University offers a 4-year Doctor of Naturopathic Medicine (ND) program totaling 300 credit hours – 13.5 of which are specifically related to pharmacology.³³ The University of Washington School of Medicine offers a 4-year Medical Doctor (MD) program totaling 288 credit hours.³⁴ Accredited colleges of podiatric medicine offer a 4-year Doctor of Podiatric Medicine (DPM) program totaling 173.5 credit hours – 8 of which appear to be specifically related to pharmacology.³⁵ Pacific University in Oregon offers a 4-year Doctor of Optometry (OD) program totaling 128 credit hours – 5 of which appear to be specifically related to pharmacology.³⁶ The University of Washington School of Dentistry offers a 4-year DDS program with 1 course that appears to be specifically related to pharmacology.³⁷ The University of Washington School of Nursing offers a 3-year Doctor of Nursing Practice – Family Nurse Practitioner (DNP) program totaling 93 credit hours – 5 of which appear to be specifically related to pharmacology.³⁸ The University of Washington Physician Assistant (PA) program offers a 2-year program totaling 162 credit hours – 6 of which appear to be specifically related to pharmacology.³⁹ Based on publicly available program descriptions, it appears two of these professions require additional training through formal residency post-graduation. Others may have residencies available, but they do not appear to be required for licensure.

³³ <https://bastyr.smartcatalogiq.com/en/2023-2024/academic-catalog/school-of-naturopathic-medicine/graduate-programs/doctor-of-naturopathic-medicine/>

³⁴

[https://www.washington.edu/students/genocat/program/S/school_medicine.html#:~:text=Medical%20School%20Curriculum%20\(For%20students%20entering%202022%20or%20after\),three%20phases%2C%20totaling%20288%20credits.&text=The%20first%2018%20months%20of%20the%20medical%2Dstudent%20curriculum%20start,two%2Dweek%20clinical%20imersion%20course.](https://www.washington.edu/students/genocat/program/S/school_medicine.html#:~:text=Medical%20School%20Curriculum%20(For%20students%20entering%202022%20or%20after),three%20phases%2C%20totaling%20288%20credits.&text=The%20first%2018%20months%20of%20the%20medical%2Dstudent%20curriculum%20start,two%2Dweek%20clinical%20imersion%20course.)

³⁵ <https://www.samuelmerritt.edu/catalog/curriculum-overviews#Podiatric%20Medicine>

³⁶ <https://www.pacificu.edu/optometry-od/curriculum>

³⁷ <https://dental.washington.edu/course-catalog/view-courses-year/>

³⁸ <https://students.nursing.uw.edu/wp-content/uploads/2022/06/DNP-FNP-2022-Curriculum-Grid.pdf>

³⁹ <https://familymedicine.uw.edu/medex/pa-program/curriculum/didactic-year/>



Comparison of core program length, total credits, pharmacology-specific credits, and residency requirement.

<i>Program</i>	Program length	Total credits	Pharm-specific credits	Residency required
<i>ND</i>	4 years	300	13.5	No
<i>MD</i>	4 years	288	Unk	Yes
<i>DPM</i>	4 years	173.5	8	Yes
<i>OD</i>	4 years	128	5	No
<i>DDS</i>	4 years	Unk	Unk (1 course)	No
<i>DNP-FNP</i>	3 years	93	5	No
<i>PA</i>	2 years	162	6	No

To prescribe opioids, a physician (MD or DO), podiatrist (DPM), or physician assistant (PA) in Washington State must complete a one-time 1-hour training in best practices of opioid prescribing and the rules pertaining their respective scopes of practice.⁴⁰ A dentist in Washington State must complete a one-time 3-hour training regarding best practices in opioid prescribing and rules pertaining to their scope.⁴¹ A nurse practitioner in Washington State may apply for prescriptive authority (which includes opioids) on demonstrating completion of 30 contact hours of education in pharmacology (not specifically in opioids).⁴² An optometrist (OD) in Washington State may apply for certification by the optometry board to use pharmaceuticals after demonstrating 60 hours in general and ocular pharmacology (not specific to opioids).⁴³ [Note: With the passage of the MATE Act, all of these provider types (including naturopathic physicians) now have to complete a one-time 8-hour training in opioid use disorders in order to obtain or renew a DEA registration.]

We submit that the training already in place for naturopathic physicians is in line with or superior to the minimum level of education and training necessary for this increased scope based on comparison to other professions that already have this scope.

4.) Explain how the proposal ensures practitioners can safely perform the new skill or service.

As proposed, Senate Bill 5411⁴⁴ ensures practitioners can safely perform this increased scope of practice through Section 2, which requires any naturopathic physicians who prescribe controlled substances to register with the Department of Health to access the Prescription Monitoring Program (PMP) and which requires the regulatory board to establish education and training requirements

⁴⁰ <https://app.leg.wa.gov/WAC/default.aspx?cite=246-919-875&pdf=true>;
<https://app.leg.wa.gov/WAC/default.aspx?cite=246-922-685&pdf=true>; <https://app.leg.wa.gov/WAC/default.aspx?cite=246-918-825&pdf=true>

⁴¹ <https://app.leg.wa.gov/wac/default.aspx?cite=246-817-909>

⁴² <https://app.leg.wa.gov/wac/default.aspx?cite=246-840>

⁴³ <https://app.leg.wa.gov/WAC/default.aspx?cite=246-851-400&pdf=true>

⁴⁴ <https://lawfilesexst.leg.wa.gov/biennium/2023-24/Pdf/Bills/Senate%20Bills/5411.pdf?q=20230817161356>



related to prescribing legend drugs and controlled substances. Only those naturopathic physicians who meet the education and training requirements spelled out by the regulatory board would be allowed to prescribe additional controlled substances.

While not explicitly mentioned in SB 5411, all healthcare professionals are subject to the Uniform Disciplinary Act⁴⁵, which prohibits any healthcare provider (including naturopathic physicians) from incompetence, negligence, or malpractice. Providing any care that the practitioner is not fully trained to competence to provide would be grounds for discipline under this Act.

5.) Explain how the current education and training for the health profession adequately prepares practitioners to perform the new skill or service.

While this increased scope would be new for Washington-licensed naturopathic physicians, all accredited naturopathic medical schools in North America train students to the most advanced scope of practice in the country. Therefore, the current education and training has adequately prepared naturopathic physicians for this increased scope for many years.

The Council on Naturopathic Medical Education (CNME) is recognized by the U.S. Department of Education as the accrediting body for naturopathic medical programs. Per its *Handbook of Accreditation for Naturopathic Medicine Programs*⁴⁶, eligibility criteria include the requirement that an accredited naturopathic medical program “is residential, consists of a minimum of four academic years, and requires a minimum of 4,100 clock hours, including a minimum of 1,200 hours devoted to clinical training.”

Additionally: “The academic component provides an in-depth study of human health, as well as instruction in a variety of therapeutic and clinical subject areas relevant to the practice of naturopathic medicine; where appropriate, instruction includes related experiences in laboratory settings designed to reinforce and augment classroom learning. The following subject matter/courses are included:

1. Biomedical sciences, including anatomy, gross anatomy lab, neuroanatomy, embryology and histology; physiology; pathology and microbiology; and biochemistry, genetics and selected elements of biomechanics relevant to the program
2. Environmental and public health, including epidemiology, immunology and infectious diseases
3. Pharmacology and pharmacognosy
4. Diagnostic subject matter/courses, including physical, psychological, clinical, laboratory, diagnostic imaging, and differential diagnoses

⁴⁵ <https://app.leg.wa.gov/RCW/default.aspx?cite=18.130>

⁴⁶ <https://cnme.org/wp-content/uploads/2022/08/CNME-Handbook-of-Accreditation-August-2022-Edition.pdf>



5. Therapeutic subject matter/courses, including botanical medicine, homeopathy, emergency and legend drugs, clinical nutrition, physical medicine, exercise therapy, hydrotherapy, counseling, nature cure, basic acupuncture and Oriental medicine, medical procedures/emergencies, and minor surgery
6. Clinical subject matter/courses, including body systems and their interactions, cardiology, psychology, dermatology, endocrinology, EENT, gastroenterology, urology, proctology, gynecology, neurology, orthopedics, pulmonology, natural childbirth/obstetrics, pediatrics, geriatrics, rheumatology, oncology, and hematology”

In terms of coverage of controlled substances in the current curriculum at several accredited naturopathic medical schools, the deans at Bastyr University in Washington and California, National University of Natural Medicine (NUNM) in Oregon, and Sonoran University of Health Sciences in Arizona provided information on each of their specific programs.

Bastyr University

Kristina Conner, ND, MSOM, Dean of the School of Naturopathic Medicine at Bastyr University in Kenmore, WA, and San Diego, CA, provided the following information on the required courses relating to controlled substances there:

1. BC 6112 Medical Pharmacology
 - a. Required Course, Spring Year 2
 - b. 3.0 credits, 33.0 hours
 - i. This module contains basic principles for the safe and effective use of pharmaceuticals, including mechanism of action and potential adverse effects.
2. BP 6200 Psychopathology
 - a. Required Course, Winter Year 2
 - b. 2.0 credits, 22.0 hours
 - i. This course trains students to assess and diagnose psychological conditions and refer or manage mental health conditions.
3. BP7300 Naturopathic Approaches to Addictions
 - a. Required Course, Fall Year 3
 - b. 6.0 credits, 66.0 hours
 - i. The focus of this course is the assessment, treatment and management of addictions from a naturopathic perspective.
4. NM7332-7335, NM8301 Clinical Pharmacology 1-5
 - a. Required Courses, Years 3-4
 - b. 2.5 credits total, 27.5 hours
 - c. This required course series instructs students on how to prescribe and manage pharmaceuticals, including drug and supplement/nutrient/herbal interactions. Each course focuses on a body system, as follows:
 - i. Clinical Pharmacology 1—pain and musculoskeletal system.

1. Includes 2 hours on opioid medications
 - ii. Clinical Pharmacology 2-Nervous System, Mental Health conditions, and Endocrine system
 1. Includes 2 hours on stimulants and 2 hours on anxiolytics which include some controlled substances
 - iii. Clinical Pharmacology 3-Digestive, Cardiovascular, and Respiratory Systems
 - iv. Clinical Pharmacology 4—Eye, Ears, Nose Throat, Renal, and Reproductive Systems
 - v. Clinical Pharmacology 5—Integumentary System
5. Students may manage patients on controlled substances in their required rotations. During their clinical training, they must demonstrate competency in the following areas which may be relevant to controlled substance use and abuse:
 - a. Professional Ethics
 - b. Counseling
 - c. Mental status examination
 - d. Diagnosis and management of Mental illness
 - e. Diagnosis and management of Nervous system disorders
 - f. Musculoskeletal exam
 - g. Diagnosis and management of Musculoskeletal conditions, acute
 - h. Diagnosis and management of Musculoskeletal conditions, chronic

In summary, graduates of Bastyr University’s Doctor of Naturopathic Medicine program are trained in the prescription and management of controlled substances. Additionally, they are trained to assess substance use disorders and refer or manage those conditions, as appropriate. Courses span the 4-year curriculum and clinical training.

Admittedly, there was less focus on pharmaceuticals (including controlled substances) at Bastyr University prior to naturopathic scope expansion in Washington in 2005, but the curriculum was soon adjusted to better align with that taught at other accredited naturopathic medical schools once the new scope went into effect. When the new law went into effect, both Bastyr University and the WANP offered training courses on controlled substances and other pharmaceuticals to bring earlier graduates into compliance with the rules established in WACs 246-836-210⁴⁷ and 246-836-211⁴⁸. According to Paul Anderson, ND, Professor of Pharmacology for Bastyr University’s School of Naturopathic Medicine from approximately 2006 to approximately 2012, the pharmacology curriculum has included in depth coverage of controlled substances since at least 2009. In particular, the course syllabi, notes, and slide decks demonstrate coverage of legend drugs as well as coverage of testosterone prescribing and management; pharmaceutical management of pain (including opiates, synthetic opioids, and opiate overdose); opiate cough suppressants; benzodiazepines and barbiturates; other drugs of abuse and

⁴⁷ <https://app.leg.wa.gov/wac/default.aspx?cite=246-836-210>

⁴⁸ <https://app.leg.wa.gov/wac/default.aspx?cite=246-836-211>



misuse; and management of addiction and drug-seeking behaviors. Dr. Conner confirmed this information, adding: “After 2012, course content and syllabi reflect an equal or higher number of hours devoted to pharmacology... [including] the addition of Medical Pharmacology in 2018. That [added] 3 additional credits (33 hours).”

National University of Natural Medicine (NUNM)

Kelly Baltazar, ND, DC, MS, Dean of the College of Naturopathic Medicine at National University of Natural Medicine (NUNM) provided the following information on the required courses in their curriculum⁴⁹ relating to controlled substances:

NUNM’s curriculum is an organ-based block curriculum. Threaded through each of the block courses is content pertaining to therapeutic modalities such as botanical medicine, nutrition, homeopathy, hydrotherapy, practitioner cultivation, evidence-based medicine/evidence-informed practice (EBM/EIP), ethics, and pharmacology. Therefore, in the below information, there are not standalone pharmacology courses but rather an outline of the total credits for the relevant blocks. Within those blocks, NUNM’s core curriculum contains 141.5 required hours of pharmacology.

The following are the required core courses in the curriculum relating to controlled substances and where controlled substances are taught:

1. Therapeutic Modalities II
 - a. Required course, Year 1
 - b. 6.0 credits, 72 hours
 - i. This class explores the history, philosophy, and foundational concepts of pharmacology and explores how this modality is employed as part of a holistic approach to medicine. This class explores the principles of how medications physiologically interact with the body. Students learn major drug classes and start to build knowledge of indications, contraindications and how to prescribe drugs. This class discusses opioids and opioid use disorder.
2. Musculoskeletal Lecture, Tutorial, & Lab
 - a. Required courses, Year 2
 - b. 18.0 credits, 252 hours
 - i. This course explores musculoskeletal-based conditions and implements comprehensive management plans. The course includes pain education and opioids for pain management.
3. Reproductive Systems (Andrology, Gynecology, & Natural Childbirth) Lecture, Tutorial, & Lab
 - a. Required courses, Year 3
 - b. 14.5 credits, 180 hours
 - i. This course discusses Testosterone.
4. Psychology & Mental Health

⁴⁹ https://catalog.nunm.edu/preview_program.php?catoid=7&poiid=177



- a. Required courses, Year 3
- b. 7.0 credits, 84 hours
 - i. This course discusses stimulant medications, benzodiazepines, ketamine, and DEA/PDMP monitoring.

Additionally, each organ-based block instructs students on how to prescribe and manage pharmaceuticals, including drug and supplement/nutrient/herbal interactions. These courses are as follows:

1. Year 2 courses
 - a. Cardiology & Pulmonology
 - b. Hematology & Oncology
 - c. Gastroenterology & Proctology
 - d. Urology & Nephrology
 - e. Metabolism & Endocrinology
2. Year 3 courses
 - a. Rheumatology & Immunology
 - b. Eyes, Ears, Nose, Throat (EENT)
 - c. Dermatology & Minor Surgery
 - d. Pediatrics & Geriatrics
 - e. Environmental Medicine & Parenteral Therapy

In addition to the required core courses, students may manage patients on controlled substances during their required clinical rotations or may have exposure to patients being managed on controlled substance during their required 216 preceptorship hours. All students must demonstrate competency in the following areas during their clinical rotations, which may be relevant to controlled substance use and abuse:

1. Pharmacological prescription: total of 12 in at least 8 different condition categories
 - a. The student must demonstrate the ability to prescribe a pharmaceutical medication safely and accurately.
 - b. The student must demonstrate knowledge of the indications and contraindications of the drug, mechanism of action (MOA) for the active ingredient, side effects, potential interactions, and dosage and duration.
 - c. The student must be able to provide justification for the individual prescription along with any available evidence for that use.
 - d. The student must discuss the prescription and any applicable out-of-pocket costs with the patient and complete a PARQ and assure closed-loop communication between the presenter and receiver of the information to ensure that both parties have a shared understanding of the patient's questions and needs.
2. Mental Health/Lifestyle Counseling



- a. The student must demonstrate the ability to successfully provide and document counseling for 12 patient visits, including:
 - i. Substance and alcohol use/abuse counseling (ability to identify, treat and/or refer when indicated)
 - ii. Mental health conditions (ability to diagnose, treat and/or refer when indicated)
 - iii. Pain management education

Lastly, all NUNM students are assessed during their primary clinical rotations on the following and are expected to be competent in these areas upon graduating:

1. Coordination of Patient Care Within the Health Care System
2. Medical Records Documentation
3. Communication and Interaction with patients and families
4. Various aspects of Professionalism and Ethics

In summary, NUNM students are trained throughout the curriculum in prescribing and management of controlled substances. They are also trained to understand when appropriate referrals are indicated.

Sonoran University of Health Sciences

Jessica Mitchell, ND, Dean of the College of Naturopathic Medicine at Sonoran University of Health Sciences in Tempe, AZ, provided the following information on the required courses in the curriculum⁵⁰ there related to controlled substances:

1. PHAR 6010, 6020, 6030 Pharmacology and Pharmacotherapeutics I-III
 - a. Required courses, Year 2
 - b. 9.0 total credits, 99 hours
 - i. These courses discuss therapeutic drugs and drugs of abuse including side effects, toxicity, interactions, and contraindications.
2. ERMD 8014 Emergency Medicine
 - a. Required course, Year 3
 - b. 3.0 credits, 33 hours
 - i. Students learn how to manage acute medical conditions including overdose utilizing Advanced Cardiac Life Support and medications.
3. GNMP 7030 General Medical Practice – Endocrinology
 - a. Required course, Year 3
 - b. 2.5 credits, 27.5 hours
 - i. Students learn endocrinology including appropriate use of prescription of hormones.
4. GNMP 8076 General Medical Practice – Geriatrics
 - a. Required course, Year 4

⁵⁰ https://www.sonoran.edu/wp-content/uploads/2022/10/Sonoran-College-of-Naturopathic-Medicine-Fall_Spring-2022-2023-4yr-Program-of-Study-rev.-10-25-22.pdf



- b. 2.0 credits, 22 hours
 - i. Students learn assessment and treatment of geriatric patients including medication management.
5. PSYC 8040 Mind-Body Medicine: Medical Management of Addiction
 - a. Required course, Year 4
 - b. 1.5 credits, 16.5 hours
 - i. This course provides training in caring for people suffering from addiction.

In addition to the required courses listed above, the students have the following requirements and training opportunities:

1. Students take ten additional clinical science courses (e.g. cardiology, neurology, rheumatology, etc.) where pharmaceuticals are discussed as part of the management of disease processes.
2. Sonoran University offers an elective course in Medical Cannabis designed to educate students on the appropriate clinical uses of medical cannabis and the prescribing laws in Arizona.
3. Students obtain 1,232 hours on clinical rotations and a minimum of 500 patient contacts while they are at Sonoran. Naturopathic Physicians in Arizona are licensed as primary care physicians with a large pharmacy scope. Most of our student rotations are family practice which means that many of the patients seen are taking medications and that the supervising physician is prescribing medications where appropriate.
4. Sonoran University has two community clinics, offering 6 clerkship opportunities per week, where substance abuse disorders are common among the participants.

Students in the Naturopathic Medicine program are training as primary care providers to the large scope of practice in Arizona. They are trained in prescription and management of controlled substances and the assessment of substance use disorders.

Post-Graduation Continuing Medical Education

After graduation, naturopathic physicians in Washington are required to maintain competence in their field by completing a minimum of 60 hours of continuing medical education every 2 years. As part of this 60-hour requirement, Washington-licensed naturopathic physicians are required to take a minimum of 15 hours specifically in pharmacology.⁵¹

For comparison to other states where naturopathic physicians have this advanced prescriptive authority: Naturopathic physicians licensed in Oregon have prescriptive authority that includes medications in Schedules II through V. Post-graduation, they are required to obtain 32 hours of continuing education, including 10 hours of pharmacology-specific continuing education, annually and 1 hour of continuing education in pain management every 2 years.⁵² Those licensed in Arizona also have prescriptive authority that includes medications in Schedules II through V. They are required to

⁵¹ <https://app.leg.wa.gov/WAC/default.aspx?cite=246-836-080&pdf=true>

⁵² <https://www.oregon.gov/obnm/Pages/ContinuingEducation.aspx>



obtain 30 hours of continuing education, including 10 hours of pharmacology-specific continuing education, annually.⁵³ Naturopathic physicians licensed in Vermont also have prescriptive authority that includes medications in Schedules II through V and they must complete 30 credits of continuing education every 2 years with no specific requirement for pharmacology credits.⁵⁴

For comparison to other professions in Washington with this advanced prescriptive authority: MDs/DOs⁵⁵ are required to complete 200 hours of continuing education every 4 years, with no specific requirement for pharmacology hours; podiatrists⁵⁶ and PAs⁵⁷ are required to complete 100 hours of continuing education every 2 years, with no specific requirement for pharmacology hours; optometrists are required to complete 50 hours of continuing education every 2 years, with no specific requirement for pharmacology hours; ARNPs/DNPs⁵⁸ with prescribing rights are required to complete 45 hours of continuing education every 2 years, including 15 hours of pharmacology; and dentists⁵⁹ are required to complete 63 hours of continuing education every 3 years, with no specific requirement for pharmacology hours.

Comparison of continuing education credit requirements in Washington.

<i>Profession</i>	Total requirement	Average annual credits	Pharm-specific credits
<i>MD</i>	200/4 years	50	N/A
<i>DPM</i>	100/2 years	50	N/A
<i>PA</i>	100/2 years	50	N/A
<i>ND</i>	60/2 years	30	15/2 years (7.5/year)
<i>OD</i>	50/2 years	25	N/A
<i>DNP-FNP</i>	45/2 years	22.5	15/2 years (7.5/year)
<i>DDS</i>	63/3 years	21	N/A

6.) Is an increase in education and training necessary? If so, are the approved educational institutions prepared to incorporate the increase?

As indicated above, the accredited naturopathic medical schools have been ensuring competence to the proposed scope for many years based on the advanced prescriptive authority and practice of licensed naturopathic physicians in several other states. Since a Sunrise Review was completed on this same topic in December 2014, the continuing competency program for Washington-licensed

⁵³ https://apps.azsos.gov/public_services/Title_04/4-18.pdf

⁵⁴ <https://legislature.vermont.gov/statutes/section/26/081/04130>

⁵⁵ <https://app.leg.wa.gov/WAC/default.aspx?cite=246-919-430&pdf=true>

⁵⁶ <https://app.leg.wa.gov/WAC/default.aspx?cite=246-922-300&pdf=true>

⁵⁷ <https://app.leg.wa.gov/WAC/default.aspx?cite=246-918-180&pdf=true>

⁵⁸ <https://app.leg.wa.gov/WAC/default.aspx?cite=246-840-361&pdf=true>;

<https://app.leg.wa.gov/WAC/default.aspx?cite=246-840-450&pdf=true>

⁵⁹ <https://app.leg.wa.gov/WAC/default.aspx?cite=246-817-440&pdf=true>



naturopathic physicians has been overhauled to better align with that of other advanced scope health professions. At this time, we submit that the groundwork has already been laid for this increased scope for naturopathic physicians in Washington State and that no increase in training or education is immediately necessary to approve this proposal.

That said, the proposal does defer to the state regulatory board of naturopathy for rule-making and there may be additional training or educational requirements put in place by that body. We have secured a commitment from leadership at Bastyr University to work with us, the regulatory board, and the consortium of accredited naturopathic medical schools to incorporate any additional requirements established by our board.

7.) How does the proposal ensure that only qualified practitioners are authorized to perform the expanded scope of practice?

In 2005, when naturopathic physicians gained legal authority to prescribe codeine and testosterone products in Schedules III through V, rules were written to ensure that only qualified practitioners were authorized to prescribe these limited controlled substances. Specifically, WAC 246-836-210 and 246-836-211 require authorization by the regulatory Board to prescribe controlled substances:

WAC 246-836-210:

“(3) Prior to being allowed to administer, prescribe, dispense, or order controlled substances, a naturopathic physician must meet the requirements in WAC [246-836-211](#) and have obtained the appropriate registration issued by the Federal Drug Enforcement Administration.”

WAC 246-836-211:

“(1) Upon approval by the board, naturopathic physicians may obtain a current Federal Drug Enforcement Administration registration. The board may approve naturopathic physicians who have:

- (a) Provided documentation of a current Federal Drug Enforcement Administration registration from another state; or
- (b) Submitted an attestation of at least four hours of instruction. Instruction must be part of a graduate level course from a school approved under chapter [18.36A](#), 18.71, 18.57, or [18.79](#) RCW. Instruction must include the following:
 - (i) Principles of medication selection;
 - (ii) Patient selection and therapeutics education;
 - (iii) Problem identification and assessment;
 - (iv) Knowledge of interactions, if any;
 - (v) Evaluation of outcome;
 - (vi) Recognition and management of complications and untoward reactions; and
 - (vii) Education in pain management and drug seeking behaviors.”



Only naturopathic physicians who complete and attest to the training spelled out by the regulatory board in WAC 246-836-211 above receive an “authorization for DEA registration” on their licenses. Without this “authorization for DEA registration” documented directly on their Naturopathic Physician License in Washington, a naturopathic physician cannot obtain a DEA registration for Washington State. Without a DEA registration in Washington State, it is illegal for a naturopathic physician to prescribe any controlled substances for patients in the State of Washington.

These rules remain in place under the current proposal, and the current proposal allows an opportunity by the regulatory Board of Naturopathy to impose additional training and educational requirements if necessary. The current proposal establishes that “a naturopathic physician may prescribe and administer drugs pursuant to subsection (1) of this section only if he or she satisfies the education and training requirements established by the board.”

8.) If there are other factors in RCW 18.120.030 relevant to the proposal, please address them in detail.

We submit that naturopathic physicians are highly committed to protecting the public from harm based on their training and foundational philosophy, which directs naturopathic doctors to use the lowest force effective intervention⁶⁰. Additionally, there are already rules in place to ensure that the public is protected from harm by requiring authorization by the regulatory Board of Naturopathy to prescribe controlled substances, and this proposal includes an ability by the Board to implement additional training and educational requirements for naturopathic physicians seeking to utilize advanced prescriptive authority.

This profession has been licensed and regulated as “naturopathic physicians” in Washington since 1987. Naturopathic doctors have practiced autonomously and responsibly since then. Recognized in statute as both primary care providers and physicians, they have legal authority to supervise registered nurses⁶¹, licensed practical nurses⁶², medical assistants⁶³, and colon hydrotherapists⁶⁴. They have safely prescribed all legend drugs and limited controlled substances since 2005. Their core and continuing education has advanced over the years. Naturopathic physicians are already responsible for life and death decisions in daily patient care – managing multiple potentially deadly medications (e.g. insulins, blood thinners, anti-hypertensives, antidepressants), deciding when to refer a patient out for specialized care, and understanding the difference between something that can wait and something that requires immediate attention. The generally low costs of malpractice insurance for the

⁶⁰ <https://aanmc.org/naturopathic-medicine/>

⁶¹ <https://app.leg.wa.gov/rcw/default.aspx?cite=18.79.260>

⁶² <https://app.leg.wa.gov/RCW/default.aspx?cite=18.79.270>

⁶³ <https://app.leg.wa.gov/rcw/default.aspx?cite=18.360&full=true#18.360.010>

⁶⁴ <https://app.leg.wa.gov/RCW/default.aspx?cite=18.36A.095&pdf=true>



14500 Juanita Drive NE • Room 381 • Kenmore, WA 98028 •
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naturopathic profession speak to the relative safety and competent care naturopathic physicians provide.

We hope we have made the case above that the education, training, and professional ability of naturopathic physicians to safely perform this increased scope meets or exceeds the training of other healthcare practitioners in Washington who currently enjoy the scope of practice we are seeking.

We also hope that we have demonstrated that this proposal would increase access, improve continuity of care, and reduce costs – for individual patients, healthcare employers, insurance carriers, taxpayers, and the state – by reducing unnecessary dual utilization and allowing naturopathic doctors to provide the full breadth of care they are trained and licensed to provide.