

November 14, 2023

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RE: Sunrise review on naturopathic scope of practice

Dear Ms. Thomas,

On behalf of the Washington State Medical Association (WSMA) and our nearly 13,000 members across the state, thank you for the opportunity to provide comments on the Department of Health's (Department) sunrise review of naturopathic scope of practice. The WSMA is committed to ensuring access to high quality care for all Washingtonians. However, the proposal offered by the Washington Association of Naturopathic Physicians (WANP – "applicant") is not an appropriate means to achieving this goal. We will also correct several misrepresentations in the application. We urge the Department to strongly oppose all elements of the proposal which would compromise the safety of our patients, and the effectiveness and quality of care delivered in our state.

Naturopathic education and training is not equivalent to the education and training received by allopathic and osteopathic physicians and does not prepare a naturopath to accurately diagnose or provide the medical treatment considered in the application.

We are stunned and deeply troubled that the applicant states "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." It should be noted that naturopaths are not even licensed as health care practitioners in 28 states and it is unlawful to practice naturopathy in three states. Some states that have not licensed naturopaths have noted that licensure legitimizes a manner of health care that lacks an adequate evidence base.

An allopathic or osteopathic physician's education and training begins before they enter medical school with pre-requisites included in their bachelor's degree program. Competency in these prerequisites is measured by the Medical College Admission Test (MCAT). Once accepted

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into medical school, where the curriculum is highly regulated by the Liaison Committee on Medical Education (LCME) and the Commission on Osteopathic College Admission (COCA), allopathic and osteopathic physicians spend four years learning the human body and its systems, as well as the fundamental principles of medicine. The coursework trains students to identify and understand the root cause and impact of disease. Students not only complete didactic courses in pharmacology, but also learn the clinical application of pharmacology. [The total number of hours of basic sciences course work based on average reporting across medical schools is 1,352 hours.](#) This period of intense study is supplemented by two years of patient care rotations through different specialties during which medical students assist licensed physicians in the care of patients – allowing medical students to develop clinical judgment and medical decision making through the direct experience of managing patients. Upon graduation from medical school, physicians must pass a standardized, three-part licensing exam (USMLE, COMLEX) to ensure that the medical school curriculum has prepared a student for the independent practice of medicine. All of this takes place before a physician even applies to and is accepted into a residency.

By contrast, a naturopath attends four years of post-graduate education. The naturopathic education focuses on philosophical principles rather than evidence-based practices and methods. The priority of focusing on “natural healing” does not allow for the same level of emphasis on treating many medical conditions. There is no naturopathic standard of care, and many naturopathic therapies have not been vetted by rigorous scientific study like those pharmacotherapies taught in osteopathic and allopathic schools of medicine. A [2010 United Kingdom House of Commons Science and Technology committee study found that homeopathic remedies perform no better than placebos](#), and in 2017 the National Health Service quit funding homeopathic remedies. Similarly, [Australia’s National Health and Medical Research Council concluded that homeopathy should not be used to treat health conditions that are chronic or serious](#), or that could become serious. After graduation, naturopaths are required to take a two-part exam (NPLEX) covering basic sciences, diagnostic and therapeutic subjects, and clinical sciences. The exam is written entirely by naturopaths and is not subject to rigorous oversight or external review by allopathic and osteopathic physicians, or other experts in medical education.

Following graduation from medical school and passage of the USMLE or COMLEX, allopathic and osteopathic physicians enter an Accreditation Council on Graduate Medical Education (ACGME) accredited primary care/family medicine residency – a three-year to five-year period (12,000-16,000 patient care hours) during which they provide care under the supervision of experienced physician faculty. Primary care physicians, for example, receive training in pediatrics, obstetrics and gynecology, internal medicine, psychiatry and neurology, and surgery. The ACGME requires that residents dedicate a minimum of 200 hours or 250 patient encounters to the care of acutely ill or injured adults in an emergency department setting. At the end of their residency, primary care physicians must demonstrate the competence to independently provide patient care in a broad range of areas of medicine. The concept of graded and progressive responsibility is one of the core tenets of graduate medical education. Many physicians report that it is the residency training period that best equips a physician with the training and experience required to perform their duties safely and effectively.

Naturopaths, by sharp contrast, are not required to complete residency. Before graduating, naturopaths must complete 850 hours of patient care – including 225 interactions where the naturopathic student is acting in a primary care capacity. Of these interactions, 20% may be done via simulation in lieu of actual patient contact. Unlike allopathic and osteopathic training, there is no requirement they treat patients across the lifespan, patients who are sick, or patients with any particular medical condition. There is no guarantee that a naturopath will have ever treated infants, children, adolescents or the elderly in their training. A naturopath may graduate without ever seeing a hospitalized patient.

The gulf between a naturopath’s education and that of an allopathic or osteopathic physician extends to continuing medical education (CME) requirements. Allopathic and osteopathic physicians complete two hundred hours of CME every four years, while a naturopath is required to complete sixty hours of CME every two years.

Naturopathic education and training does not compare to that of an allopathic or osteopathic physician and as such, does not prepare the naturopathic profession to accurately diagnose, safely prescribe, sign patient documents, and perform procedures considered in the proposal. As a crucial underpinning of their proposal, we are concerned that the applicant has mischaracterized naturopathic education and training to be on par with other professions. It simply is not comparable or equivalent.

	Family Physician	Naturopath
Entrance exam	MCAT	None
Postgraduate program length	4 years	4 years
Clinical training	12,000-16,000 hours	72-1200 hours
Residency	3-5 years	None required
Education	Comprehensive medical education	Some medical science, plus botanical medicine, homeopathy, behavioral medicine, nutrition, and other naturopathic therapies (e.g., hydrotherapy)
Continuing education	200 hours/4 years	60 hours/2 years

Expanded prescriptive authority, to include controlled substances in Schedule II-V compromises patient safety without increasing access to high quality primary care.

Current law grants a naturopath the authority to prescribe botanical and homeopathic medicines, hormones, and legend drugs consistent with naturopathic medical practice – as well as codeine and testosterone products in Schedule III-V. The proposal under review would expand a naturopaths’ prescriptive authority to **include all of Schedule II-V** – a significant increase in authority – without stipulating any additional education and training requirements. In addition to opioids and psychotropic drugs, naturopaths would also be allowed to prescribe narcotics, tranquilizers, sedatives, stimulants, and non-narcotic analgesics.

Schedule II drugs are classified as such because of the high potential for abuse, psychological dependence, or physical dependence, as well as the potential for adverse interactions with other drugs and conditions. Schedule II narcotics include, but are not limited to, fentanyl, methadone, oxycodone, morphine, opium, and hydrocodone. Schedule II stimulants include amphetamine, methamphetamine, and methylphenidate. WSMA and the Department have gone to enormous lengths to ensure safer prescribing through the legislature, rulemaking, and our joint quality improvement program—[Better Prescribing, Better Treatment](#)—which has seen great success promoting safe, appropriate prescribing. In its application, and the language of SB 5411, the applicant did not demonstrate their understanding of the increased responsibility that comes with an expanded prescriptive authority – such as the requirement that the profession follow the same opioid prescribing rules as others with prescriptive authority – as required by [HB 1427](#) from 2017 (the education and training requirements in Sec. 2 of SB 5411 called out in the application are not the same as prescribing rules). Expanding the ability of naturopaths to prescribe Schedule II and other drugs would be deeply irresponsible and contrary to our shared commitment to appropriate pain management and safe prescribing to Washingtonians.

While Schedule II drugs are those that have the highest potential for abuse, all scheduled drugs can be dangerous when mis-prescribed and/or misused – which is why they are scheduled in the first place. The proposal would also expand naturopathic prescriptive authority to include psychotropic medications – drugs used for the treatment of mental illness. Of the 30 most prescribed psychotropic medications, 18 carry “black box warnings” – the FDA’s most serious warning of potential side effects that may include stroke, coma, tremors, blood disease, and severe blood pressure. Safely prescribing psychotropics and other psychiatric drugs requires the highest level of expertise. This is especially true when psychotropic drugs are co-prescribed with other medications. Understanding the interaction of medications requires a physician to utilize their medical education and clinical experience to its fullest extent.

As the applicant notes, some naturopaths in Washington state register with the Drug Enforcement Agency (DEA) to prescribe codeine and testosterone products. To clarify, a DEA number is not an acknowledgement by the federal agency that naturopaths are qualified to prescribe *all* controlled substances, but rather a requirement of any health care professional who anticipates prescribing *any* controlled substance within their state scope of practice (in this case codeine) as a way for the DEA to track provider prescriptions and monitor potential fraud and abuse. The required CME on the treatment and management of substance use disorder (SUD) or opioid use disorder (OUD) applies to *any* health care professional seeking to obtain or renew their DEA license and serves as an opportunity for prescribers to better understand how to identify and treat SUD and OUD. While the applicant notes that they are required to undergo the DEA’s required CME, they are not authorized to prescribe buprenorphine or methadone. As it stands, methadone is a highly regulated medication that, for OUD, is only administered in certain highly-regulated settings. Additionally, while buprenorphine’s waiver for physicians and other qualified practitioners was recently lifted by Congress, prescribing the medication is complicated by the wave of illicit fentanyl, causing a complex prescribing dynamic that physicians are still grappling with.

We are concerned by the applicant’s assertion that referrals to specialists or other practitioners for medications are simply administrative red tape and that naturopaths “...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”. These referrals for medication are not simply an inconvenience, but intentional and exist to protect patient safety and ensure that care provided is commiserate with education and training.

There is no shortcut to being able to safely prescribe controlled substances. A comprehensive medical education and training is required to be able to understand not only a given drug and condition, but also how that drug may interact with other drugs a patient may be taking or other conditions they may have.

When a similar Sunrise Review was considered in 2014, the Department noted that unlimited prescriptive authority is not necessary to practice primary care and stated that “referrals for controlled substances are often necessary... to ensure the most qualified health care professionals are prescribing these substances, which are controlled because of their significant risk to public health due to overdose, abuse and misuse”. The Department’s conclusion is as applicable in 2023 as it was in 2014.

We are concerned by the proposed expansion of the minor office procedure provision.

The proposal would modify the current “minor office procedure” provision within the naturopathic practice act to include “primary care services” and “procedures incident thereto of minor injuries” without providing context or specificity. The proposal also considerably broadens the allowance for naturopaths to perform “injections.” These terms are vague, which is a concern given the current, narrower minor office procedure provision has proven to be open to misinterpretation and exploitation.

Over the last two years alone, the naturopathic community has argued the current minor office procedure provision, and the Board of Naturopathy has largely agreed, to allow naturopaths to use in-office nitrous oxide without regulatory guardrails, and to perform procedures with stem cells, and cosmetic Botox. The applicant has tried, and thankfully failed, to urge the Board of Naturopathy to interpret in-clinic abortions and vasectomies as being in scope under the current minor office procedure provision. We fear that further expansion of the minor office procedure provision would open the door to additional inappropriate interpretations, leading to regulators permitting naturopaths to provide more services and treatments for which they do not have requisite education and training. Due to these recent experiences, we urge the Department to recommend that the Secretary retain their valuable oversight role regarding rulemaking concerning minor office procedures.

WSMA ardently supports ensuring access to abortion services, but we are concerned to see the applicant’s report mention the performance of abortions. In-clinic abortions (vacuum aspiration, dilation and curettage) are safe when they are performed by practitioners who have the necessary clinical training in obstetrics and gynecology. This training includes preprocedural preparation, performance of the procedure, and post-procedural patient care. Most importantly, allopathic physicians, osteopathic physicians, physician assistants, and advanced registered nurse practitioners have the medical training to respond to complications that may result when performing procedural abortions. Abortion procedures are safe and effective when performed by

qualified health care professionals and any adverse outcomes would become fodder for proponents of restricting access to reproductive health services. Despite legislative hearsay shared in the application, the Legislature had an opportunity to explicitly include naturopaths in HB 1851 (2022) and did not.

The proposed updates to the naturopathic minor office procedures provision would open the door to any number of interpretations without ensuring that requisite education and training has been attained. In any scope of practice proposal, the consideration of patient safety and ensuring high quality care is paramount. The risks associated with allowing underqualified providers to perform unspecified procedures and treat undefined levels of injuries does not outweigh any potential benefits and does not warrant the Department's support.

To demonstrate how the concerns we share have carried out in another state, we can look to Arizona as an example. Arizona law defines the practice of naturopathic medicine to involve “nonsurgical methods,” however, the Arizona naturopathic license allows for the performance of minor surgeries. The term “minor surgeries” has been interpreted by some Arizona naturopaths to include liposuction and gluteoplasty (Brazilian butt lifts). Unfortunately for [Arizona patients suffering](#) the effects of these botched surgeries, the Arizona Naturopathic Physicians medical board has thus far declined to either clarify the meaning of “minor surgeries” or—in several cases—discipline the naturopaths performing them. As noted above, we see the same dynamic at Washington's Board of Naturopathy as they fail to evolve from their advisory board role into a legitimate regulatory body of an independent profession with patient safety as their primary concern. WSMA urges the Department to oppose an expansion of the current minor office procedure.

Naturopaths do not have sufficient training and education to make clinical decisions around the documentation outlined by the applicant. The proposal does not comport with areas of state and federal law, which may complicate patient care.

Among the proposed scope of practice expansions is the ability for naturopaths to “sign and attest to any certificates, cards, forms, or other required documentation that a physician may sign” which “includes, but is not limited to, disability determinations, physician orders for life-sustaining treatment, hospice orders, student athletic forms, guardianships, powers of attorney, and similar legal documents.”

Clinical judgement is required to appropriately sign these documents, and naturopathic education and training does not prepare the profession sufficiently enough to have such authority included in its scope of practice – including but not limited to orders for hospice and life-sustaining treatment.

Looking at the example of disability determinations, naturopaths are excluded from the [list of practitioners considered an “acceptable medical source”](#) to serve as a consultative examiner that inform disability determinations under the federal Social Security Administration. Expressly proposing naturopaths be able to make disability determinations in state law could cause confusion for patients seeking Social Security disability determinations.

The proposal also refers to end-of-life services through the state's Death with Dignity Act. The reference in the proposal to "similar legal documents" could foreseeably be construed by the Board of Naturopathy to contemplate documents under the Death with Dignity Act. Senate Bill 5179 intentionally set the list of eligible practitioners to deliver care under the law as physicians, physician assistants, and ARNPs. Any potential confusion around such a sensitive area of medicine and law should be avoided at all costs.

The proposal fails to ensure appropriate parameters and oversight for the profession.

As naturopaths do not receive adequate education and training to allow them to safely expand their prescriptive authority and perform procedures contemplated in the application, it follows that they are unable to determine the appropriate education and training required necessary to safely prescribe or perform additional services. This proposal, however, defers to the Board of Naturopathy – comprised of naturopaths and members of the public – to *potentially* put additional training and education requirements in place. Individuals without experience prescribing these drugs and performing such procedures, and without extensive training in pharmacology, differential diagnoses, and other elements of medical evaluation and treatment, cannot adequately design a program to teach others to prescribe or perform procedures, nor can they adequately regulate those who do.

The applicant is seeking the largest naturopathic scope of practice in the country.

Despite naturopaths not being licensed as health care practitioners in 28 states, the applicant implies the proposal is aligned with the direction the rest of the country is heading. The applicant prominently cites Oregon and Vermont as having the same scope of practice requested in the proposal. This is misleading, as the applicant does not go on to detail the significant limitations in place in this small number of states. The applicant is seeking a naturopathic scope of practice in Washington state as broadly or broader than any state in the country.

Most rural Washingtonians live within similar if not closer proximity to physicians than naturopaths and all Washingtonians deserve access to the highest quality care. Initiatives are in place and further strategies are currently being explored to improve the healthcare workforce and access without diminishing value or patient safety.

Despite the proposal's assertion that a naturopath "may be the only healthcare practitioner within a large radius in some of the more rural communities", and that an increase in the naturopathic scope of practice would result in improved access to care in rural and underserved areas, no evidence to this effect is offered. Naturopaths are generally living and practicing in the same areas as allopathic and osteopathic physicians as detailed in the attached maps created by the American Medical Association (AMA) utilizing AMA membership, US Centers for Medicare and Medicaid Services, and US Census Bureau data from 2020.

Like those in urban communities, rural and underserved Washingtonians deserve the confidence of knowing that their practitioner has received appropriate education and training and that any diagnosis and/or treatment they may receive is provided effectively and above all – safely. We find the implication that rural and underserved Washingtonians would accept a lower standard of

health care services at odds with the Department and WSMA's shared mission to ensure safe, quality, and equitable care throughout the state.

We know there is more work to be done to ensure improved access to high-quality, evidence-based care that prioritizes patient safety. As noted in the application, addressing workforce challenges is a top priority of the WSMA. In the coming months, the WSMA will be distributing a comprehensive set of solutions for stakeholders at the Legislature, state agencies, and within the health care system that do not put quality of care and patient safety in jeopardy. This includes increased funding for the state's health professional student loan repayment program, workforce retention initiatives, securing funding for additional physician residency slots, and continuing to advance the utilization of telemedicine.

In the scope of practice realm, the WSMA has supported proposals that appropriately increased access to care while ensuring patient safety. In the last few years, we have supported proposals to license anesthesiologist assistants, update supervision rules for medical assistants, and create a limited prescriptive authority for licensed midwives. We have worked with physician assistants to modernize their practice act.

We have also worked on numerous initiatives to advance the utilization of telemedicine – increasing efficiency for patients and physicians. Policies such as requiring coverage and payment at parity for telemedicine services have facilitated the transformation of our state's health care system, resulting in patients having more ready access to physicians and other health care providers.

We request that the Department continue to partner with WSMA and other stakeholders to build on policies intended to improve access and increase the health care workforce, rather than considering an inappropriate scope of practice increase.

The proposal is inconsistent with our shared public health goals and scientific evidence.

Since our association's inception, the Department and the WSMA have partnered on areas related to public health, with immunization policy near the top of our shared priorities. Just recently, in the wake of a measles outbreak in 2019, the Department and the WSMA both supported HB 1638 – removing the personal/philosophical exemption for measles, mumps, and rubella. While the WSMA and the Department testified in strong formal support of this measure in the face of vocal opposition, there is no record of WANP supporting the bill. During the COVID-19 pandemic, the WSMA worked with the Department to enroll physicians in the vaccine distribution system, support the [Power of Provider's initiative](#), encourage physicians to volunteer at mass vaccination sites, [create CME](#), [support the Governor's mandate on health care workers](#), and [educate the public on the safety and efficacy of the COVID vaccines](#). Our shared work in this space has never been more fragile or important.

At a time when evidence-based medicine is under attack, the naturopathic community's lack of consensus around vaccines demonstrates that the profession cannot be considered comprehensive primary care providers. WANP has no official position on vaccinations, but [according to the WANP President](#), "It is a very heated issue within our community, right, wrong or indifferent".

The [Naturopathic Medicine Institute opposed mandatory COVID-19 vaccines after](#) “having thoroughly reviewed the science that informs the SARS Coronavirus-19 vaccines, in conjunction with a review of naturopathic physicians’ clinical experience treating patients diagnosed with COVID-19 and patients experiencing adverse symptoms after being vaccinated”.

The available data on this topic supports the prevalence of both hesitancy and opposition to vaccines among the naturopathic community. A [comprehensive study published in 2010](#) analyzed childhood immunization data from 2000-2003 by practitioner type. That study concluded that:

- Children were significantly less likely to receive each of the four recommended vaccinations if they saw a naturopath.
- Children aged 1-17 years were significantly more likely to be diagnosed with a vaccine preventable disease if they received naturopathic care.
- Pediatric use of complementary/alternative medicine in Washington State was significantly associated with reduced adherence to recommended pediatric vaccination schedules and with the acquisition of vaccine-preventable disease.

Few scientific and medical advancements rival the development of immunizations. The Department’s endorsement of this proposal would work counter to the progress we have made together on combatting vaccine hesitancy and protecting children and adults from avoidable disease and suffering.

For all the reasons outlined in this letter, the WSMA urges the Department to oppose this proposal.

Thank you again for the opportunity to provide comments on the sunrise review proposal. Should you have questions, do not hesitate to contact WSMA Associate Director Billie Dickinson at billie@wsma.org. We appreciate your consideration and your continued partnership.

Sincerely,



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WSMA President



John Bramhall, MD, PHD
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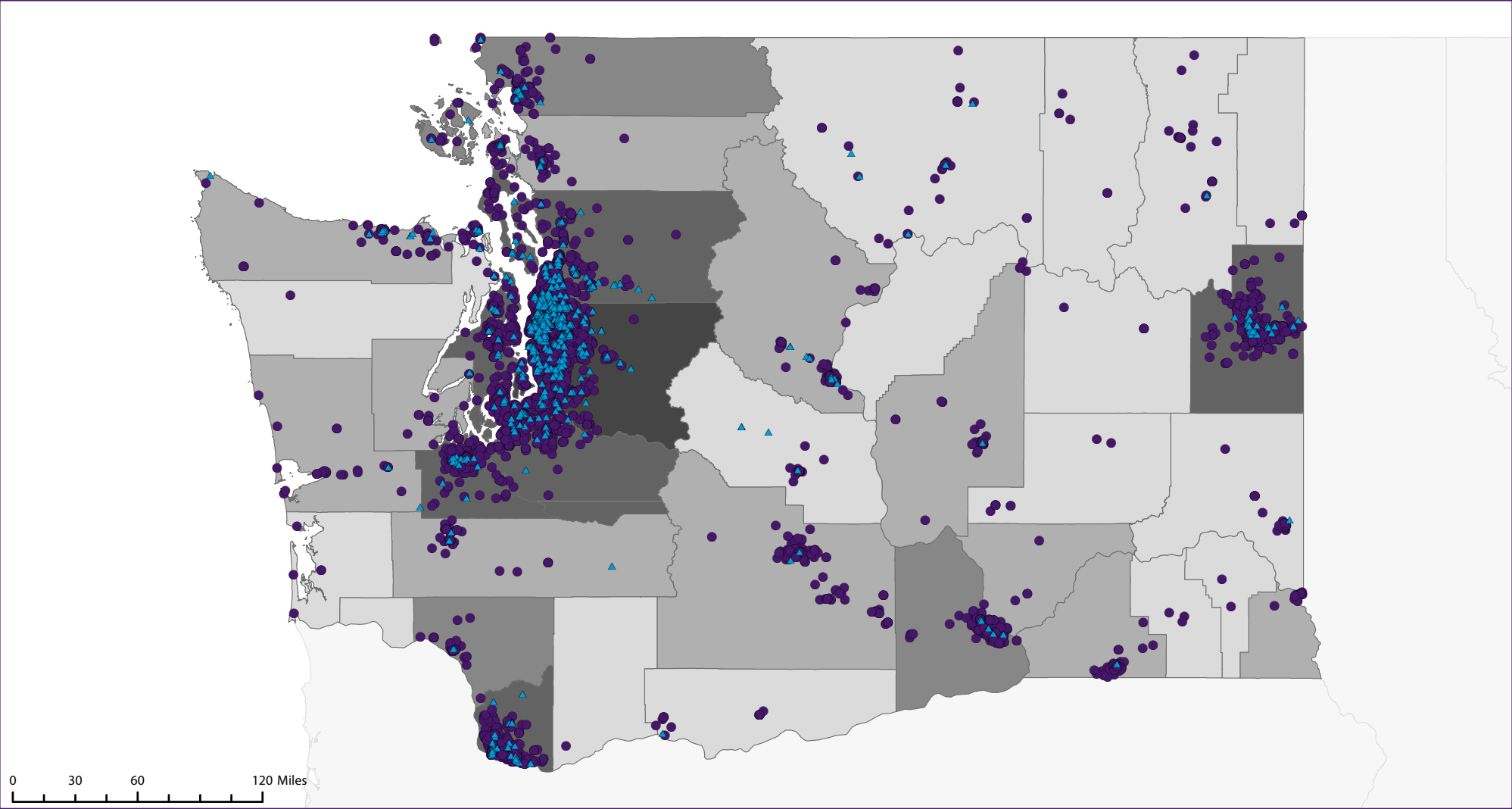


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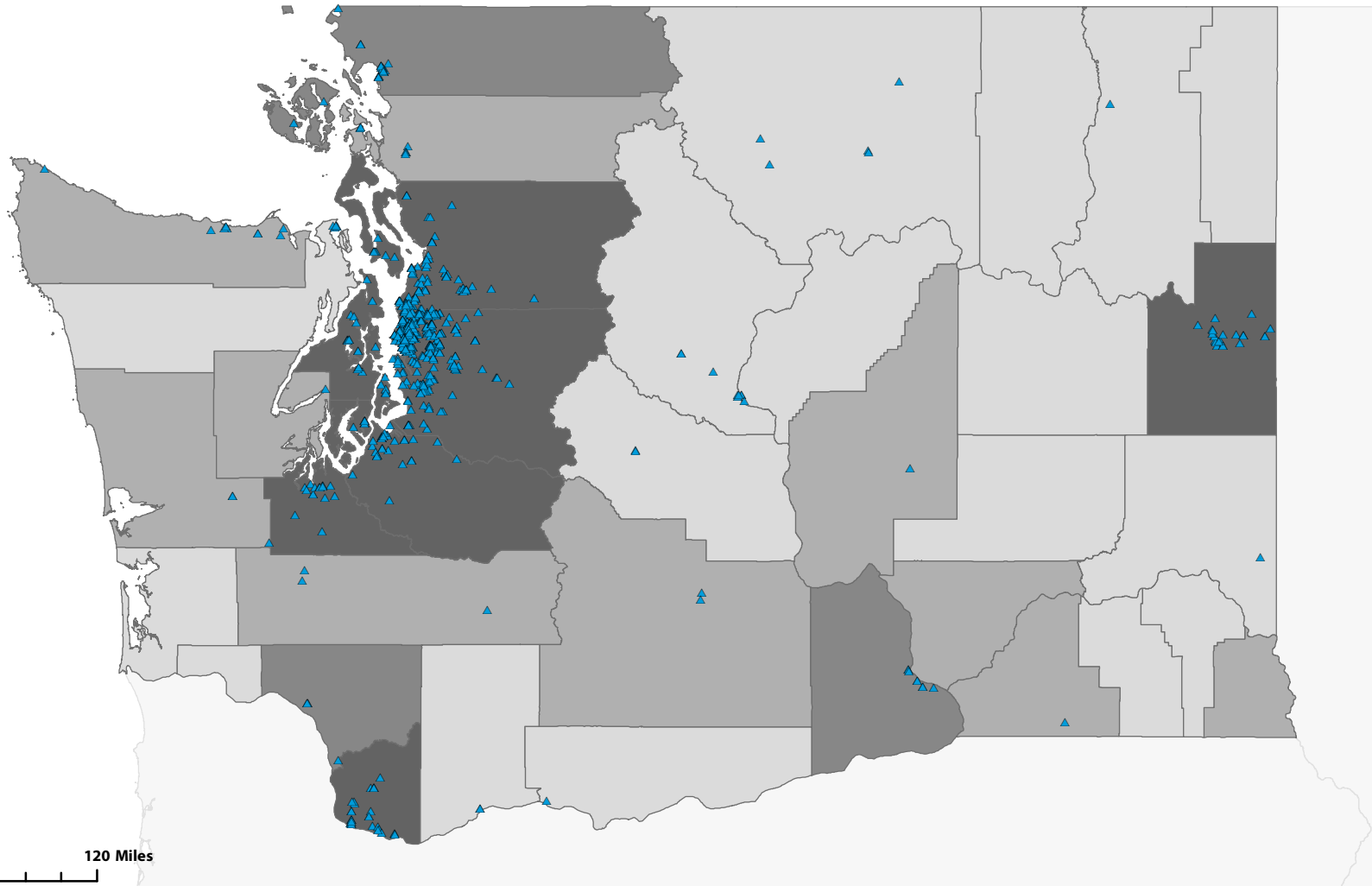


- Primary Care Physicians (n=7,042)
- ▲ Naturopaths (n=1,140)

Population per square mile
Source: 2015-2019 American Community Survey

<=25	26 - 75	76 - 250	251 - 1,000	>1,000
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Source Notes: AMA Physician Masterfile 2020; U.S. Centers for Medicare & Medicaid Services National Plan and Provider Enumeration System 2020; U.S. Census Bureau county and state shapefiles 2010



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Population per square mile

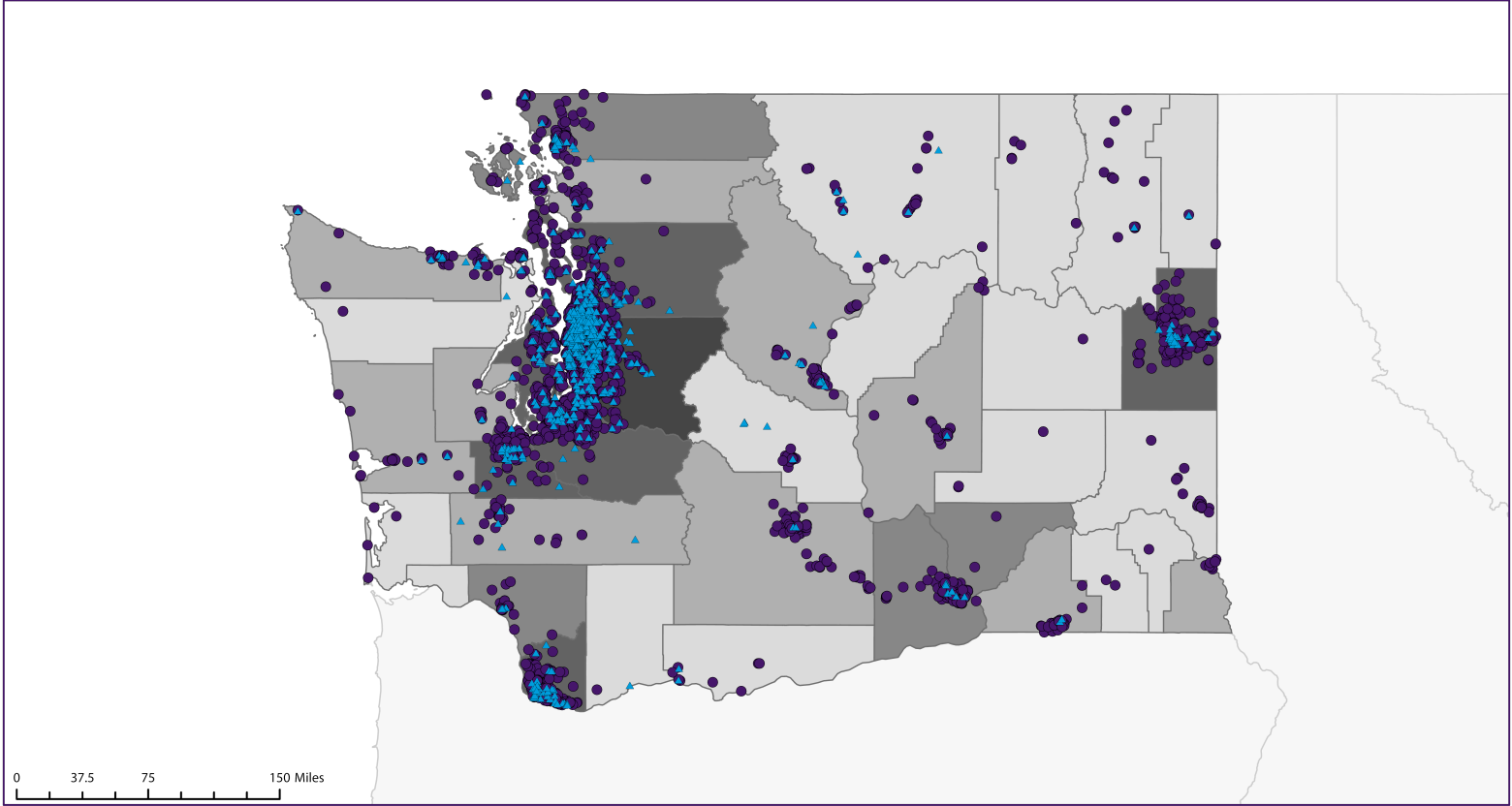
Source: 2012-2016 American Community Survey



▲ Naturopaths (n=1,014)

Source Notes: Centers for Medicare and Medicaid Services' National Plan and Provider Enumeration System 2018; US Census county and state shapefiles 2010

WASHINGTON



- Primary Care Physicians (n=7,076)
- ▲ Naturopaths (n=1,258)

Population per square mile

Source: 2017-2021 American Community Survey

<=25	26 - 75	76 - 250	251 - 1,000	>1,000
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Source Notes: AMA Physician Masterfile 2022; U.S. Centers for Medicare & Medicaid Services National Plan and Provider Enumeration System 2022; U.S. Census Bureau county and state shapefiles 2020



November 16, 2023

Ms. Sherry Thomas
Washington State Department of Health
111 Israel Rd SE
Tumwater, WA 98501

RE: Sunrise review on naturopathic scope of practice

Dear Ms. Thomas,

On behalf of the American College of Surgeons' (ACS) nearly 88,000 surgeons, with over 2,000 members in Washington State, thank you for the opportunity to share our concerns regarding the Washington State Department of Health's (Department) sunrise review of naturopathic scope of practice.

The ACS is committed to ensuring high-quality care for all Americans, and we believe the Washington Association of Naturopathic Physicians' (WANP) proposal is inappropriate and strongly urge the Department to oppose it to protect patient safety and quality of care.

Naturopathic training does not equip practitioners to accurately diagnose or provide medical treatment. In fact, naturopaths are not licensed in twenty-eight states. Despite this, the WANP claims their training is equivalent to allopathic and osteopathic physicians. Naturopathic training takes place in a naturopathic teaching clinic, not a medical primary care or hospital setting.

In recent years, the WANP has become increasingly aggressive in its efforts to expand its scope of practice to include treatments, procedures, and independent authority inconsistent with its education and training. This jeopardizes the safety and quality of health care delivered to patients. For example, last year, the WANP sought to expand its scope of practice to include abortions and vasectomies through a licensure board opinion, rather than through regulation or legislation where the obvious flaws could be exposed.

There is no clear definition of what constitutes a "minor" office procedure, nor is there a listing of procedures a naturopath is trained to provide. This leaves the door open for naturopaths to perform procedures beyond their level of training and expertise.

Surgeons are held to very high standards by regulatory agencies for education, continued training, and quality to maintain safe surgical settings and processes for performing surgical procedures. Any and all medical professionals performing a surgical procedure that transforms living tissue in an irreversible way should be held to the same standards for training and quality to ensure the highest level of patient safety. A lecture course on minor office procedures, with no clinical training and no competency exam does not qualify an individual to perform any type of medical procedure. Physician assistants and nurse

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practitioners who receive far more education and training in medical clinics and hospitals, are still required to work under the supervision of a medical doctor in most states.

The WANP proposal under review would expand a naturopath's prescriptive authority to include controlled substances Schedules II-V. This is a significant increase in prescriptive authority, allowing naturopaths to prescribe narcotics, tranquilizers, sedatives, stimulants, and non-narcotic analgesics. This is particularly concerning given that naturopaths do not receive the same level of education and training as allopathic and osteopathic physicians in pharmacology or the treatment of pain. This is a very bad idea considering the opioid problem we have in our country already.

In addition, the WANP proposal does not require any additional education and training requirements for naturopaths who wish to prescribe controlled substances. This is unacceptable. Patients deserve to have their care provided by professionals who have the necessary education and training to prescribe medications safely and effectively.

Prescribing controlled substances and performing "minor" office procedures seems contradictory to the "natural", "non-invasive", promoting a "self-healing" focus on body, mind, and spirit in which the practice of naturopathy was founded. The WANP seeks to expand into the practice of medicine without the education and training required to perform those tasks.

In conclusion, the American College of Surgeons strongly urges the Department to oppose the WANP's proposal to expand its scope of practice. This proposal is inappropriate, dangerous, and jeopardizes the safety and quality of health care delivered to patients. Please contact Catherine Hendricks, Manager of State Affairs, at chendricks@facs.org with any questions or concerns. We appreciate your consideration.

Sincerely,



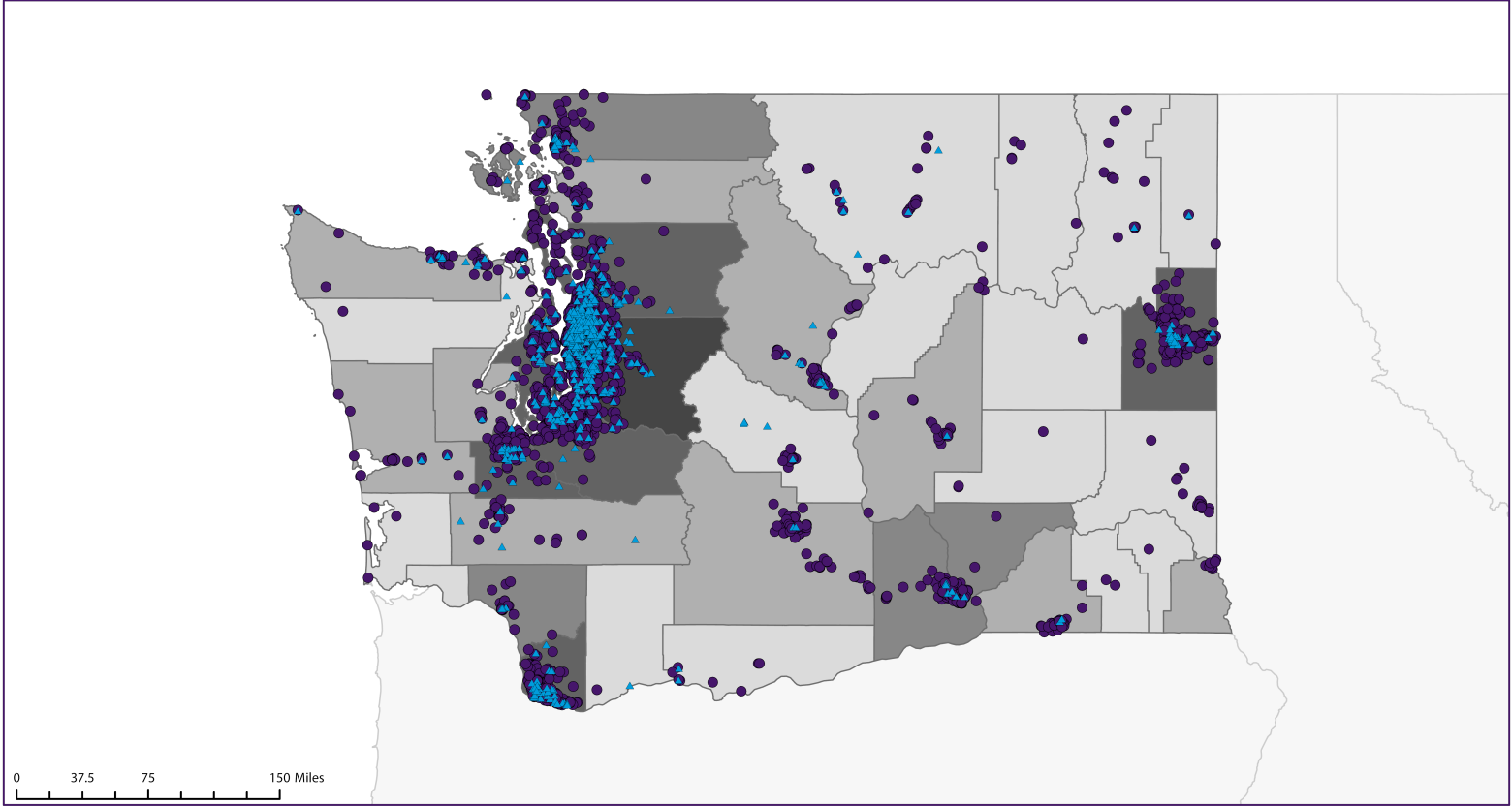
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WASHINGTON



- Primary Care Physicians (n=7,076)
- ▲ Naturopaths (n=1,258)

Population per square mile

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Source Notes: AMA Physician Masterfile 2022; U.S. Centers for Medicare & Medicaid Services National Plan and Provider Enumeration System 2022; U.S. Census Bureau county and state shapefiles 2020

November 16, 2023

Sherry Thomas
Policy Coordinator
Health Systems Quality Assurance
Washington State Department of Health
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111 Israel Rd. S.E.
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Re: Sunrise Review on Naturopathic Scope of Practice

Dear Ms. Thomas:

On behalf of the American Medical Association (AMA) and our physician and medical student members, I am writing to provide comments on the sunrise review of naturopathic scope of practice by the Washington Department of Health (Department). We appreciate the opportunity to weigh in.

Our comments caution against any further expansion of naturopaths' scope of practice in Washington. The proposal brought forth by the Washington Association of Naturopathic Physicians (WANP) would allow naturopaths to prescribe all controlled substances, would open the door for naturopaths to perform surgeries, and would permit naturopaths to exercise global signature authority for important medical documents including orders for hospice and life-sustaining treatment. If adopted, this would be the broadest expansion of naturopaths' scope of practice implemented by any state. The AMA believes these proposed scope of practice expansions fall outside the scope of a naturopath's education and clinical preparation and would put the health and safety of Washington patients at risk. We strongly urge the Department to oppose all elements of this proposal.

Naturopaths are not medical doctors, and it is inappropriate to expand their scope of practice to match that of medical doctors.

The proposal submitted by WANP suggests that naturopathic educational programs are comparable to or even equivalent to allopathic or osteopathic medical school. This is simply false. For one, it is not possible to provide a comprehensive education in both medical sciences and naturopathic philosophy and therapeutics in the same four-year timeframe as medical school. Moreover, a close review of naturopathic education and training reveals shortcomings that should give the Department great pause when considering conferring expanded authority upon naturopaths to prescribe controlled substances, perform surgical procedures, and exercise the clinical judgment necessary to execute global signature authority. Simply put, naturopathic education and training is not equivalent to the four years of allopathic or osteopathic medical school and three-to-seven years of residency training completed by physicians. The naturopathic education does not prepare naturopaths with the skills necessary to provide the care sought in WANP's application.

Curriculum

Medical education is built on science and evidence-based practice, but the same is not so clear when it comes to naturopathic education. Medical school provides students with a comprehensive medical education in the classroom and in laboratories where they study the biological, chemical, pharmacological, and behavioral aspects of the human condition. The curriculum content for medical schools is rigorous, highly standardized and has its foundation in evidence-based medicine.

By contrast, the naturopathic curriculum, as set forth by the Council on Naturopathic Medical Education (CNME), lacks a high degree of standardization and is not rooted in the medical model. Naturopathic educational programs consist of some basic sciences combined with naturopathic theory and therapeutics.

The curriculum and all coursework are guided by principles rooted in beliefs around the healing power of nature, vitalism, and the body's "healing wisdom"¹— principles that are not derived from evidence-based medicine. Many naturopathic therapeutics similarly lack a robust evidence base. Yet, these principles are integrated within every course in a naturopath's curriculum, and these treatment modalities continue to be taught and used as part of naturopathic practice.

Naturopathic education focuses much of its attention on non-medical content. It is true that naturopathic principles and therapeutics are combined with and taught alongside some coursework in sciences. However, CNME standards supply no specifications around the number of course hours required in each area, and consequently, some naturopathy graduates report completing the naturopathic program having taken only one course in topics like pharmacology. Even where a more robust pharmacological curriculum is ostensibly taught, there are no standards around course content, and the muddling of naturopathic principles with pharmacological sciences means that it may be impossible for a student to discern where science starts and ends.

Finally, the licensing process makes it clear that naturopathic education is divorced from evidence-based medicine. Allopathic and osteopathic medical students and graduates must sit for and pass the U.S. Medical Licensing Examination or the COMLEX-USA, a rigorous multi-part series of licensing exams that comprehensively assess a physician's medical knowledge, skills, values, and attitudes that constitute the basis of safe and effective patient care—this is generally done before residency and before any additional board certification examination. Naturopaths, by contrast, undergo a single licensure exam written entirely by naturopaths and focusing largely on naturopathic therapeutics. There is no oversight by allopathic or osteopathic physicians to ensure that the content tested is accurate to medical science or aligned with evidence-based medicine. **Overall, there is no assurance that a naturopathic graduate received a comprehensive, evidence-based medical education in their naturopathic program, and as such they do not have the underlying education necessary to support the scope expansions sought in the application.**

Clinical training

Notably, naturopathic students may not gain exposure to key clinical scenarios in the course of their 1,200-hour clinical training (850 of which must involve patient care). The clinical training lacks standardization: accreditation standards for naturopathic doctoral programs impose no requirement that naturopathic students see patients of any age or with any particular illness or condition as part of their clinical training. Residencies are not required. **As a result, there is no guarantee that a naturopathic student will ever see patients who are sick or hospitalized during their clinical rotations. They may also never take care of a child or senior throughout their training.** Yet, the proposal at issue would

¹ Council on Naturopathic Medical Education (CNME), *Naturopathic Medicine*, <https://cnme.org/naturopathic-medicine-an-overview>, Accessed Nov. 9, 2023.

open the door for naturopaths to prescribe dangerous medications to any patient, for any range of physical and mental illnesses, perform surgical procedures, and sign important medical forms. Naturopaths simply lack the clinical experience necessary to perform this care safely.

By contrast, physicians will have more than 12,000 hours and seven-to-eleven years of postgraduate clinical education and training by the time they practice independently. This enables them to correctly diagnose, treat, prescribe, and manage patients' health care needs. After graduation from medical school, physicians spend three to four more years in residency, where they learn the complexities related to appropriate diagnosis, treatment, and prescribing in multiple clinical situations and settings—gaining in-depth knowledge essential to their chosen specialty. Residency training is highly standardized based on the Accreditation Council on Graduate Medical Education and ensures that physicians are exposed to, and prepared to handle, a wide variety of clinical scenarios and patients in a multitude of settings. One of the core tenets of residency training is graded progressive responsibility in which resident physicians begin their training under the guidance and supervision of faculty members and gain increased responsibility as they develop experience. This time-tested process is essential to train physicians to safely treat patients and prescribe powerful medications such as controlled substances.

Naturopaths are not qualified to prescribe controlled substances.

WANP's proposal would allow naturopaths to prescribe all controlled substances, including opioids, psychotropic drugs, stimulants, narcotics, and other powerful medications. This is a dangerous proposition. Controlled substances are controlled for a reason—because the risk of misuse of these drugs poses a threat to public health—and their prescribing should be done by physicians with the highest level of expertise. As the Department stated in their 2014 review of this very same proposition, "Referrals for controlled substances are often necessary to ensure the most qualified health care professionals are prescribing these substances, which are controlled because of their significant risks to public health due to overdose, abuse and misuse."²

To further indicate the risk, this proposal would open the door for naturopaths to prescribe psychotropic medications used to treat mental illness. These medications are serious: 18 of the 30 most-prescribed psychotropic medications carry "black box warnings," the U.S. Food and Drug Administration's most serious warning, which indicates the potential for serious adverse reactions, including risk of death. The risk of complications only compounds when psychotropic drugs are used in combination with other medications or in the presence of comorbidities. Only health care professionals with significant training and a comprehensive medical understanding of all body systems should be permitted to prescribe these substances.

Washington would be an outlier should it grant naturopaths such expansive prescriptive authority. Virtually all states that license naturopaths limit their ability to prescribe controlled substances, and at least 10 state statutes expressly prohibit naturopaths from prescribing any controlled substances.

It is inappropriate for naturopaths to perform surgery.

We are concerned about the proposed modification of the current "minor office procedure" provision, which would include "primary care services" and "procedures incident thereto of minor injuries" and broadly allow naturopaths to perform "injections." We fear that this proposal would open the door for naturopaths to perform surgery for which they are not trained. As proposed, the provision lacks the

² Washington State Department of Health, *Information Summary and Recommendations – Naturopathic Scope of Practice Sunrise Review*, December 2014, accessible at <https://doh.wa.gov/sites/default/files/legacy/Documents/2000/NaturopathFinal.pdf?uid=650b3fac5f7a0>

specificity necessary to establish guardrails that ensure the procedures performed by naturopaths are safe and within the limits of naturopaths' training.

“Primary care services” and “procedures incident thereto of minor injuries” could mean surgery. The AMA defines surgery as the practice of medicine which is performed for the purpose of structurally altering the human body by the incision or destruction of tissues. Surgery is also the diagnostic or therapeutic treatment of conditions or disease processes by any instruments causing localized alteration or transposition of live human tissue which include lasers, ultrasound, ionizing radiation, scalpels, probes, and needles. The tissue can be cut, burned, vaporized, frozen, sutured, probed, or manipulated by closed reductions for major dislocations or fractures, or otherwise altered by mechanical, thermal, light-based, electromagnetic, or chemical means. Similarly, the injection of diagnostic or therapeutic substances into body cavities, internal organs, joints, sensory organs, and the central nervous system is also to be considered surgery. Naturopathic programs do not include the comprehensive education or training necessary to perform surgery. **Surgery is not something to be taken lightly, as there is no such thing as a minor surgical procedure, which is why the AMA believes only those licensed as a Doctor of Medicine (M.D.) or Doctor of Osteopathic Medicine (D.O.) who meet appropriate professional standards are qualified to perform surgery.** Allowing naturopaths to perform surgery would pose a serious threat to the safety of patients in Washington.

Naturopaths are not trained to exercise the clinical judgment necessary to execute global signature authority.

WANP's proposal would grant naturopath's the authority to “sign and attest to any certificates, cards, forms, or other required documentation that a physician may sign” which “includes, but is not limited to, disability determinations, physician orders for life-sustaining treatment, hospice orders, student athletic forms, guardianships, powers of attorney, and similar legal documents.” This proposition falsely equates naturopaths with physicians, when, as established, the education and training of naturopaths is quite divergent from that of physicians. Naturopaths simply do not have the training and experience to develop the clinical judgment necessary to execute all forms a physician may sign, including but not limited to orders for hospice or for life-sustaining treatment.

This proposal will not meaningfully improve access to care for Washingtonians.

Expanding the scope of practice of naturopaths cannot be expected to improve access to primary care services in Washington, especially for patients in rural areas. The attached 2022 AMA workforce map, which plots the practice locations of Washington primary care physicians and naturopaths, clearly shows that naturopaths and primary care physicians tend to practice in the same areas of the state. Patients are likely to live within similar distance to a primary care physician as a naturopath. Therefore, the notion that it will improve access to care is not a true or sufficient basis for expanding naturopaths' scope of practice.

Expanded practice authority is not an appropriate response to a perceived inconvenience.

WANP argues that naturopaths should enjoy an expanded scope of practice because they already serve as primary care providers, and because it is burdensome to refer patients out for care the naturopath is not qualified to provide. These are not valid reasons to confer authority upon naturopaths that exceed the scope of their training and experience. Regarding naturopaths' role as primary care providers, the Department said it best in its 2014 sunrise review of this very same proposal: “Unlimited prescriptive authority isn't necessary for naturopaths to practice as primary care physicians under Medicaid” and “the patient has a choice between different types of primary care providers with different levels of training and

Sherry Thomas
November 16, 2023
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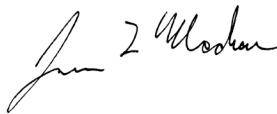
scopes of practice.”³ We agree that patients should be free to see naturopaths for those complementary aspects of their health care that naturopaths are qualified to provide, and we believe that unfettered prescriptive authority is not a prerequisite for providing this care. Further, referrals to qualified health care providers are a necessary element of providing quality care and should not be framed as a mere annoyance. It is inappropriate and sets a dangerous precedent to baselessly expand naturopaths’ scope of practice merely to resolve a perceived inconvenience.

For the above reasons, we urge the Department to prioritize the health and safety of Washington’s patients, and reject the proposal brought forth by WANP.

If you have any questions, please contact Molly Reese, JD, Attorney, AMA Advocacy Resource Center, at molly.reese@ama-assn.org.

Thank you for your consideration.

Sincerely,

A handwritten signature in black ink, appearing to read "James L. Madara". The signature is fluid and cursive, with a large initial "J" and "M".

James L. Madara, MD

Attachment

cc: Washington State Medical Association

³ *Id.*



Eastside Integrated Primary Care

11/20/23

To Whom it may concern:

I wholeheartedly support Senate Bill 5411, recognizing its potential to address critical gaps in patient care within Washington State. As a Naturopathic Physician working in a primary care clinic, my ability to provide comprehensive primary care services is currently hindered by the limited prescriptive scope. My residency was in Interventional Pain Management and I also currently serve as medical director for an outpatient drug and alcohol treatment center. I am seeing firsthand the way in which our patients are struggling to get the complete care that they need for successful treatment. I am constantly looking for providers to refer my patients to so that they can get the medication management that I currently cannot provide for them but was able to provide when I practiced in Arizona. There are regular lapses in care because specialist waitlists can push out 3-6 months. This has created a dangerous burden on our patients and medical system.

The bill's proposal to expand our prescriptive rights is crucial, especially in cases involving common medications for conditions such as ADHD, insomnia, addiction medicine and acute pain. These are areas of medicine where Naturopathic Physicians are integral in providing comprehensive care for our patients. Further, when compared to other provider types, Naturopathic Physicians are statistically less likely to misuse or abuse prescription privileges, demonstrating a responsible approach to patient care. This expansion not only allows us to serve our patients more effectively as primary care providers but also alleviates strain on the healthcare system, reducing costs for both patients and insurance companies. By allowing for the necessary prescriptive scope expansion for Naturopathic Physicians in Washington State, SB 5411 will positively enhance overall healthcare delivery and outcomes in our state.

Sincerely,

Dr. Amira Ahdut ND, LAc



October 30, 2023

Public Comment on SB 5411

My name is Kenneth Dietrich, M.D., MBA. I am the Chief Medical Officer at Summit Pacific Medical Center (SPMC). I have been a practicing physician in Washington State since 1990 and am a Fellow of the American Academy of Pediatrics, and the Society of Critical Care Medicine. I am writing on behalf of myself and Summit Pacific Medical Center.

Summit Pacific Medical Center and I support SB 5411 updating the Naturopathic scope of practice to ensure that patients receive optimal primary care services from Naturopathic Doctors. The reasons we advocate for the passage of these bills include:

1. **Experience:** Summit Pacific Medical Center is a critical access health system located in rural Grays Harbor County. As a rural health system SPMC experiences the common rural challenges related to providing care with limited resources and providers. SPMC serves an underserved population with less than 50% of the primary care providers needed based on population and national standards. In 2017 SPMC hired two naturopathic doctors (ND) to join its Primary Care Department. These NDs have worked side by side in an integrated model with traditional allopathic providers, including MDs, DOs, ARNPs, and PAs. As part of our peer review and mentoring program, we have conducted quarterly chart reviews of all our primary care providers, including the NDs. These charts are sent for independent outside review by a Family Medicine physician expert. Consistently the NDs perform equally to our allopathic providers in terms of diagnosis, work ups, therapy, documentation, and coding. Their patient panels are not different from other primary care providers and include patients with chronic diseases such as congestive heart failure, diabetes, hypertension, obesity, etc. Through a cooperative integrated model, they offer the patient both naturopathic and allopathic therapeutic options. Unfortunately, the current prescribing limitations imposed on these primary care providers complicates patient care and requires their allopathic providers to take time out of their schedules to write for the recommended medications.
2. **Limited primary care providers:** Across the United States rural Americans continue to be challenged because of limited access to primary care services. This is also true for Washington State. To increase the number of primary care providers ARNPs and PAs were licensed to practice primary care. This has resulted in some improvement over historic numbers but there remains a significant gap. There are currently an estimated 40,000 licensed naturopathic doctors throughout the country. These doctors are trained exclusively in primary care and are a potential resource for primary care providers in rural Washington State. However, the current prescribing limitation create a significant barrier to hire NDs to serve as members of their primary care teams for most rural systems. The elimination of this barrier will help to attract more primary care providers to rural Washington.
3. **Prescribing Experience:** NDs have been licensed for years to prescribe Schedule II, III, IV, V drugs in many states in our country. One such example is Oregon State. Attachment A is a report on

Josh Martin, Chief Executive Officer

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Owned and Operated by Grays Harbor County Public Hospital District No. 1

disciplinary action for MD, DO, and ND physicians from 2013-2018 for any cases involving patient care or prescribing concerns. As the report highlights, there have been no difference in disciplinary action of NDs compared to MDs or DOs related to prescribing practices. This is objective evidence that NDs safely and consistently prescribe appropriate medication therapy to their patients. In fact, the NDs appear to be the best performers.

4. Education: Naturopathic Doctor medical school education is similar to that of allopathic medical or osteopathic medical school education. The curriculum includes four years of full-time study (See Attachment B: ND Curriculum). Subjects include physical medicine, pharmaceuticals, clinical training, etc. This curriculum far exceeds the 2-year curriculum of nurse practitioners and physician assistants (see Attachment C). In addition, the NDs clinical training is focused entirely on primary care medicine, which includes the prescribing of medications included in bill SB 5088.
5. Other Opinions: Naturopathic physicians have proven to be effective and safe primary care providers and prescribers. Attached are opinion papers from the National Institute of Health and the Oregon Association of Naturopathic Physicians. The NIH has established the utility and benefit of NDs functioning as primary care providers.

To reiterate, Summit Pacific Medical Center supports the passage of SB 5411. We believe that increasing naturopathic physician prescribing authority will improve patient care and access, reduce redundancy and cost, and improve patient satisfaction. We believe NDs have the knowledge, training, and experience to safely prescribe appropriate evidence-based medicine therapy. We also believe the data support the safe Schedule II-V prescribing experience of NDs.

Respectfully submitted,

Dr. Kenneth Dietrich, MD, MBA, FAAP, FSCCM
Chief Medical Officer

ATTACHMENT A

Year	Profession	# of Licensees	# of Disciplinary Actions	%
2018	MD	12676	88	0.694
	DO	1297	8	0.616
	ND	1100	9	0.81
2017	MD	13623	97	0.712
	DO	1249	22	1.76
	ND	1050	4	0.38
2016	MD	16,266	101	0.621
	DO	1,537	11	0.716
	ND	1,091	6	0.549
2015	MD	16,266	102	0.627
	DO	1,456	15	1.03
	ND	1,010	5	0.495
2014	MD	15,288	79	0.517
	DO	1,295	6	0.463
	ND	985	3	0.305
2013	MD	14,249	82	0.575
	DO	1,168	11	0.942
	ND	936	0	0
TOTALS	MD	88,368	448	
	DO	8,002	58	
	ND	6,172	27	
AVERAGES	MD	14,728	91.5	0.624
	DO	1,333	12.16	0.921
	ND	1,028	4.5	0.423

REFERENCES: <http://www.oregon.gov/omb/board/Pages/Board-Actions.aspx>
<http://www.oregon.gov/OMB/board/Pages/Newsletters.aspx>
 ND #s provided by email - OR ND Board
<https://www.aamc.org/>
<https://osteopathic.org/wp-content/uploads/2018-OMP-Report.pdf>

DOCTOR OF NATUROPATHIC MEDICINE

2015 - 2016

View complete course descriptions at: Bastyr.edu/Catalog**Prerequisite Coursework**

College-level Algebra..... 1 course
 Chemistry (science-major level).....At least 4 courses

Must include a minimum of either two sequential courses in organic chemistry or one course in organic chemistry and one course in biochemistry. The chemistry sequence should include an introduction to biological molecules. (The standard prerequisite for science-major level organic chemistry is one year of general chemistry.) Appropriate lab work required.

General Biology (science-major level).....2 semesters or 3 quarters
 Must cover concepts in cellular biology and genetics. Appropriate lab work required. Individual courses in the biological sciences may count if the above competencies are met, i.e., anatomy, physiology, microbiology, and botany.

Physics.....1 college-level course
 Course must be algebra-based; calculus-based is also accepted. Lab is not required.

Psychology*.....1 course

*Intro/General Psychology or Developmental/Lifespan Psychology

Concrete exposure to the practice of naturopathic medicine through job-shadowing or interviews with NDs is strongly recommended.

Recommended Courses

Though not required for admission, the faculty recommends that students complete biochemistry, anatomy and physiology, and botany coursework in addition to the prerequisite requirements. These courses will substantially enhance students' ability to master the naturopathic course material.

Age of Course

Required chemistry and biology courses not taken within seven years of matriculation into the program are subject to review by the admissions committee. Additional coursework may be required.

Year I

Cat. No.	Course Title	FALL QUARTER	Credits
BC5142	Fundamentals of Research Design ¹		2
BC5150	Integrated Structure and Function Lecture/Lab		8.5
BC5151	Integrated Musculoskeletal Lecture/Lab		6.5
BC5122L	Gross Human Anatomy 1 Lab		1
NM5140	Constitutional Assessment ²		2
NM5141	Naturopathic Theory and Practice 1		2
PS5120	Therapeutic Alliance 1		1
SN5100	Clinical Skills Lab 1		1
SN5103	Integrated Case Studies 1		1
NM5820	Clinic Observation 1		1
			Total 26

¹BC5142 offered summer, winter in Kenmore, Washington; fall and winter in San Diego, California

²NM5140 offered summer both in Kenmore and San Diego

Cat. No.	Course Title	WINTER QUARTER	Credits
BC5123L	Gross Human Anatomy 2 Lab		1
BC5146	Physiology Lab 1		1.5
BC5152	Integrated Cardiovascular and Immune Systems		5.5
BC5153	Integrated Respiratory System		4.5
BC5154	Integrated Digestive System		4.5
NM5142	Naturopathic Theory and Practice 2		2
PM5314	Physical Medicine 1		1
PM5314L	Physical Medicine Lab 1		1
PS5121	Therapeutic Alliance 2		1
SN5101	Clinical Skills Lab 2		1
SN5104	Integrated Case Studies 2		1
			Total 24

Cat. No.	Course Title	SPRING QUARTER	Credits
BC5124L	Gross Human Anatomy 3 Lab		1
BC5147	Physiology Lab 2		1
BC5155	Integrated Endocrine System and Metabolism		4.5
BC5156	Integrated Renal and Reproductive System		4
BC5157	Integrated Nervous System		7
NM5143	Naturopathic Theory and Practice 3		2
PM5316	Physical Medicine 2		1
PM5316L	Physical Medicine Lab 2		0.5
PS5109	Fundamentals of Counseling		3
SN5102	Clinical Skills Lab 3		1
SN5105	Integrated Case Studies 3		1
NM5820	also assigned in winter or spring		Total 26

Year II

Cat. No.	Course Title	FALL QUARTER	Credits
BC6107	Integrated Pathology, Immunology & Infectious Diseases 1		8
B06305	Botanical Medicine Lab		1
H06305	Homeopathy 1		1.5
NM6110	Naturopathic Theory and Practice 4		0.5
NM6310	Naturopathic Clinical Diagnosis 1		4
NM6315	Physical Exam Diagnosis Lab 1		1
NM6320	Clinical Diagnosis Lab 1		1
PM6305	Physical Medicine 3		2
PS6301	Counseling Theories and Interventions 1		3
SN6100	Integrated Case Studies 4		0.5
SN6300	Integrated Therapeutics 1		3
NM6810	Clinic Observation 2 ¹		2
¹ NM6810	also offered in Summer		Total 27.5

Cat. No.	Course Title	WINTER QUARTER	Credits
BC6108	Integrated Pathology, Immunology & Infectious Diseases 2		7
H06306	Homeopathy 2		2
NM6111	Naturopathic Theory and Practice 5		0.5
NM6311	Naturopathic Clinical Diagnosis 2		4
NM6316	Physical Exam Diagnosis Lab 2		1
NM6321	Clinical Diagnosis Lab 2		1
PM6306	Physical Medicine 4		3
PS6202	Psychological Assessment		2
SN6101	Integrated Case Studies 5		0.5
SN6303	Integrated Therapeutics 2		3
TR0312	Nutrition Principles 1: Assessment, Education & Macronut		3
			Total 27

DOCTOR OF NATUROPATHIC MEDICINE

2015 - 2016

View complete course descriptions at: Bastyr.edu/Catalog

Cat. No.	Course Title	SPRING QUARTER	Credits
BC6109	Integrated Pathology, Immunology & Infectious Diseases 3		6
H06307	Homeopathy 3		2
NM6112	Naturopathic Theory and Practice 6		0.5
NM6312	Naturopathic Clinical Diagnosis 3		4
NM6317	Physical Exam Diagnosis Lab 3		1
NM6322	Clinical Diagnosis Lab 3		1
NM6325	Fundamentals of Radiology and Diagnostic Imaging		2
PM6310	Physical Medicine 5		2
PS6302	Counseling Theories and Interventions 2		2
SN6102	Integrated Case Studies 6		0.5
SN6304	Integrated Therapeutics 3		3
TR6313	Nutrition Principles 2: Micronutrients		2.5
	Total		26.5

YEAR III

Cat. No.	Course Title	SUMMER QUARTER	Credits
B07305	Botanical Medicine Formulation Lab 1		1
NM7111	Coding and Billing		1
NM7326	Medical Procedures 1 Lecture/Lab		2
NM7332	Clinical Pharmacology 1		0.5
NM7342	Musculoskeletal System and Orthopedics		4
PM7309	Physical Medicine 6		2
	Total		10.5

Cat. No.	Course Title	FALL QUARTER	Credits
B07306	Botanical Medicine Formulation Lab 2		1
H07300	Homeopathy 4		1.5
NM7317	Endocrine System		4.5
NM7318	Nervous System and Mental Health		5
NM7333	Clinical Pharmacology 2		0.5
NM7346	Maternity and Pediatrics		4.5
PM7311	Physical Medicine 7		2
PS7203	Addictions and Disorders		2
SN7300	Advanced Case Studies 1		0.5
NM8801	Preceptorship 1		1
	Clinic Shift (1)		2
	Total		24.5

Cat. No.	Course Title	WINTER QUARTER	Credits
B07307	Botanical Medicine Formulation Lab 3		1
H07301	Homeopathy 5		1
NM7142	Critical Evaluation of the Medical Literature ¹		2
NM7323	Cardiovascular System		5
NM7324	Respiratory System		3
NM7330	Healing Systems		1
NM7334	Clinical Pharmacology 3		0.5
NM7337	Digestive System		4
NM7338	Environmental Medicine		1.5
SN7301	Advanced Case Studies 2		0.5
	Clinic Shift (1 or 2)		2.4
	Total		21.5-23.5

¹NM7142 also offered spring quarter

Cat. No.	Course Title	SPRING QUARTER	Credits
B07308	Botanical Medicine Formulation Lab 4		1
NM7113	Jurisprudence		1
NM7331	Renal System		2.5
NM7335	Clinical Pharmacology 4		0.5
NM7343	Male Reproductive and Urology		2
NM7344	Female Reproductive and Urology		4
NM7345	Eye, Ear, Nose and Throat		3
SN7302	Advanced Case Studies 3		0.5
	Clinic Shift (1 or 2)		2.4
	Total		16.5-18.5

YEAR IV

Cat. No.	Course Title	SUMMER QUARTER	Credits
B08301	Botanical Medicine Formulation Lab 5		1
NM8301	Clinical Pharmacology 5		0.5
NM8305	Integrative System		3
NM8310	Medical Procedures 2 Lecture/Lab		2
SN8300	Advanced Case Studies 4		0.5
	Clinic Shift (4)		8
	Total		15

Cat. No.	Course Title	FALL QUARTER	Credits
NM8100	Advanced Medical Ethics		0.5
NM8105	Advanced Business Practices 1		2
NM8316	Advanced Topics in Public Health		1
NM8317	Advanced Topics in Geriatric Medicine		2
NM8815	Grand Rounds 1		1
NM8802	Preceptorship 2		1
	Clinic Shift (4)		8
	Total		15.5

Cat. No.	Course Title	WINTER QUARTER	Credits
NM8106	Advanced Business Practices 2		0.5
NM8311	Rheumatology Disorders		2
NM8318	Advanced Topics in Clinical Ecology		1
NM8319	Advanced Topics in Oncology		2.5
NM8816	Grand Rounds 2		1
	Clinic Shift (4)		8
	Total		15

Cat. No.	Course Title	SPRING QUARTER	Credits
NM8817	Grand Rounds 3		1
NM8803	Preceptorship 3		1
	Clinic Shift (4)		8
	Total		10

Clinic Requirements¹

Cat. No.	Course Title	Credits
NM5820	Observation 1	1
NM6810	Observation 2	2
NM7820-29	Patient Care 1-10	20
NM8801-3	Preceptorship 1-3	3
NM8830-37	Patient Care 11-18	16
NM8844	Interim Patient Care	2
PM7801-2	Physical Medicine 1-2	4
PM8801-2	Physical Medicine 1-3	4
	Total	52

¹Quarterly shift assignments based on availability.

Elective Requirements

Elective & Special Topics	8
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Total Requirements

Total Core Course Credits & Hours	241.5
Total Elective Credits and Hours	8
Total Clinic Credits and Hours	52
Total Requirements	301.5

ATTACHMENT C Physician Assistant Graduation & Licensing Requirements

<http://depts.washington.edu/medex/pa-program/curriculum/>

Didactic Year

Sum	Aut	Wtr	Spr	Sum
Anatomy and Physiology	Pathophysiology	Adult Medicine I	Adult Medicine II	Focused Study (MCHS)
Basic Sciences for P.A.s	Basic Clinical Skills	Maternal Child Health I	Maternal Child Health II	Investigative Skills (MCHS)
	Professional Role Development I	Professional Role Development II	Professional Role Development III	Capstone Project (MCHS)
	Behavioral Medicine I	Behavioral Medicine II	Behavioral Medicine III	
	Technical Skills I	Technical Skills II	Technical Skills III	
		Emergency Medicine I	Emergency Medicine II	
		Patient Management I	Patient Management II	

Summer Quarter (1st quarter) on campus in Seattle:

Course No.	Name	Credit Hrs.
MEDEX 451/551	Anatomy & Physiology	6
MEDEX 450/550	Basic Science in Clinical Medicine	6

Autumn Quarter: 15 Credits

Course No.	Name	Credit Hrs.
MEDEX 452/552	Pathophysiology for Primary Care	6
MEDEX 453/553	Basic Clinical Skills	5
MEDEX 457/557	Behavioral Medicine I	2
MEDEX 470/570	Professional Role Development I	1
MEDEX 473/573	Technical Skills I	1

Winter Quarter: 19 Credits

Course No.	Name	Credit Hrs.
MEDEX 454/554	Adult Medicine I	7
MEDEX 456/556	Maternal & Child Health I	3
MEDEX 458/558	Behavioral Medicine II	2

ATTACHMENT C
Physician Assistant Graduation & Licensing Requirements

MEDEX 460/560	Principles of Patient Management	3
MEDEX 468/568	Emergency Medicine I	2
MEDEX 471/571	Professional Role Development II	1
MEDEX 474/574	Technical Skills II	1

Spring Quarter: 19 Credits

Course No.	Name	Credit Hrs.
MEDEX 455/555	Adult Medicine II	7
MEDEX 462/562	Maternal & Child Health II	3
MEDEX 472/572	Professional Role Development III	1
MEDEX 459/559	Behavioral Medicine III	2
MEDEX 461/561	Principles of Patient Management II	3
MEDEX 469/569	Emergency Medicine II	2
MEDEX 475/575	Technical Skills III	1

Summer Quarter (second summer, master's students only): 13 Credits

Course No.	Name	Credit Hrs.
MEDEX 588	Investigative Skills	5
MEDEX 540/541/542/543	Focused Study Course	5
MEDEX 581	Capstone Project I	3

Course Descriptions

Summer Quarter (1st quarter) on campus in Seattle: 12 credits

MEDEX 451/551: Anatomy & Physiology – 6 credits

Students are taught the anatomy and physiology of the following organ systems: endocrine, immune, respiratory, cardiovascular, gastrointestinal, genitourinary, gynecological, integumentary, musculoskeletal and neurological, with a focus on clinical examples of anatomic and physiologic principles encountered in primary care practice. The course is delivered partly online before arrival on campus, with two full weeks of in-class instruction and testing.

MEDEX 450/550: Basic Science in Clinical Medicine – 6 credits

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Prerequisite Coursework

College-level Algebra..... 1 course
 Chemistry (science-major level).....At least 4 courses

Must include a minimum of either two sequential courses in organic chemistry or one course in organic chemistry and one course in biochemistry. The chemistry sequence should include an introduction to biological molecules. (The standard prerequisite for science-major level organic chemistry is one year of general chemistry.) Appropriate lab work required.

General Biology (science-major level).....2 semesters or 3 quarters
 Must cover concepts in cellular biology and genetics. Appropriate lab work required. Individual courses in the biological sciences may count if the above competencies are met, i.e., anatomy, physiology, microbiology, and botany.

Physics.....1 college-level course

Course must be algebra-based; calculus-based is also accepted. Lab is not required.

Psychology*.....1 course

*Intro/General Psychology or Developmental/Lifespan Psychology

Concrete exposure to the practice of naturopathic medicine through job-shadowing or interviews with NDs is strongly recommended.

Recommended Courses

Though not required for admission, the faculty recommends that students complete biochemistry, anatomy and physiology, and botany coursework in addition to the prerequisite requirements. These courses will substantially enhance students' ability to master the naturopathic course material.

Age of Course

Required chemistry and biology courses not taken within seven years of matriculation into the program are subject to review by the admissions committee. Additional coursework may be required.

Year I

Cat. No.	Course Title	FALL QUARTER	Credits
BC5142	Fundamentals of Research Design ¹		2
BC5150	Integrated Structure and Function Lecture/Lab.....		8.5
BC5151	Integrated Musculoskeletal Lecture/Lab.....		6.5
BC5122L	Gross Human Anatomy 1 Lab.....		1
NM5140	Constitutional Assessment ²		2
NM5141	Naturopathic Theory and Practice 1.....		2
PS5120	Therapeutic Alliance 1.....		1
SN5100	Clinical Skills Lab 1.....		1
SN5103	Integrated Case Studies 1.....		1
NM5820	Clinic Observation 1.....		1
Total 26			

¹BC5142 offered summer, winter in Kenmore, Washington; fall and winter in San Diego, California

²NM5140 offered summer both in Kenmore and San Diego

Cat. No.	Course Title	WINTER QUARTER	Credits
BC5123L	Gross Human Anatomy 2 Lab.....		1
BC5146	Physiology Lab 1.....		1.5
BC5152	Integrated Cardiovascular and Immune Systems.....		5.5
BC5153	Integrated Respiratory System.....		4.5
BC5154	Integrated Digestive System.....		4.5
NM5142	Naturopathic Theory and Practice 2.....		2
PM5314	Physical Medicine 1.....		1
PM5314L	Physical Medicine Lab 1.....		1
PS5121	Therapeutic Alliance 2.....		1
SN5101	Clinical Skills Lab 2.....		1
SN5104	Integrated Case Studies 2.....		1
Total 24			

Cat. No.	Course Title	SPRING QUARTER	Credits
BC5124L	Gross Human Anatomy 3 Lab.....		1
BC5147	Physiology Lab 2.....		1
BC5155	Integrated Endocrine System and Metabolism.....		4.5
BC5156	Integrated Renal and Reproductive System.....		4
BC5157	Integrated Nervous System.....		7
NM5143	Naturopathic Theory and Practice 3.....		2
PM5316	Physical Medicine 2.....		1
PM5316L	Physical Medicine Lab 2.....		0.5
PS5109	Fundamentals of Counseling.....		3
SN5102	Clinical Skills Lab 3.....		1
SN5105	Integrated Case Studies 3.....		1
NM5820	also assigned in winter or spring		Total 26

Year II

Cat. No.	Course Title	FALL QUARTER	Credits
BC6107	Integrated Pathology, Immunology & Infectious Diseases 1.....		8
BO6305	Botanical Medicine Lab.....		1
HO6305	Homeopathy 1.....		1.5
NM6110	Naturopathic Theory and Practice 4.....		0.5
NM6310	Naturopathic Clinical Diagnosis 1.....		4
NM6315	Physical Exam Diagnosis Lab 1.....		1
NM6320	Clinical Diagnosis Lab 1.....		1
PM6305	Physical Medicine 3.....		2
PS6301	Counseling Theories and Interventions 1.....		3
SN6100	Integrated Case Studies 4.....		0.5
SN6300	Integrated Therapeutics 1.....		3
NM6810	Clinic Observation 2 ¹		2
¹ NM6810	also offered in Summer		Total 27.5

Cat. No.	Course Title	WINTER QUARTER	Credits
BC6108	Integrated Pathology, Immunology & Infectious Diseases 2.....		7
HO6306	Homeopathy 2.....		2
NM6111	Naturopathic Theory and Practice 5.....		0.5
NM6311	Naturopathic Clinical Diagnosis 2.....		4
NM6316	Physical Exam Diagnosis Lab 2.....		1
NM6321	Clinical Diagnosis Lab 2.....		1
PM6306	Physical Medicine 4.....		3
PS6202	Psychological Assessment.....		2
SN6101	Integrated Case Studies 5.....		0.5
SN6303	Integrated Therapeutics 2.....		3
TR6312	Nutrition Principles 1: Assessment, Education & Macronut.....		3
Total 27			

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Cat. No.	Course Title	SPRING QUARTER	Credits
BC6109	Integrated Pathology, Immunology & Infectious Diseases 3.....	6	
HO6307	Homeopathy 3.....	2	
NM6112	Naturopathic Theory and Practice 6.....	0.5	
NM6312	Naturopathic Clinical Diagnosis 3.....	4	
NM6317	Physical Exam Diagnosis Lab 3.....	1	
NM6322	Clinical Diagnosis Lab 3.....	1	
NM6325	Fundamentals of Radiology and Diagnostic Imaging.....	2	
PM6310	Physical Medicine 5.....	2	
PS6302	Counseling Theories and Interventions 2.....	2	
SN6102	Integrated Case Studies 6.....	0.5	
SN6304	Integrated Therapeutics 3.....	3	
TR6313	Nutrition Principles 2: Micronutrients.....	2.5	
			Total 26.5

YEAR III

Cat. No.	Course Title	SUMMER QUARTER	Credits
B07305	Botanical Medicine Formulation Lab 1.....	1	
NM7111	Coding and Billing.....	1	
NM7326	Medical Procedures 1 Lecture/Lab.....	2	
NM7332	Clinical Pharmacology 1.....	0.5	
NM7342	Musculoskeletal System and Orthopedics.....	4	
PM7309	Physical Medicine 6.....	2	
			Total 10.5

Cat. No.	Course Title	FALL QUARTER	Credits
B07306	Botanical Medicine Formulation Lab 2.....	1	
HO7300	Homeopathy 4.....	1.5	
NM7317	Endocrine System.....	4.5	
NM7318	Nervous System and Mental Health.....	5	
NM7333	Clinical Pharmacology 2.....	0.5	
NM7346	Maternity and Pediatrics.....	4.5	
PM7311	Physical Medicine 7.....	2	
PS7203	Addictions and Disorders.....	2	
SN7300	Advanced Case Studies 1.....	0.5	
NM8801	Preceptorship 1.....	1	
	Clinic Shift (1).....	2	
			Total 24.5

Cat. No.	Course Title	WINTER QUARTER	Credits
B07307	Botanical Medicine Formulation Lab 3.....	1	
HO7301	Homeopathy 5.....	1	
NM7142	Critical Evaluation of the Medical Literature ¹	2	
NM7323	Cardiovascular System.....	5	
NM7324	Respiratory System.....	3	
NM7330	Healing Systems.....	1	
NM7334	Clinical Pharmacology 3.....	0.5	
NM7337	Digestive System.....	4	
NM7338	Environmental Medicine.....	1.5	
SN7301	Advanced Case Studies 2.....	0.5	
	Clinic Shift (1 or 2).....	2-4	
			Total 21.5-23.5

¹NM7142 also offered spring quarter

Cat. No.	Course Title	SPRING QUARTER	Credits
B07308	Botanical Medicine Formulation Lab 4.....	1	
NM7113	Jurisprudence.....	1	
NM7331	Renal System.....	2.5	
NM7335	Clinical Pharmacology 4.....	0.5	
NM7343	Male Reproductive and Urology.....	2	
NM7344	Female Reproductive and Urology.....	4	
NM7345	Eye, Ear, Nose and Throat.....	3	
SN7302	Advanced Case Studies 3.....	0.5	
	Clinic Shift (1 or 2).....	2-4	
			Total 16.5-18.5

YEAR IV

Cat. No.	Course Title	SUMMER QUARTER	Credits
B08301	Botanical Medicine Formulation Lab 5.....	1	
NM8301	Clinical Pharmacology 5.....	0.5	
NM8305	Integumentary System.....	3	
NM8310	Medical Procedures 2 Lecture/Lab.....	2	
SN8300	Advanced Case Studies 4.....	0.5	
	Clinic Shift (4).....	8	
			Total 15

Cat. No.	Course Title	FALL QUARTER	Credits
NM8100	Advanced Medical Ethics.....	0.5	
NM8105	Advanced Business Practices 1.....	2	
NM8316	Advanced Topics in Public Health.....	1	
NM8317	Advanced Topics in Geriatric Medicine.....	2	
NM8815	Grand Rounds 1.....	1	
NM8802	Preceptorship 2.....	1	
	Clinic Shift (4).....	8	
			Total 15.5

Cat. No.	Course Title	WINTER QUARTER	Credits
NM8106	Advanced Business Practices 2.....	0.5	
NM8311	Rheumatology Disorders.....	2	
NM8318	Advanced Topics in Clinical Ecology.....	1	
NM8319	Advanced Topics in Oncology.....	2.5	
NM8816	Grand Rounds 2.....	1	
	Clinic Shift (4).....	8	
			Total 15

Cat. No.	Course Title	SPRING QUARTER	Credits
NM8817	Grand Rounds 3.....	1	
NM8803	Preceptorship 3.....	1	
	Clinic Shift (4).....	8	
			Total 10

Clinic Requirements¹

Cat. No.	Course Title	Credits
NM5820	Observation 1.....	1
NM6810	Observation 2.....	2
NM7820-29	Patient Care 1-10.....	20
NM8801-3	Preceptorship 1-3.....	3
NM8830-37	Patient Care 11-18.....	16
NM8844	Interim Patient Care.....	2
PM7801-2	Physical Medicine 1-2.....	4
PM8801-2	Physical Medicine 1-3.....	4
		Total 52

¹Quarterly shift assignments based on availability.

Elective Requirements

Elective & Special Topics.....	8
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Total Requirements

Total Core Course Credits & Hours.....	241.5
Total Elective Credits and Hours.....	8
Total Clinic Credits and Hours.....	52
Total Requirements.....	301.5



Naturopathic Primary Care

A White Paper to help regulators, lawmakers,
and administrators in Oregon address PCP
shortages using naturopathic physicians

November 2012

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Naturopathic Primary Care

Introduction

As both the Affordable Care Act and Oregon's own healthcare transformation move into full implementation, there has been much discussion about how to address the shortage of primary care providers. Many possible solutions have been proposed in response to this crisis, including the use of non-MD practitioners in helping meet Oregon's primary care needs.

Oregon is in the excellent position of having a pool of highly trained non-MD primary care providers already licensed by the state and with the scope of practice and formulary needed to practice as primary care providers – Naturopathic Doctors (NDs).

This document offers clarity and insight to decision-makers, medical directors, and insurance administrators on the role that naturopathic medicine could play in serving Oregon's population. It can act as a roadmap for Oregon's new Coordinated Care Organizations and Healthcare Exchange insurers on how to effectively integrate naturopathic physicians to help meet the Triple Aim: better health, better care and lower cost.

What is Naturopathic Medicine?

Naturopathic medicine is a distinct method of primary health care that combines centuries old medicines with current advances in biomedical and diagnostic sciences covering all aspects of health, from prenatal to geriatric care.¹

Naturopathic doctors (NDs) are guided by principals that are based on the premise that healing is intrinsic to the nature of living organisms. The principles²:

- emphasize prevention and self-care as a cornerstone of health;

- focus on patient-centered care, addressing the determinants of health in treatment plans;
- prioritize a “therapeutic order” that begins with minimal intervention and proceeds to higher intervention; and
- address the underlying cause of the condition rather than focus solely on symptomatic treatment.

Education, Scope of Licensure & Standards of Care in Oregon

Accredited medical schools & licensing exams

- Four-year accredited graduate level naturopathic medical school
 - U.S. Department of Education Carnegie Classifications (used with the Integrated Postsecondary Education Data System - IPEDS) classify the ND degree as a Doctors Degree--Professional Practice, on par with the MD and DO Degree.³
 - Council of Naturopathic Medical Education (CNME) is a programmatic accrediting agency recognized by the U.S. Department of Education.
 - Northwest Commission of Colleges & Universities is the regional accrediting agency for the National College of Natural Medicine (NCCNM) in Portland, OR. It is the same agency that accredits all medical schools in the region, such as Oregon Health Sciences University (OHSU).
- Naturopathic Physicians Licensing Examination (NPLEX) is a national exam that covers Part I for biomedical sciences and Part II for clinical sciences and proficiency.

Didactic education in biomedical, diagnostic, and clinical sciences

- Biomedical and Diagnostic Sciences: physiology, anatomy, biochemistry, microbiology, pathology, immunology, etc.

- Clinical Sciences: clinical, laboratory and physical diagnosis, gastroenterology, pharmacology, rheumatology, endocrinology, neurology, gynecology, cardiology, etc.
- Therapeutics: botanical medicine, nutrition, homeopathy, physical medicine, counseling, pharmacology, minor surgery.

Continuing education requirements, educational quality and community service Oregon has the most stringent continuing education requirements for naturopathic doctors of any jurisdiction that licenses NDs. Annual requirements for license renewal are:

- 45 hours of continuing education in 2012 (increasing to 50 in 2013)
- 10 of those hours required in pharmacology
- 2 of those hours required in ethics
- 15 of those hours are required to be in obstetrics for those NDs who have the additional natural childbirth certification

Recognition of naturopathic medicine educational quality, community service and research excellence is also mounting.

- Since 2007, the Princeton Review of Medical Schools has included U.S. Naturopathic Schools of Medicine in its annual review of the best 168 medical schools in the country.⁴
- The American Council on Education (ACE) and Corporation for National and Community Service named National College of Natural Medicine to the President's Higher Education Community Service Honor Roll in February 2008 — the highest federal recognition a school can achieve for its commitment to service-learning and civic engagement.⁵

Residency Programs

Accredited residencies are available for one, two or three-year terms. Currently, all residencies are privately funded. Consequently, residency opportunities are not available for all graduates. As the vast majority of U.S. residency programs are funded through Medicare, inclusion in Medicare remains a priority objective for professional development of naturopathic physicians.

Residency sites include:

- Private clinics – mostly primary care residencies;
- Teaching clinics – also mostly primary care residencies through the five US accredited naturopathic medical schools (and two schools in Canada);
- Federally Qualified Healthcare Clinics (FQHC) – 100% primary care residencies;
- In-patient hospitals – specialty residencies (i.e., Cancer Treatment Centers of America and Goshen Center for Cancer Care, Indiana).

Stafford Loans

Naturopathic medical students qualify for federal Stafford Loans, and ND medical students graduate with comparable school debt to MD/DO students.

NDs are also eligible for loan repayment under ORS 442.550.

Naturopathic Scope of Practice

Naturopathic doctors are licensed to work as **independent providers** in Oregon. They do not require supervision or oversight by other providers, and are licensed to:

- Diagnose, prevent, and treat disease;
- Perform physical exams including orificial exams (oral, vaginal, anal);
- Order x-rays, electrocardiograms, ultrasound, CT, MRIs, and laboratory tests;
- Draw blood and perform CLIA-waived lab tests in-office;
- Perform minor surgery;
- Provide prenatal, intrapartum, and postpartum care (with additional certification);
- Provide injections including vaccinations and IV medications;
- Prescribe all natural & pharmaceutical medications needed in a primary care setting;
- Are eligible for Drug Enforcement Agency (DEA) numbers for Schedules II-V (authority to prescribe controlled medications).

Standard of Care & Competencies

There is no naturopathic-specific standard of care. Naturopathic doctors are taught and held to the same standards of care as conventional providers.

In 2007, the Association of Accredited Naturopathic Medical Colleges (AANMC) issued a professional competency profile outlining the academic and training requirements for naturopathic physicians.⁶

Treatment Guidelines

Condition-specific treatment guidelines present more of a challenge with naturopathic physicians than conventional providers. Each person's treatment is individualized taking into consideration conventional treatment guidelines, but combined with a complex array of natural and conventional modalities that may vary among providers.

Malpractice Insurance

Many NDs carry malpractice insurance, which is available through six insurers. The typical policy is a \$1/3 million policy (\$1 million per single claim/\$3 million for all claims per policy period). Policies may include tail coverage.

Specialty malpractice insurance is available to NDs who do more complex procedures like therapeutic injections or obstetrics/prenatal care.

Naturopathic insurance coverage, billing, and credentialing

Insurance coverage

Insurance coverage in Oregon is available at the insurer's discretion. Many insurers offer patients the option of direct access to an ND as their Primary Care Provider (PCP). Patients may also self-refer to a naturopathic physician for specialty care. Every insurer in Oregon offers coverage of naturopathic medicine in some capacity.

Oregon SB 1509 and the Affordable Care Act Section 2706 both stipulate that insurers and CCOs *may not discriminate against provider types in coverage or reimbursement*.

Billing

Naturopathic physicians hold a seat on the AMA's Current Procedural Terminology Editorial Panel.

NDs use the same HCFA and CMS 1500 forms, and CPT and ICD-9 codes as other providers.

Credentialing

The Oregon Health Plan has credentialed NDs as PCPs since the mid-1990s through the Division of Medical Assistance Programs.

Most private insurers credential NDs using the same applications as other providers. Some insurers credential NDs only as "complementary and alternative" providers, even though many of those NDs are providing primary care, which can cause significant problems with patient access to care.

Some Managed Care Organizations credential NDs as primary care providers, using standard provider applications. Typically, they are naturopathic physicians who work in Federally Qualified Healthcare Centers. Some Managed Care Organizations also cover patient visits to NDs as out-of-network.

Naturopathic physicians are eligible to be recognized as Patient-Centered Primary Care Homes in Oregon.

Naturopathic Primary Care vs. Naturopathic Specialist

There has been considerable discussion regarding the distinction between "primary care" and "specialty care" within our profession. After much debate in the 1990s, naturopathic medical schools determined that training would focus on primary care rather than specialty care. Though some naturopathic physicians prefer to practice in a therapeutic specialty, all naturopathic physicians are trained as family practice primary care providers.

Naturopathic Primary Care Doctors

Many naturopathic physicians practice primary care and are the trusted first point of contact for their patients.

The Naturopathic Academy of Primary Care Physicians is newly created and is establishing a board certification program for primary care naturopathic doctors. However, it is still years away from a formalized program.

Oregon naturopathic primary care doctors are able to do all of the following:

- Examine, diagnose, prescribe and treat patients as family physicians;
- Manage all pharmaceuticals needed in a primary care setting;
- Manage patients' routine preventive screenings, vaccinations and blood work;
- Order diagnostic tests, images, blood-work and labs;
- Perform well-child visits, women's health visits, sports physicals, sign birth/death certificates, assist with advance directives, handicap permit and driver impairment, etc.;
- Perform minor surgery, including excisional biopsies and laceration repair;
- Coordinate care with a referral network of labs, specialists, physical therapy, behavioral health, social services, hospitals, and out-patient facilities;
- Educate patients about lifestyle, diet, stress management and chronic disease management;
- Write orders for residential facilities, hospice, in-home nursing care, etc.

Common criteria exist to help CCOs identify naturopathic physicians who provide primary care as distinctly different from naturopathic physicians who specialize or do complementary care.

- ✓ *DEA License* – indicates that the ND is prescribing and committed to managing the full-range of patient care.
- ✓ *Malpractice Insurance* – indicates awareness of the healthcare landscape and should include a minimum of \$1 million/\$3 million coverage.
- ✓ *Referral Network* – an ND PCP will be able to attest that they have relationships with specialists, labs, social services, etc. A non-PCP ND would simply refer back to the MD/DO/ND/NP PCP.

- ✓ *Vaccination Stocks or Resources* – an ND PCP will either stock certain vaccines in-house, can order them quickly, or can attest to an adequate referral network where they send patients.
- ✓ *1 year CNME approved residency or 2 years in practice* – this allows an ND PCP to develop the skills, resource base and referral network to adequately manage diverse primary care needs.

Naturopathic Generalists and Specialists

Some NDs do not wish to practice as primary care providers. They prefer to provide care as a specialist or as a generalist in coordination with an MD/DO/ND/NP PCP.

Those NDs who specialize may augment their training through additional professional degrees or certifications (e.g., Certificate of Midwifery or Diplomate of the American Academy of Pain Management) or may choose to emphasize specific areas of practice. Specialties in naturopathic care are based on:

- *conditions or systems* (i.e., cancer, environmental medicine, or the cardiovascular system);
- *population groups* (i.e., naturopathic midwifery or pediatrics); or
- *treatment modalities* (i.e., homeopathic or physical medicine).

Barriers to Naturopathic Primary Care

Patient access is the essential barrier limiting the role of naturopathic primary care in North America. When coverage by third-party insurers improves, utilization increases. However, even in geographic regions where insurance coverage has been obtained, additional obstacles are present which fall primarily into two categories: payer-imposed barriers and provider access barriers.

Payer-imposed barriers:

- a) Erroneous categorization of naturopathic doctors as a “benefit” rather than as a provider type. This typically results in categorization as a Complementary and Alternative Medicine (CAM) insurance rider;

- b) Use of “caps:” a dollar limit placed on the expenditure allowable for all Complementary and Alternative Medicine (CAM) care, when naturopathic doctors are erroneously categorized as CAM (see (a));
- c) Limiting the number of visits to any naturopathic doctor, when erroneously categorized as CAM, which interrupts continuity of care;
- d) Restricting care to specified diagnoses;
- e) Limiting diagnostic procedures that may be ordered by NDs;
- f) Exclusion from federal programs, such as Medicare;
- g) Unequal reimbursement rates for equal services.

Some of these patient access barriers have been successfully litigated in Washington State and Vermont in favor of patient access and provider rights (WAC 284-43-205). Oregon's non-discrimination law closely resembles the Washington law involved in this litigation.

Provider access barriers:

In some regions of Oregon, certain barriers exist to seamless integration of naturopathic doctors as primary care providers. Because most of these barriers are private corporate policies rather than actual barriers related to scope or license, *the most expedient way of removing these barriers is for CCOs to credential with naturopathic physicians to encourage statewide transformation.*

Areas where some naturopathic primary care doctors experience barriers include:

- Hospital admission and discharge policies – only a handful of hospitals allow NDs to admit patients to inpatient care. Commonly hospitals **do** send chart notes and updates to NDs upon discharge, however, some do not.
- Some nursing facilities, outpatient facilities, and diagnostic labs will not honor orders from NDs.

These barriers are usually surmounted by the savvy ND PCP who finds “work-arounds” to obtain the care their patients need. But work-arounds are unsustainable, and may lead to delayed care for the patient or unnecessary added workload to the PCP.

Key Points of Discussion with CCOs

In conversations with several CCOs, the Oregon Health Authority, and staff at MCOs, a few themes have emerged for consideration above and beyond general education about naturopathic medicine.

Immunizations

Naturopathic doctors are educated according to the public health laws of the state, and understand the role that vaccinations play in preventing communicable disease. But because naturopathic care is by definition patient-centered, many NDs will customize the vaccination schedule to address the patient's risk factors, environment, and personal beliefs. See Appendix A: How NDs can help Oregon increase immunization rates.

Hospitalization and discharge planning

Some NDs already have informal arrangements to admit patients to the hospital, and have collegial relationships with hospitalists. However, a stronger partnership with CCOs can help formalize relationships with these institutions with clear contractual expectations.

Coverage of naturopathic modalities and therapies

The best and most cost-effective care provided by naturopathic physicians includes a combination of conventional therapies with supplements, herbal medicine, or other natural therapies.

Example, NDs have tools to lower HbA1c without pharmaceuticals, can treat GERD without use of proton pump inhibitors, can prevent the need for surgeries or improve recovery time from surgeries using common-sense and low-cost modalities, and much more.

Achievement of the CCO's goals of reducing cost and achieving better patient outcomes will be greatly improved by allowing for this kind of treatment flexibility. CCOs may want to consider covering certain "natural" therapies and work with the OANP to identify standardized resources for covered modalities.

Example, Natural Standard is an evidence-based database on CAM therapies that is regularly updated and includes drug-drug, drug-herb, and drug-nutrient interactions.

Role in patient care

It is imperative to note that naturopathic physicians are independent practitioners. Patients increasingly also turn to naturopathic physicians as first point of contact providers and **would refrain from care** with a conventional doctor if they cannot access their naturopathic physician.

OANP strongly advises that CCOs **do not seek to impose “supervisory” requirements** as a condition of integrating naturopathic doctors. Such conditions will likely have unintended consequences, including:

- **Questionable legality** – The license, training and scope of NDs do not require oversight by other providers. Such conditions could be perceived as infringement of trade or violation of non-discrimination laws.
- **Restriction of patient access to care** – There are simply not enough providers in rural communities and certain urban populations to support an extra layer of bureaucracy.
- **Inability to track outcomes** – Current practices of MCOs to not credential NDs have led to situations of NDs billing under another provider's name, which skews data, performance benchmarks, cost of delivery of care, and outcomes metrics.
- **Creation of a barrier to expand the pool of primary care providers** – There are 700 actively licensed NDs in Oregon. It is likely that less than two dozen work in the same clinic as an MD/DO. The potential to use naturopathic physicians to ensure all patients have access to care is tremendous, but creating potentially illegal supervisory restrictions will not help meet the primary care needs of Oregonians.

OANP's RECOMMENDATION: a two-tiered system for CCOs to credential naturopathic physicians

Naturopathic Primary Care Provider – These NDs have competency in managing and coordinating all aspects of patient care, and should be defined using the 5 criteria outlined above.

Naturopathic Specialist – These NDs work independently, and co-manage patient care with an MD/DO/ND/NP primary care provider.

Appendices

A: How NDs can help Oregon increase immunization rates

Oregon naturopathic physicians can help CCOs provide care for more patients and may in fact assist in increasing rates of immunizations in populations who otherwise completely opt out.

The Oregon Association of Naturopathic Physicians (OANP) is a strong proponent of preventive medicine and of the protection of children and adults from the serious consequences of infectious disease. Naturopathic physicians, as primary care providers, are morally obliged and legally required to uphold and carry out the public health mandates of the state. All physicians are also ethically obliged to give patients, parents and legal guardians accurate and current information on both the benefits and risks of all medical interventions.

It is extremely important for CCOs to realize that some patients may avoid regular pediatric visits with their MD because they want to vaccinate later, selectively, or on a different schedule.

It is the professional experience of many NDs that parents may be seeking a different approach to vaccination, but because they feel unable to do this with conventional doctors, they simply "opt-out" and children may miss critical wellness check-ups or other needed medical attention.

By seeing a naturopathic physician, the child is able to receive vaccines and preventive care that they might not normally get. NDs are very successful in filling this serious gap in Oregon healthcare.

Recognizing the fact that many people come to naturopathic medicine in rejection of conventional medicine or because of personal beliefs, NDs can contribute to CCO immunization efforts in the following ways:

1. Naturopathic physicians are trained in CDC immunization schedules and public health mandates;

2. Counseling is given in consideration of patient health history, risk factors, environment, and personal beliefs;
3. Recommendations are individualized and patient-centered;
4. Many patients who eschew standard immunization guidelines can be educated into accepting select immunizations, or even all recommended immunizations on a different schedule.

In addition to the standard curriculum at accredited naturopathic medical schools, a team of naturopathic experts has developed a training curriculum on vaccinations that provides in-depth evidence-based continuing education for NDs and other medical professionals who focus in primary care or pediatrics.

This curriculum includes the following:

- History of vaccines
- Immune response to vaccines
- Courses on each individual vaccine
- What the organism is, the disease it causes, risk factors for contracting the disease, and how to diagnose & treat it
- How each vaccine should be administered
- Vaccine efficacy
- Adverse events, potential and actual
- Vaccine manufacturing processes and types of vaccines available
- Vaccines and autism: research vs. public opinion
- Alternatives to vaccines
- Herbal benefits or interactions with vaccines

B: References

¹ The American Association of Naturopathic Physicians (AANP) endorsed the following

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

² There are 6 core principles of Naturopathic Medicine:

1. *Vis medicatrix naturae* (the healing power of nature): the inherent organizing forces underlying this process, such as homeostasis, adaptation, metabolism or tissue repair.
2. *Primum non nocere* (do no harm): first choose interventions that do the least harm to the patient. and that do not further disrupt a system attempting to regain homeostasis. This principle is fundamental to the restoration of health.
3. *Tolle causam* (treat the cause): when confronted with an ill patient, seek to understand the totality of fundamental causes disrupting the patient's optimal equilibrium.
4. *Tolle totum* (treat the whole person): required in order to remove the cause of the illness.
5. *Docere* (doctor as teacher): while removing or moderating insults and stressors that result in harm to patients, NDs engage patients in the essential responsibilities of self-care.
6. *Preventir* (prevention): mutual efforts at prevention and health promotion predominate in the physician-patient relationship.

³ The Carnegie Classifications are used with the Integrated Postsecondary Education Data System (IPEDS). IPEDS is the core postsecondary education data collection program for the National Center for Education Statistics (NCES), the primary federal entity for collecting and analyzing data related to education in the U.S. and other nations. As a requirement for financial aid, colleges must complete quarterly reports to IPEDS.

<http://liveonearth.livejournal.com/492965.html>

⁴ *The Princeton Review*, 2007, p. 24

⁵ Corporation for National and Community Service:
http://www.nationalservice.gov/about/initiatives/honorroll_2008.asp

⁶ *Professional Competency Profile, Association of Accredited Medical Colleges*, 3-31-08.

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Naturopathy and the Primary Care Practice

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Synopsis

Naturopathy is a distinct type of primary care medicine that blends age-old healing traditions with scientific advances and current research. It is guided by a unique set of principles that recognize the body's innate healing capacity, emphasize disease prevention, and encourage individual responsibility to obtain optimal health. Naturopathic treatment modalities include diet and clinical nutrition, behavioral change, hydrotherapy, homeopathy, botanical medicine, physical medicine, pharmaceuticals, and minor surgery. Naturopathic physicians (NDs) are trained as primary care physicians in four-year, accredited doctoral-level naturopathic medical schools. Currently, there are 15 U.S. states, 2 U.S. territories, and a number of provinces in Canada, Australia, and New Zealand that recognize licensure for NDs.

Keywords

naturopathic; naturopathy; nutrition; botanical medicine; homeopathy; hydrotherapy

Naturopathic Medicine Overview

Naturopathy is a distinct type of primary care medicine that blends age-old healing traditions with scientific advances and current research. It is guided by a unique set of principles that recognize the body's innate healing capacity, emphasize disease prevention, and encourage individual responsibility to obtain optimal health (List 1). The naturopathic physician (ND) strives to thoroughly understand each patient's condition, and views symptoms as the body's means of communicating an underlying imbalance. Treatments address the patient's underlying condition, rather than individual presenting symptoms. Modalities utilized by NDs include diet and clinical nutrition, behavioral change, hydrotherapy, homeopathy, botanical medicine, physical medicine, pharmaceuticals, and minor surgery^{1, 2}. Naturopathy can be traced back to the European "nature cure," practiced in the nineteenth-century, which was a system for treating disease with natural modalities such as water, fresh air, diet, and herbs. In the early twentieth-century, naturopathy developed in the U.S. and Canada, combining nature cure, homeopathy, spinal manipulation and other therapies (Timeline)³.

Naturopathic Approach to Health

In naturopathic theory, illness is viewed as a process of disturbance to health and subsequent recovery in the context of natural systems. Many things can disturb optimal health, such as

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poor nutrition, chronic stress, or toxic exposure. The goal of the ND is to restore health by identifying and minimizing these disturbances. In order to do this, the ND first recognizes the factors that determine health (Table 1). A determinant becomes a disturbance when it is compromised in some way.

In attempting to restore health, the ND follows a specific, yet adaptable, therapeutic order that begins with minimal interventions and proceeds to higher level interventions as necessary (List 2). The order begins with reestablishing the conditions of health, such as developing a more healthful dietary and lifestyle regime. Next, the body's natural healing mechanisms may be stimulated through techniques such as hydrotherapy, which can increase the circulation of blood and lymph. The third step is to support weakened or damaged systems with homeopathy, botanical medicines, or specific exercises, such as yoga. The fourth step is to correct structural integrity, which is typically done with physical medicine techniques including massage and naturopathic manipulation. The fifth step is to address pathology using specific natural substances, such as dietary supplements. The sixth step is to address pathology using pharmaceutical or synthetic substances. Surgical correction is reserved for the final therapeutic step⁴.

Current Practice

Education

NDs are trained in four-year, accredited doctoral-level naturopathic medical schools. Such schools have been experiencing significant increases in enrollment and graduating class sizes over the past 20 years, particularly since the year 2000⁵. There are currently seven naturopathic medical schools in the US and Canada that are either accredited or are in candidate status for accreditation (Table 2). The range of didactic instruction at these schools is between 2,580 to 3,270 hours, and clinical instruction is between 1,200 to 1,500 hours^{1, 61}.

Accredited naturopathic medical schools must attain both regional and programmatic accreditation. Regional accreditation is through one of the U.S. Department of Education-recognized regional associations of schools and colleges. Programmatic accreditation for all naturopathic medical schools in North America is through the Council on Naturopathic Medical Education (CNME). All accredited naturopathic medical schools are supported by The Association of Accredited Naturopathic Medical Colleges (AANMC), which acts to promote the naturopathic profession by ensuring rigorous educational standards^{7, 8}.

Candidates for admission to naturopathic medical school are required to hold a baccalaureate degree, and to have completed all standard premedical undergraduate coursework prior to matriculation. The first 2 years of naturopathic medical education focuses on basic and diagnostic sciences including anatomy, physiology, biochemistry, histology, pathology, embryology, neuroscience, immunology, pharmacology, physical and clinical diagnosis, and lab diagnosis. The final 2 years of naturopathic medical education focuses on clinical sciences and practicum. Coursework specific to naturopathic medicine is woven throughout the program, which includes naturopathic theory, diet and nutrient therapy, botanical medicine, homeopathy, hydrotherapy, massage, naturopathic manipulation, therapeutic exercise, counseling, and case management. Some NDs receive additional training in related disciplines, such as midwifery, Oriental herbal medicine, or acupuncture^{1, 7}. NDs may choose to specialize in certain populations, such as pediatrics, or certain modalities, such as homeopathy.

There are a limited number of 1- to 2-year postdoctoral CNME-certified naturopathic residency programs available. Currently, residency is not required for licensure, except in Utah. Programs are extremely competitive, with an average of 350-400 new ND graduates in the U.S per year and only 30-40 openings. Most of these programs are offered through accredited naturopathic

medical schools and affiliated clinics, although other opportunities are emerging. An Integrative Medicine Residency is available through several hospitals and clinics, which gives NDs the opportunity to collaborate with conventional medical practitioners. The naturopathic profession has a commitment to increase clinical training opportunities, including the availability of postdoctoral residencies. There is a common informal practice of mentorship in which a new graduate joins the practice of a senior ND⁹.

Licensing

The licensing of NDs is determined at the state or province level in countries that regulate the profession. Currently, Alaska, Arizona, British Columbia, California, Connecticut, the District of Columbia, Hawaii, Idaho, Kansas, Maine, Manitoba, Minnesota, Montana, New Hampshire, Ontario, Oregon, Saskatchewan, Utah, Vermont, and Washington, the U.S. territories of Puerto Rico and the U.S. Virgin Islands, as well as provinces in Australia and New Zealand, have licensing laws for NDs². Licensing efforts for NDs are led by state organizations, and many currently unlicensed states are in various stages of the process towards licensure. Proximity to an already licensed state a significant predictor of new licensure¹⁰. In order to be eligible for licensure, an ND must have graduated from an accredited naturopathic medical school, and have passed the Naturopathic Physicians Licensing Examination (NPLEX). NPLEX follows the same standards as the National Board of Medical Examiners (for the USMLE), the National Board of Chiropractic Examiners, the National Board of Osteopathic Medical Examiners, and other healthcare professions.¹¹

Licensing laws for NDs increase public safety by ensuring consistency of education, professional standards, compliance with public health standards, appropriate regulation, and currency of continuing education. In states and territories that do not have ND licensing laws, there has been an emergence of unqualified practitioners who did not graduate from appropriately accredited naturopathic medical schools. Licensure in all areas will protect patients by ensuring that the providers they choose have an education in safe practice of naturopathic medicine⁷.

Scope of practice

NDs are trained as primary care physicians with an emphasis in natural medicine in ambulatory settings. Their scope of practice varies by state and territory, but generally consists of the diagnosis, prevention, and treatment of disease by stimulation and support of the body's natural healing mechanisms. Standard diagnostic and preventive techniques utilized include physical examination, laboratory testing, and diagnostic imaging. NDs may employ additional laboratory tests and examination procedures for further evaluation of nutritional status, metabolic functioning, and toxicities. Treatment modalities utilized by NDs include diet and clinical nutrition, behavioral change, hydrotherapy, homeopathy, botanical medicine, and physical medicine. Depending upon the state, NDs may also be licensed to perform minor office procedures and surgery, administer vaccinations, and prescribe many prescriptive drugs¹².

Insurance credentialing

An increasing number of insurance companies, unions, and state organizations are credentialing licensed NDs. NDs are not credentialed in the same manner that MDs and DOs are since the scope of practice of NDs is not uniform nationwide. The process is based upon each state's individual licensing laws and particulars of each company^{7, 12}. Excessive standardization to cater to credentialing needs may be unfavorable to both NDs and their patients, as individualized care is fundamental to the profession. If the widespread credentialing of NDs is undertaken, a balance between establishing tight practice regulations and allowing for individualized approaches may be necessary¹³.

NDs have been licensed in Washington State since 1919, and credentialed since 1996. An epidemiologic study found that 1.6% of 600,000 enrollees from 3 major insurance companies in Washington filed claims for naturopathic services in 2002¹⁴. This is compared to National Health Statistics Reports (NHSR) population-based use estimates of 0.2% for naturopathic services in 2002 and 0.3% in 2007. The increase in use from 2002 to 2007 was, in part, attributed to the increase in naturopathic licensure during that time¹⁵. Although not a direct comparison, these findings suggest that licensing and credentialing NDs, as in Washington, increases the usage of naturopathic services.

Naturopathic profession

At the beginning of 2006, there were 4,010 licensed NDs in the U.S and Canada. This represents a 91% increase from 2001¹⁶. Distance from naturopathic school and population density account for over 69% of the distribution of NDs, the same factors that predict the distribution of MDs¹⁷. NDs typically work in private practice, but are also employed by hospitals, clinics, community health centers, universities, and private industry^{1, 2}. For NDs in private practice in Washington State, an estimated 78.9% reported sharing their office with other providers. These included other NDs (65.2%), acupuncturists (40.4%), massage therapists (40.4%), chiropractors (18.0%), MDs (13.7%), PhDs (6.8%), counselors (6.2%), registered nurses (5.0%), midwives (4.4%), and nutritionists (4.4%)¹⁸.

Within the licensed states of Washington and Connecticut, 75% of all visits to NDs were for chronic conditions, 20% were for acute conditions, and 5% were for wellness/preventive purposes. The most common complaints of patients seeking naturopathic care were fatigue, headache, musculoskeletal problems, anxiety/depression, menopausal symptoms, bowel and abdominal problems, allergies, and rash. The most common pediatric visits in Washington were for health supervision (27.4% of visits), infection (20.6% of visits), and mental health conditions (12.7% of visits). The majority of patients seen were middle-aged Caucasian women. Children were seen in 10.2% to 12.8% of visits, and individuals over the age of 65 were seen in 7.8% to 9.7% of visits¹⁹⁻²¹.

Over 70% of ND visits in Washington and Connecticut included physical examination or ordering laboratory/diagnostic tests. The most common examinations were vitals (28 to 39% of visits), HEENT (15 to 18% of visits), and complete physical (9 to 13% of visits). The most frequent laboratory tests were complete blood panels and serum chemistries, which were ordered in 7 to 10% of visits. Other labs were ordered less frequently and included thyroid panels, lipid panels, allergy tests, stool analyses, urine analyses, vitamin/mineral tests, endocrine, allergy skin tests, and TB skin tests. Diagnostic imaging including x-ray and ultrasound was ordered in 1 to 2% of visits. The most common treatments used were botanical medicine (43 to 51% of visits), vitamins (41 to 43% of visits), minerals (35 to 39% of visits), therapeutic diet (26 to 36% of visits), homeopathy (19 to 29% of visits), and self-care education (17 to 23% of visits). Modalities used less frequently included allergy treatment, acupuncture, glandular therapies, manipulation, exercise therapy, hydrotherapy, physiotherapy, mechanotherapy, ultrasound, and mental health counseling. Four percent of all visits included a referral to an MD, and 1 to 2% included a referral to another type of practitioner. The average visit lasted 40 minutes¹⁹. In pediatric visits in Washington, NDs administered immunizations during 18.6% of health supervision visits for children under the age of 2, and during 27.3% of visits for children aged from 2 to 5 years¹⁸.

Naturopathic Modalities

Diet and Clinical Nutrition

“Let food be thy medicine and medicine be thy food,” *Hippocrates*. Proper nutrition is the foundation of a naturopathic practice, and food is utilized for both health promotion and disease prevention. NDs recommend diets individualized to each patient, though typically this means a balanced whole-foods diet rich in fruits, vegetables, whole-grains, legumes, wild-caught fish, lean animal proteins, whole dairy products. In order to maximize nutritional value and minimize environmental impact, foods are considered best in their natural state, obtained locally, and eaten seasonally. NDs recognize how difficult and complex dietary changes may be, and assist patients through these changes by providing very specific individualized recommendations, as well as educational materials and resources.

There is overwhelming evidence that unhealthy eating habits significantly increase the risks for morbidity and mortality. The Center for Disease Control and Prevention (CDC) determined that poor diet and physical inactivity caused 15.2% of all deaths in the U.S. in the year 2000, and may soon overtake tobacco as the leading cause of death²². It has been estimated that better nutrition could reduce the costs of heart disease, cancer, stroke, and diabetes by an estimated \$71 billion each year²³. Obesity is also at an unprecedented high in the U.S. In 2009, the CDC reported that 66% of American adults, 17% of children ages 12-19, and 19% of children ages 6-11 years are overweight or obese²⁴. The general dietary recommendations and follow-up strategies that NDs utilize with their patients could have a significant impact on both chronic disease and obesity. It has been well-established that diets high in fruits and vegetables are associated with decreased risk for chronic disease²⁵. In addition, fruits and vegetables are generally low in calories thereby supporting healthy weight management²⁶. NDs may also prescribe special diets such as the elimination diet, anti-inflammatory diet, and hypoallergenic diet. These diets have a long history of traditional use in naturopathic practice, but more research is needed in these areas to better determine clinical indications and efficacy. In one such study, the elimination diet was found to ameliorate clinical signs of inflammation in patients with rheumatoid arthritis (RA), and augment the beneficial effect of fish oil supplementation²⁷.

The ultimate goal of naturopathic medicine is to optimize wellness by encouraging a healthy diet and lifestyle, but the ND may prescribe nutritional supplements if a specific deficiency is found or for certain conditions²⁸. Studies have not only shown the benefits of nutritional supplementation in promoting health and preventing disease, but also the potential healthcare cost savings. One such study found the daily use of multivitamins containing folic acid and zinc by all women of childbearing age, and the daily use of vitamin E by those over the age of 50 could save nearly \$20 billion annually in hospital charges related to heart disease, birth defects and low weight premature births²⁹. There is much on-going research in the area of nutritional supplements at both conventional and naturopathic institutions³⁰.

Behavioral Change

NDs emphasize that in order to live healthfully, one must work at it daily. Support is offered by the ND in the form of basic counseling, lifestyle modification, hypnotherapy, meditation, biofeedback, and stress management. NDs may also lead group classes in lifestyle modifications and stress management, helping foster community and connectedness for patients and physicians as they share and gain knowledge together. This holistic approach to healing acknowledges the importance of treating patients in the totality of their mind, body, and spirit environment. For the ND, it is essential to spend quality time listening to the patient in order to gain an understanding of how they live and strengthen the physician-patient

relationship. There is overwhelming evidence that effective physician-patient communication is associated with improved patient health outcomes^{31 32}.

A review of mindfulness research concluded that cultivating an enhanced mindful approach to living is associated with decreases in emotional distress, increases in positive states of mind, and an improvement in quality of life. Mindfulness practice was also found to positively influence the brain, the autonomic nervous system, stress hormones, the immune system, and health behaviors, including eating, sleeping, and substance use³³. Additional information about mindfulness research is offered in another chapter of this volume.

Hydrotherapy

Hydrotherapy is the external or internal use of water in any of its forms (water, ice, steam) for health promotion or treatment of disease. It was used widely in ancient cultures, including Egypt, Persia, China, India, and Israel, before it was well established as the traditional European water cure³⁴. Many of the treatments can be applied at home, making them cost effective and participatory for the patient.

Numerous studies have examined potential immunomodulatory effects of hydrotherapy treatments with promising results. A study testing the immune effects of cold water therapy in cancer patients found statistically significant increases in white blood cell counts including neutrophils, lymphocytes, and monocytes, in subjects post-treatment compared with pre-treatment values³⁵. In another study, repeated cold water stimulations in patients with chronic obstructive pulmonary disease (COPD) reduced the frequency of infections, increased lymphocyte counts, modulated interleukin expression, and improved subjective well-being³⁶.

Numerous studies have also evaluated various hydrotherapy techniques for the treatment of specific conditions such as rheumatoid arthritis, osteoarthritis, wound management, hemorrhoids, varicose veins, and chronic heart failure³⁷⁻⁴¹. Hydrotherapy was generally found to be beneficial and safe for these conditions, but broad conclusions are not warranted due to sample size limitations and inconsistent methodologies. A meta-analysis of hydrotherapy for the treatment of fibromyalgia syndrome found moderate evidence that hydrotherapy has short-term beneficial effects on pain and health-related quality of life (HRQOL)⁴². A recent Cochrane Review on nasal saline irrigations for chronic rhinosinusitis found evidence the nasal lavage relieves symptoms, helps as an adjunct to treatment, and is well tolerated by most patients. There were no significant side-effects reported⁴³. More research on hydrotherapy is indicated due to the promising preliminary findings in these areas.

Homeopathy

Homeopathy is a healing system that was created over 200 years ago by a German physician, Samuel Hahnemann. It is based on a central theory known as The Similia Principle. Substances made from plants, minerals or animals, which are known to cause symptoms similar to a certain disease, are given to patients in an extremely diluted form. Homeopathic remedies are believed to stimulate auto-regulatory and self-healing processes⁴⁴. Remedies are selected by matching a patient's symptoms, based on taking a finely-detailed history, with symptoms produced by the substances in healthy individuals. Homeopathy is extensively used worldwide by homeopaths, MDs, DOs, NDs and DVMs. Across Europe, approximately a quarter of the population uses homeopathy, and depending upon the country, from 20% to 85% of all general practitioners either use homeopathy in their practices or refer their patients to homeopaths⁴⁵.

There are over 200 clinical trials testing the efficacy of homeopathic treatments, many of which have led to positive results. However, an inconsistency in methods, limitations in sample sizes, as well as a lack of testing for single conditions, restricts pooling these results. A review

evaluated the effectiveness of homeopathy in the fields of immunoallergy and common inflammatory diseases. Collectively, the evidence demonstrates that in some conditions homeopathy shows significant promise, e.g. *Galphimia glauca* for the treatment of allergic oculorhinitis. Classical individualized homeopathy showed potential for the treatment of otitis, fibromyalgia, and possibly upper respiratory tract infections and allergic complaints. A general weakness of the evidence is scarcity of independent confirmation of reported trials and conflicting results. The authors concluded that, considering homeopathic medicines are safe, they are a possible treatment option for upper airway infections, otitis, allergic rhinitis, and asthma⁴⁶.

Several other clinical trials on homeopathic medicines show promise as well. One trial evaluated homeopathic medicines for minimizing the adverse effects of cancer treatments, and found preliminary data in support of the efficacy of topical calendula ointment in the prevention of radiotherapy-induced dermatitis, and Traumeel S mouthwash for chemotherapy-induced stomatitis. The medicines did not cause any serious adverse effect or interact with conventional treatment⁴⁷. A Norwegian multi-center outcomes study found that 7 out of 10 patients visiting a homeopath reported a meaningful improvement in their main complaint 6 months after the initial consultation⁴⁸. Given these positive findings, as well as the rich history and wide-spread use of homeopathy, further research in this area is indicated.

Botanical Medicine

Traditional medicine has been used in communities for thousands of years. According to the World Health Organization, herbal treatments are the most popular form of traditional medicine⁴⁹. In developing countries, 80% of the population depends exclusively on medicinal plants for primary healthcare⁵⁰. NDs use herbal preparations in the form of teas, tinctures, poultices, balms, baths, elixirs, compresses, oils, syrups, suppositories, and capsules. The ND prescribes and prepares herbal remedies based on the uniqueness of each patient and their presenting symptoms. Organic and wild harvested herbs are used if available. A growing body of research supports the efficacy and safety of various herbs for preventing and treating many health conditions⁷.

A Cochrane review of herbal medicine for low-back pain found strong evidence that *Harpagophytum procumbens* (devil's claw) reduced pain better than placebo, and moderate evidence that *Salix alba* (white willow bark) and *Capsicum frutescens* (cayenne) reduced pain better than placebo in short-term trials. The authors also reported that the quality of reporting in these trials was generally poor, and that additional trials testing these herbal medicines against standard treatments are needed, particularly for long-term use⁵¹. In another Cochrane review, *Crataegus laevigata* (hawthorn leaf, flower and fruit) extract was found to provide a significant benefit in symptom control and physiologic outcomes as an adjunctive treatment for chronic heart failure. All 14 trials included in the review were double-blind, placebo controlled, RCTs⁵². A Cochrane review of *Hypericum perforatum* (St. John's wort) for the treatment of depression concluded that *Hypericum perforatum* extracts, a) are superior to placebo in patients with major depression; b) are similarly effective as standard antidepressants; and c) have fewer side effects than standard antidepressants. All studies included were double-blind, RCTs. However, the association of country of origin and precision with effects sizes complicated the interpretation⁵³. The use of dietary supplements and primary care is explored further in another chapter of this volume.

Naturopathic Physical Medicine

Since the founding of naturopathy in the early twentieth century, physical medicine modalities have been an integral component of naturopathic treatments. Naturopathic physical medicine is the therapeutic use of physiotherapy, therapeutic exercise, massage, energy work,

naturopathic manipulation, and hydrotherapy. It is distinct from the practice of chiropractic, physical therapy and physical rehabilitation⁷. Although it encompasses a broad range of treatment modalities, most are used for musculoskeletal conditions, such as injury and pain.

Research on naturopathic physical modalities is limited and results are inconsistent. A systematic review of low-intensity pulsed ultrasonography for the healing of fractures concluded that, although overall results are promising, the evidence is moderate to low in quality and provides conflicting results. The authors recommend large, blinded trials, directly addressing patient important outcomes, such as return to function⁵⁴. A Cochrane review of therapeutic ultrasound for treating patellofemoral pain syndrome determined that no conclusion could be made due to poor reporting of the therapeutic application of the ultrasound and low methodological quality of the trials included⁵⁵. A Cochrane review of transcutaneous electrical nerve stimulation (TENS) for chronic pain produced similarly questionable results. The authors reported that published literature on the subject lacks the methodological rigor needed to make confident assessments of the role of TENS in chronic pain management, and that large multi-centre RCTs of TENS are needed⁵⁶.

Naturopathic Research

Much complementary and alternative (CAM) research to-date has focused on single modalities, specific supplements, and particular constituents of herbs. This type of research is taken out of context of the larger CAM medical system in which it is actually used⁵⁷. The optimal research model used for evaluating naturopathic interventions must allow for individualized, multifaceted treatment strategies and potentially synergistic effects⁵⁸. Whole systems research (WSR) is an emerging research paradigm, which may provide a better assessment of CAM therapies than classic RCTs, which attempt to determine the single best treatment for all patients. The goal of WSR is to evaluate treatments, products, specific modalities, and techniques within the context of the unique medical system in which they are used. Fundamental to WSR is developing appropriate study designs and analysis strategies for whole systems of medicine, recognizing the individuality of treatments and the participatory role of patients, emphasizing the healthcare environment and physician-patient interactions, including outcome measures based on patient-held values and individualized endpoints, and further developing a common understanding of the CAM models being studied. WSR is non-hierarchical, cyclical, adaptive, and holds qualitative and quantitative methods in equal esteem^{57, 58}.

The Naturopathic Medical Research Agenda was an NCCAM-funded project spanning from 2002 to 2004, which developed recommendations for the direction and emphasis of naturopathic research through 2010. Participants included over 1200 individuals, representing a range of scientific and clinical backgrounds from leading naturopathic faculty to conventional physician scientists. Two priority populations were identified during these sessions, type 2 diabetes and elderly life-stage. For both of these populations, the goal is to compare naturopathic medical care to conventional care in large controlled trials. Specific approaches to naturopathic research were also identified, which include; 1) design and implement whole-practice research protocols focusing on naturopathic medicine as a primary care practice for both prioritized populations, 2) continue to research components of naturopathic medicine to include single agents for a specified diagnosis and mechanism of action studies, and 3) perform contextual research through observational studies, which study aspects of the practice of naturopathic medicine such as the patient-practitioner interaction and its integration with the larger medical system⁵⁹. Participating naturopathic medical schools are in the process of performing this research, and are in various stages of completion^{1, 60, 61}.

There are a number of other current research projects, both federally and privately funded, at naturopathic medical schools in the U.S. and Canada. The National Center for Complementary and Alternative Medicine (NCCAM) and The Canadian Institutes of Health Research (CIHR) are substantial funding agencies for these projects. Examples of current research include a matched controlled outcomes study comparing integrated care to conventional care for the treatment of cancer (Bastyr University and Fred Hutchinson Cancer Research Center), a pilot study evaluating the effects of magnet therapy for carpal tunnel syndrome (National College of Naturopathic Medicine), and a pragmatic randomized clinical trial of naturopathic medicine's ability to treat and prevent cardiovascular disease (Canadian College of Naturopathic Medicine)^{1, 60, 61}.

Integrative Patient Care

Goals of naturopathic medicine parallel those of family medicine in providing for and maintaining the well-being of both the patient and the healthcare system as a whole. Collaboration between conventional and naturopathic communities is growing as state licensing and insurance credentialing expands, and as the general public becomes more knowledgeable about CAM therapies^{62, 63}. Patients are increasingly seeking out NDs for many reasons, including wanting a holistic approach that addresses the root of the problem, wanting more time and attention, having not been helped by conventional care, and having had a previous positive experience with an ND⁶⁴. The conditions patients see licensed NDs for are many of the same conditions that they see conventional physicians for²⁰. For those who choose integrative medicine, co-management of care and referral mechanisms will ensure optimally safe and effective patient care for several reasons. NDs are trained in potential drug/herb interactions and can provide educational support to patients and physicians. Naturopathic care may also reduce the need for some prescriptive drugs, and collaboration between the prescribing physician and the ND will be critical in determining medication dosing. NDs can also offer nutritional support around surgery and other procedures in order to reduce recovery time and potential complications. NDs are well-trained in identifying potentially life-threatening situations and medical conditions out of their scope of practice. Collaborative referral systems would provide continuity of care, comprehensive treatment, and optimal long-term patient management.

There are a number of integrative clinics nationwide that employ both NDs and MDs, and at least 20 hospitals that staff NDs. One such integrative clinic is Cedarburg Women's Health Center, located in Cedarburg, Wisconsin. The clinic was established by Janice Alexander, M.D. to provide primary care with prevention at the forefront. Michele Nickels, N.D. offers patients an integrative approach to health. The collaboration has been beneficial to both patients and physicians. Patients have seen that both types of medicine are needed for optimal health, and that each philosophy of medicine needs to be practiced by specialists. Dr. Alexander has experienced how knowledgeable NDs are regarding primary care, and has seen substantial results from naturopathic treatments in her patients. Dr. Nickels respects the expertise of Dr. Alexander, significantly benefiting from her mentorship, and discussion of patient cases has been mutually beneficial. Their patients agree that this type of medical care is at the forefront of primary care medicine.

Dr. Nickels also runs a private practice, Integrative Family Wellness Center, located in Brookfield, Wisconsin. The clinic offers conventional family medicine, as well as naturopathic medicine, chiropractic care, acupuncture, and manual therapy. Because of their holistic approach to healthcare and the additional time and attention provided to patients, the clinic has doubled in size in one year. Dr. Nickels emphasizes that patients want this type of primary care, and envisions healthcare moving in this direction as people become more educated and demand having a choice of treatment options (permission from Michele Nickels July 2009).

Another integrative clinic, located in Lokahi, Hawaii, is a partnership between Lokahi Health Center, the private practice Michael Traub, ND, and Pacifica Integrative Skin Wellness Institute, the dermatologic private practice of Monica Scheel, MD. There is much mutual referral between the two businesses. Dr. Traub's patients have access to the expertise of a board-certified dermatologist, and Dr. Scheel's patients have access to NDs who can address concerns that go beyond their dermatological conditions (permission from Michael Traub July 2009).

Resources

For more information, patients and physicians can go to the AANP at <http://www.naturopathic.org/>, the national association for licensed NDs. Additional local resources may be obtained from state naturopathic associations. The websites of accredited naturopathic medical schools (Table 2) provide information specific to naturopathic education. There are also a number of texts that offer information on the practice of naturopathic medicine and its related modalities (List 3).

Key Points

- Naturopathic physicians (NDs) are trained as primary care physicians in 4-year accredited, doctoral-level naturopathic medical schools.
- Currently, there are 15 U.S. states, 2 U.S. territories, and a number of provinces in Canada, Australia, and New Zealand that recognize licensure for NDs.
- NDs are specialists in natural medicine and are trained in potential drug-herb interactions.
- Treatment modalities utilized by NDs include diet and clinical nutrition, behavioral change, hydrotherapy, homeopathy, botanical medicine, physical medicine, pharmaceuticals, and minor surgery.
- NDs work in private practice, hospitals, clinics, community health centers, universities, and private industry.
- NDs often collaborate with conventional physicians in the co-management and mutual referral of patients.
- An increasing number of insurance companies, unions, and state organizations are credentialing licensed NDs.

Key Clinical Recommendation	Strength of Recommendation	Reference(s)
The elimination diet improves clinical signs of inflammation in RA, and augments the beneficial effect of fish oil supplementation.	B	27
Daily use of multivitamins containing folic acid and zinc by women of childbearing age, and the daily use of vitamin E by those over the age of 50 reduces heart disease, birth defects and low weight premature births.	A	29
A "mindful" approach to living is associated with decreases in emotional distress, increases in positive states of mind, and an improvement in quality of life.	A	33
Cold water therapy increases white blood cell counts in cancer patients.	B	35
Cold water stimulations reduce frequency of infection, increase lymphocyte counts, modulate interleukin expression, and improve subjective well-being in COPD.	B	36

Key Clinical Recommendation	Strength of Recommendation	Reference(s)
Hydrotherapy has short-term beneficial effects on pain and HRQOL in fibromyalgia syndrome.	A	42
Nasal irrigation for chronic rhinosinusitis relieves symptoms and augments standard treatment.	A	43
Classical individualized homeopathy shows potential for the treatment of otitis, fibromyalgia, and possibly upper respiratory tract infections and allergic complaints.	B	46
Topical calendula ointment minimizes the adverse effects of radiotherapy-induced dermatitis, and Traumeel S mouthwash minimizes the adverse effects of chemotherapy-induced stomatitis.	B	47
<i>Harpagophytum procumbens</i> (devil's claw), <i>Salix alba</i> (white willow bark) and <i>Capsicum frutescens</i> (cayenne) reduces low-back pain better than placebo.	B	51
<i>Crataegus laevigata</i> (hawthorn leaf, flower and fruit) extract provides benefit in symptom control and physiologic outcomes as an adjunctive treatment for chronic heart failure.	A	52
<i>Hypericum perforatum</i> (St. John's wort) extracts are superior to placebo and similar to antidepressants for major depression with fewer side effects.	A	53
Low-intensity pulsed ultrasonography may benefit the healing of fractures.	B	54
Therapeutic ultrasound may benefit patellofemoral pain syndrome.	C	55
TENS may aid in chronic pain management.	C	56
Collaboration between NDs and MDs has potential benefit for patients	C	62, 63, practice of Nickels M 2009, practice of Traub M 2009

List 1: Principles of Naturopathic Medicine

- The Healing Power of Nature (*Vis Medicatrix Naturae*) – Naturopathic medicine recognizes the body's natural healing ability, and trusts that the body has the innate wisdom and intelligence to heal itself if given the proper guidance and tools.
- Identify and Treat the Causes (*Tolle Causam*) – NDs attempt to identify and treat the underlying cause of illness, rather than focusing on individual presenting symptoms.
- First Do No Harm (*Primum Non Nocere*) – NDs begin with minimal interventions and proceed to higher level interventions only as determined necessary.
- Doctor as Teacher (*Docere*) – NDs educate patients, involve them in the healing process, and emphasize the importance of the doctor-patient relationship.
- Treat the Whole Person – Naturopathic medicine takes into account all aspects of an individual's health including physical, mental, emotional, genetic, environmental, social, and spiritual factors.
- Prevention – Naturopathic medicine emphasizes optimal wellness and the prevention of disease.

Timeline of Pioneers in Naturopathic Medicine

Vincent Priessnitz 1798-1852	Founder of "nature cure," and well-known for his hydrotherapeutic institution in Grafenberg, Germany.
Sebastian Kneipp 1824-1897	Known worldwide for his successful nature cure techniques, which integrated hydrotherapeutic treatments with herbs.
Ernst Schweningen 1850-1924	Established the first nature cure hospital in Grosslichterfelde, Germany.
Heinrich Lahmann 1860-1905	The first nature doctor who graduated from medical school. Dr. Lahmann founded a hydrotherapy sanatorium, which incorporated raw vegetarian diets.
Henry Lindlahr 1862-1924	Naturopath who established a successful sanitarium for nature cure and osteopathy in Chicago, Illinois. Among other scientific contributions, Dr. Lindlahr wrote <i>Nature Cure</i> , which at its time was considered "the best work ever published in Nature Cure Literature."
Franz Schonenberger 1865-1933	The first university professor who introduced nature cure methods into the Priessnitz Hospital in Berlin, Germany.
Louisa Lust 1868-1925	Known as the "Matriarch of Naturopathy," as she was a successful naturopath specializing in the treatment of women.
Benedict Lust 1872-1945	Known as the "Father of Naturopathy" for his combination of nature cure with homeopathy, massage, spinal manipulation and therapeutic electricity.
Otis G. Carroll 1879-1962	Dr. of chiropractic medicine who invented constitutional hydrotherapy and developed the first means for discerning food sensitivities.
Alfred Brauchle 1898-1964	Conducted "The Great Nature Cure Experiment" in the Johannstadter Hospital in Dresden, Germany. This was the first collaboration between natural and orthodox medical providers.
John Bastyr 1912-1995	Dr. of chiropractic and naturopathic medicine who is known as the "Father of Modern Naturopathic Medicine." Dr. Bastyr founded Bastyr University, located in Seattle, WA.

Data from (Kirchfeld F, Boyle W: *Eclectic Therapies. In Nature Doctors: Pioneers in Naturopathic Medicine. Portland, OR, Medicina Biologica, 1994*)

List 2: Naturopathic Therapeutic Order

- 1 Establish the conditions for health
 - Identify and remove disturbing factors
 - Institute a more healthful regimen
- 2 Stimulate the healing power of nature (*vis medicatrix naturae*): the self-healing processes
- 3 Address weakened or damaged systems or organs

Prim Care. Author manuscript; available in PMC 2010 June 11.

- Strengthen the immune system
 - Decrease toxicity
 - Normalize inflammatory function
 - Optimize metabolic function
 - Balance regulatory systems
 - Enhance regeneration
 - Harmonize life force
- 4 Correct structural integrity
 - 5 Address pathology: Use specific natural substances, modalities, or interventions
 - 6 Address pathology: Use specific pharmacologic or synthetic substances
 - 7 Suppress or surgically remove pathology

From Zeff J., Snider P, Pizzorno JE. Section I: Philosophy of Natural Medicine. The Textbook of Natural Medicine 3rd ed. 2006;1(1), with permission.

List 3: Suggested Reading

1. Textbook of Naturopathic Medicine (2-volume set) Third Edition, Joseph E. Pizzorno Jr. N.D., Michael T. Murray N.D.
2. Natural Medicines Comprehensive Database, Jeff M. Jellin, Pharm.D.
3. Woman's Encyclopedia of Natural Medicine, Tori Hudson, N.D.
4. An Encyclopedia of Natural Healing for Children and Infants, Mary Bove, N.D.
5. Plant Medicine in Practice: Using the Teachings of John Bastyr, Elsevier Science 2003, William Mitchell, N.D.
6. Herbal Medicine from the Heart of the Earth, Sharol Tilgner, N.D.
7. Feeding the Whole Family, Cynthia Lair.
8. Anti-Inflammation Diet and Recipe Book, Jessica Black, N.D.

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Table 1

Determinants of Health	
Inborn	Genetic Makeup (genotype) Intrauterine/Congenital Maternal Exposures <ul style="list-style-type: none"> – Drugs – Toxins – Viruses – Psychoemotional Maternal Nutrition Maternal Lifestyle Constitution- determines susceptibility
Hygienic Factors/Lifestyle Factors – How We Live	Environment, Lifestyle, Psychoemotional, and Spiritual Health <ul style="list-style-type: none"> – Spiritual life – Self-assessment – Relationship to larger universe Exposure to Nature <ul style="list-style-type: none"> – Fresh air – Clean water – Light Diet, Nutrition, and Digestion <ul style="list-style-type: none"> – Unadulterated food – Toxemia Rest and Exercise <ul style="list-style-type: none"> – Rest – Exercise Socio-economic Factors <ul style="list-style-type: none"> – Culture – Loving and being loved – Meaningful work – Community Stress (Physical, Emotional) <ul style="list-style-type: none"> – Trauma (physical/emotional) – Illnesses: pathobiography – Medical interventions (or lack of) – Surgeries – Suppressions – Physical and emotional exposures, stresses, and trauma – Toxic and harmful substances – Addictions

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Table 2

Accredited Naturopathic Medical Schools in the U.S and Canada	
School	Contact
Bastyr University	14500 Juanita Drive NE Kenmore, WA 98028 http://www.bastyr.edu/
Boucher Institute of Naturopathic Medicine	300-435 Columbia Street New Westminster, BC V3L 5N8 Canada http://www.binm.org/
Canadian College of Naturopathic Medicine	1255 Sheppard Avenue East Toronto, Ontario M2K 1E2 Canada http://www.ccnm.edu/
National College of Natural Medicine	049 SW Porter Street Portland, OR 97201 http://www.ncnm.edu/
National University of Health Sciences	200 E. Roosevelt Road Lombard, Illinois 60148 http://www.nuhs.edu/
Southwest College of Naturopathic Medicine	2140 E. Broadway Road Tempe, AZ 85282 http://www.scnm.edu/
University of Bridgeport	126 Park Avenue Bridgeport, CT 06604 https://www.bridgeport.edu/

From: [Julia Young](#)
To: [DOH HSQA Sunrise](#)
Subject: Comment against expanding naturopathic scope of practice
Date: Sunday, November 19, 2023 9:51:31 PM

External Email

To whom it may concern,

I'm a community pharmacist for QFC Pharmacies and based on what I have seen throughout my career, I am against expanding naturopath's scope of practice to allow them to prescribe all controlled drugs. The name naturopathic itself is against this expansion as naturopathic medicine is about using "natural" remedies to heal the body. Naturopaths do not choose to go to naturopathic school to prescribe opioids, benzodiazepines, stimulants, or other controls. If they want to prescribe those medications, they should attend a medical school.

I do not believe the arguments for expansion listed in SB 5411 are valid. Expanding their prescribing practices will not relieve strain on our healthcare system, in fact it will worsen it. Prescriptions from naturopaths already add burden to my daily life as a community pharmacist based on improper prescribing practices. While naturopaths argue that they learn about pharmacotherapy and proper prescribing procedures while in school, my experience is that they do not:

- **Understand their current scope of practice and laws regarding their profession** – earlier this year, a naturopath called in a prescription for a benzodiazepine, which they are not legally allowed to prescribe. They wrote it for a full year's worth of medication, while prescriptions for controlled substances expire after 6 months, further demonstrating their lack of understanding of controlled medications. This naturopath attended Bastyr University and has practiced in Washington since they graduated, so they should understand Washington's laws regarding their profession.
- **Know how to write a prescription correctly and lawfully** – two weeks ago, I received a faxed prescription from a naturopath for testosterone gel, which is currently within their scope of practice. However, the prescription did not have the naturopath's DEA number on it, which is required for all controlled medications. Last year, a naturopath sent in a prescription for lisinopril for a patient, but the instructions did not include the daily dose the patient should take. When I called for that information to complete the prescription, the naturopath did not want to give it to me, instead saying "it depends on their blood pressure!". While that may be true, all medications have an upper limit and instructions for patient use need to be specific.
- **Complete proper documentation** – in the section for a patient's allergies on an electronic prescription from a naturopath, the allergy listed was simply "pain medication". There are many classes of pain medications and such a

generalization for an allergy is not safe nor appropriate.

• **Understand commonly prescribed medications** – I received an electronic Paxlovid prescription from a naturopath in June with the instructions “take four tablets once a day for five days”. At that time, Paxlovid had been available for 18 months and it has standard dosing, three tablets (or two if poor kidney function) twice daily for five days. The naturopath’s instructions were far from being correct, showing a lack of understanding for a commonly prescribed drug.

These are just a few examples of poor prescribing practices from naturopaths that I have seen throughout my career. It is not these examples alone that have led me to my conclusions. I am very fearful of what I might see if they were allowed to expand their prescribing scope to all controlled medications. If they already can’t prescribe the medications within their scope correctly and appropriately, how can we trust them to prescribe more tightly controlled, dangerous medications? Patient safety would be at risk!

Finally, and perhaps most importantly, we are in an opioid crisis. There are already too many opioid prescriptions being dispensed and allowing a new set of prescribers access to opioids is just horrifying. As pharmacists, we are responsible for filling opioid prescriptions every day. We are always assessing the appropriateness of opioid prescriptions and are on the alert for red flags that may suggest improper use or improper prescribing. The idea of naturopaths prescribing opioids, benzodiazepines, and other controlled medications is a red flag in itself. If we decline to fill an opioid prescription due to concerns about appropriateness, we are lambasted by patients and prescribers. If naturopaths were able to prescribe opioids, I would never feel comfortable filling them. Additionally, naturopaths argue that they would prescribe opioids to taper patients off them, but in reality, while that may happen, we know we would see them being prescribed for acute and chronic pain treatment too.

I am not alone in my concerns. Every pharmacist I have spoken with since I became aware of this potential change has also been against expanding the naturopathic scope of practice in Washington State. I recently attended a Pharmacy Quality Assurance Commission (PQAC) meeting on this subject and representatives from both the Washington State Pharmacist Association (WSPA) and the Medical Commission also voiced concerns.

Please, please do not allow naturopaths to expand their scope of practice to all controlled medications. It would further burden the healthcare system and put patients at risk.

Please see attached for copies of prescriptions mentioned above.

Julia Young

ARNPs United of Washington State
Comments on the Naturopathic Physician Sunrise Review Application
November 16, 2023

ARNPs United of Washington State (AUWS) appreciates the opportunity to comment on the Washington Association of Naturopathic Physicians application to increase the scope of practice of naturopathic physicians. While AUWS supports global signature authority for naturopathic physicians, AUWS would like to correct some of the information presented regarding advanced registered nurse practitioners (ARNPs) and express concerns regarding the application for increased scope of practice. Questions can be directed to Louise Kaplan, kaplanlouise@gmail.com or 360-485-6387.

Correction of Information Regarding ARNPs

The application states:

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.

All licensed ARNPs who secure prescriptive authority may prescribe based on their scope of practice. This includes nurse practitioners (NPs), nurse midwives, nurse anesthetists, and clinical nurse specialists.

Only the pharmacology content of one NP program is included in the comparison of curricula section. This reference to graduate school curriculum omits the pharmacology content of pre-licensure nursing programs, is incomplete as some NP programs require more than one pharmacology course, and neglects the integration of pharmacology content into other clinical courses.

Concerns Regarding the Increased Scope of Practice of Naturopathic Physicians

Several aspects of the application are of concern.

1. The application states there are 1619 naturopathic physicians in Washington. It is unclear what number of naturopathic physicians prescribe medication. Bastyr University advertises this about naturopaths:

Become a naturopathic doctor at Bastyr University, an accredited naturopathic medical school. This degree program will train you to diagnose and treat disease using a wellness-first, natural model focusing on improving the function of the whole body versus an over-reliance on medications and surgical procedures.

It is unclear what percentage of naturopathic physicians embrace the use of legend (prescribed) drugs and believe it is essential to obtain controlled substance prescriptive authority to provide the care found in the natural model espoused by Bastyr University.

2. The scope of practice increase includes updating language related to minor office procedures and physical modalities however, the application does not address these issues. An overview of these changes needs to be provided, including why they are needed and what preparation the naturopathic physician has obtained.
3. The application states that naturopathic physicians could not be included in SB 5179's Death with Dignity Act revision. The bill changed the reference from physician to qualified medical provider in

both the role of the attending and consulting providers. The application accurately states that the lack of controlled substance prescriptive authority prevents naturopathic physicians from the attending qualified medical provider role. Nonetheless, there would have been no reason not to lobby for the inclusion as a consulting qualified medical provider who confirms the attending's diagnosis, prognosis, and the patient's competency.

4. HB 1851, passed in 2022, added to law physician assistants, ARNPs, and other clinicians as providers who perform or assist in the termination of pregnancy. The application states:

Conversations with legislative champions of this bill revealed that the inclusion of "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.

No reference to the preparation of naturopathic physicians to perform termination of pregnancy procedures is provided. Moreover, many terminations are induced using medication. There is no comment as to why naturopathic physicians could not prescribe for medication-assisted terminations.

5. The application makes the following statement.

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.

Benzodiazepines are not a treatment for alcohol use disorder. They may be used for ambulatory treatment of alcohol withdrawal. This statement raises a concern regarding the appropriate prescribing of benzodiazepines. The application does not adequately address the educational preparation of currently licensed naturopathic physicians, some of whom may have been educated decades ago. It states:

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.

"Many years" needs to be quantified.

In the application it also states:

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.

This suggests that naturopathic physicians educated before 2009 have not received the same pharmacology content. In addition, only two examples of pharmacology curricula are offered at different universities. What pharmacology curriculum is offered to naturopathic physicians educated in a different state? Additionally, the application does not include syllabi for the pharmacology courses which would have allowed review of the actual course content.

6. The application states that naturopathic physicians have safely prescribed since 2005. The application would be stronger if discipline data for prescribing NDs had been included.

My name is Kenneth Dietrich, M.D., MBA. I am the Chief Medical Officer at Summit Pacific Medical Center (SPMC). I have been a practicing physician in Washington State since 1990 and am a Fellow of the American Academy of Pediatrics, and the Society of Critical Care Medicine. I am writing on behalf of myself and Summit Pacific Medical Center.

Summit Pacific Medical Center and I support SB 5411 updating the Naturopathic scope of practice to ensure that patients receive optimal primary care services from Naturopathic Doctors. The reasons we advocate for the passage of these bills include:

1. Experience: Summit Pacific Medical Center is a critical access health system located in rural Grays Harbor County. As a rural health system SPMC experiences the common rural challenges related to providing care with limited resources and providers. SPMC serves an underserved population with less than 50% of the primary care providers needed based on population and national standards. In 2017 SPMC hired two naturopathic doctors (ND) to join its Primary Care Department. These NDs have worked side by side in an integrated model with traditional allopathic providers, including MDs, DOs, ARNPs, and PAs. As part of our peer review and mentoring program, we have conducted quarterly chart reviews of all our primary care providers, including the NDs. These charts are sent for independent outside review by a Family Medicine physician expert. Consistently the NDs perform equally to our allopathic providers in terms of diagnosis, work ups, therapy, documentation, and coding. Their patient panels are not different from other primary care providers and include patients with chronic diseases such as congestive heart failure, diabetes, hypertension, obesity, etc. Through a cooperative integrated model, they are offer the patient both naturopathic and allopathic therapeutic options. Unfortunately, the current prescribing limitations imposed on these primary care providers complicates patient care and requires their allopathic providers to take time out of their schedules to write for the recommended medications.

2. Limited primary care providers: Across the United States rural Americans continue to be challenged because of limited access to primary care services. This is also true for Washington State. To increase the number of primary care providers ARNPs and PAs were licensed to practice primary care. This has resulted in some improvement over historic numbers but there remains a significant gap. There are currently an estimated 40,000 licensed naturopathic doctors throughout the country. These doctors are trained exclusively in primary care and are a potential resource for primary care providers in rural Washington State. However, the current prescribing limitation create a significant barrier to hire NDs to serve as members of their primary care teams for most rural systems. The elimination of this barrier will help to attract more primary care providers to rural Washington.

3. Prescribing Experience: NDs have been licensed for years to prescribe Schedule II, III, IV, V drugs in many states in our country. One such example is Oregon State. Attachment A is a report

on disciplinary action for MD, DO, and ND physicians from 2013-2018 for any cases involving patient care or prescribing concerns. As the report highlights, there have been no difference in disciplinary action of NDs compared to MDs or DOs related to prescribing practices. This is objective evidence that NDs safely and consistently prescribe appropriate medication therapy to their patients. In fact, the NDs appear to be the best performers.

4. Education: Naturopathic Doctor medical school education is similar to that of allopathic medical or osteopathic medical school education. The curriculum includes four years of full-time study (See Attachment B: ND Curriculum). Subjects include physical medicine, pharmaceuticals, clinical training, etc. This curriculum far exceeds the 2-year curriculum of nurse practitioners and physician assistants (see Attachment C). In addition, the NDs clinical training is focused entirely on primary care medicine, which includes the prescribing of medications included in bill SB 5088.

5. Other Opinions: Naturopathic physicians have proven to be effective and safe primary care providers and prescribers. Attached are opinion papers from the National Institute of Health and the Oregon Association of Naturopathic Physicians. The NIH has established the utility and benefit of NDs functioning as primary care providers.

To reiterate, Summit Pacific Medical Center supports the passage of SB 5411. We believe that increasing naturopathic physician prescribing authority will improve patient care and access, reduce redundancy and cost, and improve patient satisfaction. We believe NDs have the knowledge, training, and experience to safely prescribe appropriate evidence-based medicine therapy. We also believe the data support the safe Schedule II-V prescribing experience of NDs.



DATE: November 17, 2023
TO: Sherry Thomas, Policy Coordinator Health Systems Quality Assurance
FROM: Amy McCargar-Davis, Government Relations Analyst
SUBJECT: Comment letter on sunrise review of naturopathic scope of practice

Dear Ms. Thomas,

I am writing on behalf of MultiCare Health System to comment on the Washington State Department of Health's sunrise review of naturopathic scope of practice. While MultiCare supports improving access to high quality health care, we oppose the elements of the proposal, submitted by the Washington Association of Naturopathic Physicians (WANP), that would compromise patient safety and quality of care.

One of those elements includes expanding naturopathic prescriptive authority to include controlled substances in Schedules II-V, which would include opioids, psychotropic drugs, narcotics, stimulants and sedatives. Schedule II drugs in particular have a high potential for abuse and dependence and there is risk for adverse interactions in the context of specific conditions or when these drugs are taken alongside other drugs. Naturopathic physicians do not have adequate training in pharmacology, addiction medicine or the potential risks associated with prescribing such substances. Allowing naturopathic physicians to prescribe controlled substances would jeopardize patient safety.

Another element of WANP's proposal that concerns MultiCare is their desire to update the definition of "minor office procedure" to include primary care services and treatment of minor injuries. Even minor procedures can have complications that must be recognized and properly treated. Naturopaths do not have sufficient depth of training or experience in minor procedures and surgeries to perform them safely.

Every patient deserves to receive care from a practitioner with the appropriate amount of training and education. To protect the safety of our patients and community members, MultiCare urges the DOH to oppose expanding naturopathic scope of practice to include prescribing controlled substances and performing minor procedures.

Thank you for the opportunity to comment on this proposal. If you have any questions, please contact Amy McCargar-Davis, government relations analyst at Amy.McCargarDavis@MultiCare.org.

Sincerely,

Amy McCargar-Davis
MultiCare, Government Relations Analyst
(509) 249-5035



November 16, 2023

To Whom it may concern,

The Naturopathic Academy of Primary Care Physicians (NAPCP) endorses WANP's proposal for expansion of prescriptive rights.

As already stated in WANP's Proposal to Increase Scope of Practice, there are other states with this full expansion (Montana, Oregon, and Vermont) as well as additional states with other expansions. Naturopathic physicians (NDs) in Washington State are recognized as primary care providers yet the restrictions on pharmaceutical prescriptions limit NDs from providing comprehensive primary care services. Washington State has regulated NDs since 1919, longer than any other state in the nation. Primary care shortage is no stranger to Washington State. Expanding prescriptive rights to a provider type who has been trained and can provide high quality and safe comprehensive primary care is of utmost importance at this critical time. It's time to join the other states who are expanding their primary care workforce by including naturopathic physicians as part of the team.

We, the NAPCP, urge the Washington State Department of Health to recommend passage of Senate Bill 5411 to say yes to expansion of prescriptive rights in order to provide safe, effective comprehensive primary care and alleviate the primary care shortage to all Washingtonians.

Sincerely,

NAPCP Board of Directors and Advisory Board

November 16, 2023

To Whom it May Concern,

I am writing this letter to ask you to support the sunrise review of Senate Bill 5411, which aims to modernize the scope of practice for Naturopathic Physicians in Washington State. As a professional in the healthcare sector, my role has allowed me to witness firsthand how naturopathic medicine can contribute significantly to the overall health and well-being of individuals.

In recent years, the demand for comprehensive, patient-centered, and preventative healthcare has grown significantly. Naturopathic Physicians, with their focus on holistic and natural healing, are ideally positioned to respond to these changing needs. However, the current limitations on their scope of practice may prevent them from fully utilizing their skills and expertise to benefit patients.

Naturopathic Physicians are educated and trained in accredited naturopathic medical colleges. They diagnose, prevent, and treat acute and chronic illness, restore and establish optimal health by supporting the person's inherent self-healing process. This unique approach to healthcare, emphasizing prevention, treatment, and optimal health, is invaluable in our current healthcare landscape. Senate Bill 5411 proposes to expand the scope of practice for naturopaths, allowing them to play a more significant role in primary care. This expansion would not only acknowledge their extensive training and skills but also address the shortage of primary care providers in our state.

Senate Bill 5411 proposes to expand the scope of practice for Naturopathic Physicians, allowing them to prescribe any legal medications, perform minor office procedures, and sign common public health forms. This legislation is not about favoring one form of medicine over another, but about giving our citizens access to a broader range of healthcare options. This is particularly important in rural and underserved areas, where access to conventional medical care can be limited.

In conclusion, I strongly support Senate Bill 5411 and the expansion of the scope of practice for naturopathic physicians in Washington State. I believe that this change would improve healthcare access and choices for our citizens, and contribute to the overall health and wellbeing of our community.

Thank you for your attention to this matter.

Sincerely,

Vanessa McLaughlin PA-C and Site Medical Director

Britt Marie Hermes, ND (ret.), PhD
naturopathicdiaries@gmail.com

November 10, 2023

Sherry Thomas
Policy Coordinator
Health Systems Quality Assurance
Washington State Department of Health Sunrise Reviews
P.O. Box 47850 Olympia, WA 98504-7850

Re: Sunrise review on naturopathic scope of practice

Dear Ms. Thomas,

I am a retired naturopathic doctor (ND), and I am writing to express my concerns regarding the Department of Health's sunrise review of naturopathic scope of practice. My experiences attending naturopathic school at Bastyr University and then practicing as a licensed ND in Washington and Arizona have greatly informed my interest in protecting the public from what I consider to be medical fraud and harm by licensed NDs.

Permitting NDs to practice medicine creates unacceptable risks to the public. While the naturopathic field appears to have many attributes of a credible healthcare profession, such as self-accredited educational programs, a licensing exam, and professional organizations, serious issues continue to plague the practices of NDs, stemming from problems with regulatory oversight, a philosophy based on pseudoscience, and lack of rigorous medical training.

I am well-known, and well-hated, by the ND profession. NDs see me as a heretic, a traitor, and an unsuccessful bitter ex-ND with an axe to grind against the profession. This is not true.

Leaving the ND profession was a heart-wrenching decision that filled me grief. In the spring of 2014, I discovered that my boss, also a licensed ND, had been importing and injecting a non-FDA approved medication called Ukraine to cancer patients. I resigned from his practice and reported him to the Arizona naturopathic medicine board and the state attorney general. During my final meeting with him, my former boss informed me that he knew he was operating in the "grey zone" and that this was common in the naturopathic profession. He was right.

Washington state already offers a broad scope of practice for licensed NDs that was achieved by the profession misrepresenting naturopathic education and training to lawmakers. I know this, unfortunately, because I participated in federal lobbying efforts that spread similar falsehoods about naturopathic training and intentionally conflated a naturopathic degree with that of a conventional medical degree. Regarding WANP's proposal to expand its scope of practice, lawmakers should be very skeptical of the information presented to them by the naturopathic profession.

I would like to point your attention to the following facts and figures regarding my own naturopathic training at Bastyr University from 2007-2011:

KEY POINT #1: Naturopaths graduating from Bastyr University receive 561 hours in "primary care" training, but which is not real primary care medicine.

Naturopathic clinical training takes place in a naturopathic teaching clinic, which is an outpatient clinic that caters to a small subset of typically healthy patients. No clinical training takes place in a hospital setting, like it does for medical providers (MDs or DOs).

Clinical training at naturopathic teaching clinics encompasses the diagnosis and treatment of fake medical conditions, such as adrenal fatigue and systemic yeast overgrowth.^{1,2} Typical naturopathic treatments include supplement and diet based “detox” programs, energy medicine like homeopathy, hydrotherapy like colon irrigation, botanical medicines, intravenous injections of vitamins, and very little conventional medicine.^{3,4} In other words, naturopaths are trained to treat the “worried well.” Based on how I, and my colleagues, earned our naturopathic degrees from Bastyr University, I can attest that naturopathic graduates tend to exaggerate or miscalculate their training hours. I calculated my clinical training hours spent in patient care based on my transcript and my student clinician handbook.

Lawmakers and physicians are often told that naturopathic students receive at least 1,200 clinical training hours in primary care medicine. In fact, I personally delivered this falsehood to lawmakers while lobbying on behalf of the ND profession.

After leaving the profession, I calculated 561 direct patient care hours spent at Bastyr’s teaching clinic.⁵ This clinical training is the closest type of training to real primary care medicine but still nowhere near the extensive amount of training that medical doctors, nurse practitioners, or physician assistants receive.

Of the hours that Bastyr provided to me and my classmates in naturopathic training, one quarter of this time was spent in case discussion. The remaining time (561 hours) contained dubious diagnostics and experimental treatments that were so embedded within a pseudo-medical practice that the student clinician becomes confused into thinking that disease can be effectively treated with esoteric treatments.

KEY POINT #2: Naturopaths receive poor training in pharmacology and medical procedures.

Naturopaths graduating from accredited naturopathic schools claim they have adequate training in pharmacology, minor surgery, and medical procedures which should grant them a scope of practice equivalent to primary care doctors. This claim is false. My clinical training included a very small amount of pharmacological experience.

Below, I outlined my required training in pharmacology, minor surgery and medical procedures. It is important to note that this training for each topic occurred in just one course and was taught in a lecture or lab format; material was not reiterated in other classes or in clinical training:

¹ WebMD. “Adrenal Fatigue: Is it real?” <http://www.webmd.com/a-to-z-guides/features/adrenal-fatigue-is-it-real> Accessed 16 Mar 2016.

² American Academy of Allergy, Asthma and Immunology. Physician reference materials: Position statement 14 Candidiasis Hypersensitivity Syndrome. <http://web.archive.org/web/20010609033347/http://www.aaaai.org/professional/physicianreference/positionstatements/ps14.stm#Candidiasis> Accessed 16 Mar 2016.

³ Allen, J. et al. (2011) Detoxification in naturopathic medicine: a survey. *Journal of Complementary and Alternative Medicine* 17(12), 1175-80. <http://www.ncbi.nlm.nih.gov/pubmed/22103982>

⁴ Homeopathy is an archaic medical belief that infinitely dilute substances can treat illnesses. There is no scientific evidence to support its medical efficacy and has been debunked by the global medical community as magic, quackery, and fraud. <https://www.sciencebasedmedicine.org/reference/homeopathy/>

⁵ Hermes, B. (2015) Naturopathic clinical training inside and out. Science-Based Medicine. <https://www.sciencebasedmedicine.org/nd-confession-part-1-clinical-training-inside-and-out/>

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 covered common primary care procedures such as epi-pen injection, intravenous therapy safety issues, nebulizer use, how to use an oxygen tank and CPR/ first aid. This course also covered esoteric and non-conventional medical practices such as provoked urine heavy metal testing, sinus irrigation, naso-sympatico, eustachian tube massage, and ear lavage.⁶

- 33 lecture hours
- No required clinical training
- No clinical competency exam required for graduation or licensing
- This class meets the “16 hours of IV training required” to be licensed as a naturopathic doctor in the state of Washington.

KEY POINT #3: Naturopaths receive less pharmacology training than physician assistants (PAs) and nurse practitioners (NPs).

ND v NP v PA Education Comparison Chart:

	Educational Institution	Loc.	Pharmacology Hours	Homeopathy Hours	Botanical Hours	Manipulation Hours
<i>Naturopathic</i>	Bastyr University	WA	27.5*	88	132	203.5
	National College of Natural Medicine	OR	72	144	96	216
	University of Bridgeport	CT	72	144	144	315
<i>Nurse Practitioner</i>	Long Island University	NY	105	0	0	0
	Vanderbilt University	TN	115	0	0	0
	Ohio State University	OH	101	0	0	0
<i>Physician Assistant</i>	Salus University	PA	90	0	0	0
	Lincoln Memorial University	TN	90	0	0	0
	University of Utah	UT	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.aspx
<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/dcom/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/>

Physician assistants receive far more pharmacology training and apply this knowledge in a very active setting working alongside a physician (MD or DO). 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.

Even with this training, though, physician assistants must always practice under the supervision of a physician (MD or DO). Naturopaths receive less training in pharmacology than physician assistants and thus, 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. Like physician assistants, nurse practitioners are trained in hospitals and medical clinics.

KEY POINT #4: Naturopathic graduates are not required to complete residency training to practice medicine.

Upon graduation from naturopathic school, naturopaths are considered clinically competent by their profession to practice medicine. By any measure according to medical standards, this belief is false.

A key difference between medical school and naturopathic school is that medical school graduates are not considered competent to practice medicine after graduation. Despite seeing a huge number of patients and training for thousands of hours in a hospital, experts agree that medical student clinical rotations do not provide the graduate with enough expertise to practice medicine in *any* specialty.

The medical residency provides the true medical education and experience necessary to competently practice medicine. Medical residents are required to keep track of procedures that are required by the Accreditation Council for Graduate Medical Education (ACGME) for residency completion; for example: central line placement, paracentesis, thoracentesis, lumbar puncture, etc. Medical doctors need to provide this information throughout their career whenever applying for hospital privileges that involve procedures at a hospital. Naturopaths do not have exposure to any of the medical procedures listed above, and do not complete any clinical training in a hospital.

The differences in competency requirements between Ob/GYN residents and naturopathic obstetricians are terrifying. According to the ACGME, medical residents specializing in Obstetrics and Gynecology are required to perform a minimum of 200 spontaneous vaginal deliveries. The ACGME is clear when they state that “achievement of the minimum number of listed procedures does not signify achievement of an individual resident’s competence in a particular listed procedure.”⁷ The Ob/GYN residency program requires the program director verifies that the resident has “demonstrated sufficient professional ability to practice competently and without direct supervision.”⁸ Only after completing this residency, practicing in this field for at least one year and fulfilling other extensive requirements is a medical doctor eligible for board certification in Obstetrics and Gynecology.

According to the American College of Naturopathic Obstetrics (ACNO), an organization that credentials naturopaths to deliver babies, a naturopath only needs their ND diploma or proof of enrollment in a naturopathic medical program, 100 lecture hours in midwifery training, and to attend

⁷ American Board of Medical Specialties. <http://www.abpsus.org/obstetrics-gynecology-eligibility>

⁸ American College of Naturopathic Obstetrics. <http://www.naturopathicmidwives.com/acno/>

15 births to be eligible for the naturopathic obstetrics “specialty” examination.⁹

I think the drastic differences in clinical training speak for themselves: an MD Ob/GYN *performs* at least 200 births and an ND midwife *attends 15*.

KEY POINT #5: Naturopaths do not follow medical standards of care.

Unlike medical professionals, naturopaths do not have standards of care based on medical science. Instead, there is a community standard that is based on naturopathic licensing laws in licensed states. In the state of Arizona, for example, a naturopathic community standard is based on what is taught in naturopathic schools and any practice used by two or more naturopaths.¹⁰ This means that any two naturopaths in Arizona using hydrogen peroxide intravenously to treat cancer is considered a standard and acceptable practice by naturopathic regulatory agencies. As a result, state licensing boards do not hold naturopaths to the same rigorous medical standards as licensed medical professionals. In fact, practices that are disallowed by medical licensing boards, which could result in severe sanctioning, are paradoxically allowed in a naturopathic practice.

Another example of a naturopathic community standard comes from Bastyr University for the treatment of angina (severe chest pain caused by inadequate blood supply to the heart), which includes a variety of dubious treatments: 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; 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. Bastyr has a closed database of medical conditions and how they are treated with such esoteric therapies, usually without regard for medical standards of care.

According to any medical doctor, none of these treatments are indicated for angina. In fact, mistreating angina can lead to life-threatening complications, including a heart attack.

In 2015, the American Association of Naturopathic Physicians published “Guidance Regarding Naturopathic Practice and Care” online¹¹. A key principle in naturopathic treatment is “individualized” care. On the surface, this concept sounds nice, as though the profession advocates for flexibility and the bending of oft-perceived rigid medical therapies to best fit the patient. But in practice, the principle of individualized treatment translates into permitting naturopaths to employ virtually any therapy under the sun, alternative or otherwise, all in the name of treating the individual. As a result, it is not uncommon to find licensed naturopaths using different combinations of herbs, homeopathic remedies, and pharmaceuticals for the treatment of the same diagnosis.

Indeed, naturopathic treatments are essentially like picking dubious therapies out of a hat, rather than relying on widely accepted medical science. This is how naturopathic students are taught to practice.

⁹ American College of Naturopathic Obstetrics. <http://www.naturopathicmidwives.com/acno/>

¹⁰ American Naturopathic Clinical Research Institute. <http://naturopathicstandards.org/goals-purpose-mission-statement/>

¹¹ AANP Guidance Regarding Naturopathic Practice and Care

https://cdn.ymaws.com/naturopathic.org/resource/resmgr/documents/governance_docs/guidance_of_care_document_fi.pdf

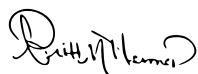
Please do not Support Scope Expansion for Naturopathic Doctors

Based on their educational and training shortcomings, it is my opinion that naturopathic doctors are not qualified to practice medicine in any capacity. Measures should be undertaken to narrow the scope of practice for NDs and limit the autonomy of the regulatory board. My recommendations include:

- 1) NDs must adhere to the same ethical guidelines for physicians (MDs and DOs), physician assistants, and nurses. NDs often craft unique ethical guidelines and “standards of care” that dangerously deviate from principles in medical professions.
- 2) The use of non-FDA approved medications and devices should be prohibited, under all circumstances, including off-label prescribing and use in research studies.
- 3) NDs should not be allowed prescribe pharmaceutical drugs or manage existing medications.
- 4) NDs should not be allowed to perform injections or minor office procedures of any kind.
- 5) NDs should not be allowed to perform any act that penetrates the vagina, anus, or urethra.
- 6) NDs should be required to take the same number of annual hours of continuing medical education courses that are approved by the Board of Medicine or Board of Osteopathic Medicine.
- 7) The board that oversees NDs should be composed of a minority of NDs. Other members should be licensed medical professionals (MD, DO, PA, RN, CRNP) who have no relationships, personal or professional, with NDs.

Thank you for your consideration.

Sincerely,



Dr. Britt Marie Hermes, PhD

Further resources on naturopathic medicine:

Dr. Kimball Atwood, IV, MD. 2003. Naturopathy: A critical appraisal.

<http://www.medscape.com/viewarticle/465994>

Dr. Robert Carroll, PhD. 2015. The Skeptic’s Dictionary: Naturopathy.

<http://skepdic.com/natpathy.html>

Dr. David Gorski, MD, PhD. 2011. Naturopathy and Science.

<https://www.sciencebasedmedicine.org/naturopathy-and-science/>

Britt Hermes, ND. 2015. Naturopathic clinical training inside and out.

<https://www.sciencebasedmedicine.org/nd-confession-part-1-clinical-training-inside-and-out/>

Britt Hermes, ND. 2015. Naturopathic Diaries: Confessions of a former naturopath.

<http://www.naturopathicdiaries.com>

Dr. Stephen Barrett, MD. 2013. A Close Look at Naturopathy.

<http://www.quackwatch.com/01QuackeryRelatedTopics/Naturopathy/naturopathy.html>



The Oregon Association of Naturopathic Physicians (OANP) is urging your support of Senate Bill 5411. SB5411, as introduced, would increase Washington Naturopathic Doctors' (NDs) prescriptive authority to include controlled substances in Schedules II through V of the Uniform Controlled Substances Act. SB5411 also requires Washington NDs to register with the state Prescription Monitoring Program (PMP).

The OANP appreciates the current opioid public health crisis and SB5411 can help to address this epidemic by allowing NDs in Washington to provide the necessary care for their patients desiring to wean off their opioids or other controlled substances. Currently, if a patient is interested in tapering off their opioid medications, they have to be referred to another provider which creates delays in their care and also increased costs to the healthcare system. Naturopathic doctors in Washington are uniquely qualified to work with this patient population by concurrently offering alternative treatments to manage pain as well as reduce symptoms associated with tapering medications, thereby increasing the likelihood of patient success.

The OANP also appreciates the prevalence of opioid use disorder nationwide and SB5411 will help to address this illness. Currently in Washington NDs can screen, but not treat, opioid use disorder. SB5411 along with the recently passed CARES Act will allow NDs to start treating patients who have been diagnosed with opioid use disorder, increasing access for patients suffering from this condition.

The OANP would like to acknowledge the work of states like Oregon and Washington in aiding the integration of the PMP into providers' electronic health records systems. This work makes it simple for providers to check the PMP before prescribing controlled substances without any additional financial burden. Currently, Oregon providers are advised to check the PDMP (Oregon's version of the PMP) before prescribing controlled medications. Oregon NDs actively participate in policy decisions with a designated seat on the PDMP Advisory Commission and representation on the Oregon Pain Management Commission. Oregon NDs are also encouraged to counsel patients and family members on proper administration of naloxone for opioid overdose. Granting Washington NDs expanded prescriptive authority has the potential to provide meaningful benefit to the state and to encourage responsible medical care for patients.

The passage of SB 5411 would align the scope of practice of Washington-licensed NDs with that of NDs in Oregon. As primary care providers, Washington NDs should be able to practice to the full scope of their license and patients should not have to endure interruptions in care or increased costs brought about by

current formulary limitations. We encourage the Washington State Department of Health to recommend that the Washington State Legislature pass SB5411 on behalf of Washington-licensed naturopathic physicians and the patients they serve.

Thank you for your consideration.

Oregon Association of Naturopathic Physicians
Board of Directors

From: [Shannon Hirst](#)
To: [DOH HSQA Sunrise](#)
Subject: SB 5411
Date: Tuesday, November 14, 2023 2:18:02 PM
Attachments: [Cover letter final.pdf](#)
[Analysis Final.pdf](#)
[CANDJ-29-7 Pantuso \(2\).pdf](#)

External Email

I am submitting documents that I sent to the Board of Naturopathy as part of the CE rules update process over the last 3 years. In these documents is an analysis of some income reports from within the ND field in light of some federal earnings data which was just made available. I have also included a perspective written regarding the BON rules process. I believe that it is time for open, transparent communication within naturopathy, and then with the greater healthcare community, on a great many things. I am concerned that the foundational supports for increased privileges are not currently in place.

It might be additionally important for anyone reviewing the scope increase to view the meeting notes from the BON for the last 3 years and particularly the results of the survey they conducted this last spring in preparation for the June special workshop. I have not attached these as the records request is taking substantial time to be processed.

Thank you,

Shannon Hirst, ND

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Analysis of the Association of Accredited Naturopathic Medical Colleges' 2015 and 2020 Graduate Success and Compensation Studies

Shannon Hirst, ND, and Traci Pantuso, ND, MS

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INTRODUCTION

College Scorecard was launched by the Obama administration to help prospective students better compare higher education options through access to data (1,2). Michael Itzkowitz, former director of College Scorecard, went on to form The HEA Group (HEA), a private sector “research and consulting agency focused on college access and success” (3). HEA recently published debt-to-earnings (D/E) ratios for graduate programs using federal College Scorecard median earnings data four years after graduation (3,4). **Naturopathic doctoral (ND) schools**

ranked among the highest D/E ratios for graduates out of the 1,661 institutions and 6,371 graduate programs included (3,5). Published income figures from the Association of Accredited Naturopathic Medical Colleges (AANMC) appear to contrast with the College Scorecard median earnings used to calculate the HEA D/E ratios (6,7). As an example, the 2020 AANMC Study was published around the same time the College Scorecard year-four earnings used in the HEA analysis were collected. The comparison is below. Table 1 (3,4,6).

Comparison of HEA Cohort Year-Four Median Earnings (2018-2020) with AANMC Overall Average Income Reported in 2020.

School	HEA Cohort Year-Four Median Earnings ^a	Difference Between Year-Four Median Earnings and 2020 AANMC Average ND Income (\$95,642) ^{a b}
National University of Natural Medicine	\$34,431	-\$61,211
Bastyr University	\$43,703	-\$51,939
Sonoran University of Health Sciences	\$38,297	-\$56,345
National University of Health Sciences	\$35,127	-\$60,515

^a HEA utilized College Scorecard Median Earnings data 4 years after the cohort completed their graduate program (3,4)

^b Quoted overall average income from the AANMC 2020 Graduate Success and Compensation Study for the US only (6)

Table 1. HEA cohort federally reported year-four (2018-2020) median earnings among graduates of all currently operational US ND schools are less than the AANMC overall average income from 2020.

While one would expect differences in studies that may be drawn from somewhat different pools, the degree of difference coupled with just how low the College Scorecard sourced earnings are, led us to see if we could clarify these inconsistencies. We started by reviewing the AANMC Graduate Success and Compensation studies from 2015 and 2020. Some references were only accessible through the Wayback Machine website which has archived internet files available. We contacted the AANMC for questions we could not clarify through references, however not all questions were answered. In some instances, we attempted to use College Scorecard sourced data, to the best of our understanding, to compare values of the Success Studies to see if they resulted in any further clarity. This analysis focuses on the currently operational ND schools in the United States. We offer this as an invitation for further discussion.

1.0 ND Salaries and ND Profession Comparisons (US Only)

1.1 Basic definitions of income:

Together, the 2015 and 2020 Success Studies use multiple words to describe money including: income, salary, pay, and compensation (6,7). Both study reports state the majority of respondents own or co-own their practice (6,7). Ownership entails expenses. The AANMC has confirmed via email that they were reporting personal, gross, pre-tax income; however, they have not answered, despite requests for clarification, whether this gross, pre-tax income data is before or after expenses (8,9). **It remains unclear how the income numbers in either study relate to net income.**

1.2 Averages:

Together, the 2015 and 2020 Success Studies use multiple words to describe averages including: average, mean, and median (6,7). **While medians are available, average/mean values are used in discussions and comparisons throughout both the 2015 and 2020 study reports; although medians are the convention** (6,7). The medians in both AANMC studies are lower than the means/averages (6,7). As the mean/average is influenced by values that are overly high or low, income figures are conventionally reported as medians to protect the central value from being skewed (10). Of note, in the 2020 study, the median incomes for full-time work are presented after the average (which is higher), and they are in lower contrast colors than the average income values (6).

2020 AANMC Study Average and Median Full-time Incomes by Patient Contacts Per Week.

Number of Patients per week^a	Full-time Average Income^a	Full-time Median Income^a	Difference between Median and Average
11-19	\$80,814	\$60,000	-\$20,814
20-39	\$122,535	\$97,000	-\$25,535
40-59	\$146,621	\$108,500	-\$38,121

^a Data from 2020 AANMC Graduate Success and Compensation Study (6)

Table 2. Median full-time incomes per patient number per week are decreased from the averages.

1.3 Pre-enrollment vs postgraduate income comparisons:

The 2015 AANMC study report compares average annual incomes prior to starting ND school (\$38,857) versus full-time work using the ND degree (\$89,392) (7). The difference in this pre-enrollment and postgraduate income is referred to as an “increase in earning potential” (7). With no citations for this information, it is difficult to tell exactly how these earnings before and after attending school relate to each other in time. **We do know that the HEA analysis cohort graduated between 2013-2015 (3,4). If we check back with their year-four postgraduate earnings in 2018-2020 and compare this to what the 2015 AANMC has offered as average pre-enrollment income in 2015, there is little difference between the reported pre-enrollment vs year-four median earnings data for this cohort (3,4,7). One difference of note is the student debt accumulated while in school (3,4).**

Comparing HEA Cohort Year-Four Median Earnings (2018-2020) and 2015 AANMC Average Income Prior to Attending ND School.

ND School	HEA Cohort Year-Four Median Earnings^a	HEA Cohort Year-Four Median Earnings vs 2015 AANMC Average Pre-enrollment Income (\$38,857)^{a b}	Median Stafford/Grad PLUS Loans For HEA Cohort Graduates^c
National University of Natural Medicine	\$34,431	-\$4,426	\$263,594
Bastyr University	\$43,703	+\$4,846	\$300,530
Sonoran University of Health Sciences	\$38,297	-\$560	\$224,000
National University of Health Sciences	\$35,127	-\$3,730	\$203,837

^a HEA utilized College Scorecard Annual Median Earnings data four years after the cohort completed their graduate program (3,4)

^b Quoted average pre-school income from the AANMC 2015 Graduate Success and Compensation Study for the US only (7)

^c HEA cohort Median Stafford/Grad PLUS loan debt at the time of graduation (2013-2015) taken from College Scorecard. This debt represents graduate-level student loans for doctoral/first professions graduates of the associated school and does not include undergraduate debt or accumulated interest. (3,4)

Table 3. HEA cohort Median Annual Earnings at year-four (2018-2020) compared to 2015 AANMC Average Pre-enrollment Income appears to show graduates making similar incomes but with substantial accrued student loan debt.

2.0 Other Health Industry comparisons (US Only)

2.1 Student Debt:

There is a considerable difference between the HEA cohort’s median student loan debt (\$203,837-\$300,530) compared to the 2015 AANMC reported debt of **\$167,156 as “the average amount of student loan debt accrued in ND school.”** Table 4 (3,4,7). Although it is unclear if the 2015 AANMC average student debt can be directly compared to the HEA data as there is no citation given for the \$167,156 amount, we do know that **the HEA cohort’s graduating debt was recorded within a year or two (2013-2015) of the 2015 AANMC publication** (3,4,7). Their median Stafford/Grad PLUS loan debt at the time of graduation is taken from College Scorecard (3,4). This debt represents graduate-level student loans for doctoral/first professions graduates of the associated school and does not include undergraduate debt or accumulated interest (3,4).

Comparison of 2015 AANMC Study Average ND Student Debt and HEA Cohort Median Stafford/Grad PLUS Loans Upon Graduation

School	Median Stafford/Grad PLUS Loans from HEA cohort ^a	Difference in HEA cohort vs 2015 AANMC student debt data (\$167,156) ^{a b}
National University of Natural Medicine	\$263,554	+\$96,398
Bastyr University	\$300,530	+\$133,374
Sonoran University of Health Sciences	\$224,000	+\$56,844
National University of Health Sciences	\$203,837	+\$36,681

^a The HEA Group cohort median Stafford/Grad PLUS loan debt at the time of graduation (2013-2015) taken from College Scorecard. This debt represents graduate-level student loans for doctoral/first professions graduates of the associated school and does not include undergraduate debt or accumulated interest. (3,4)

^b Average ND student debt from 2015 AANMC Graduate Success and Compensation Study for US only (7)

Table 4. The HEA cohort displays a substantially higher student loan debt than the 2015 AANMC report.

The AANMC report then goes on to compare the ND student loan debt to conventional medical student (MD) loan debt. Table 5 (7,11,12).

Quoted ND and MD Educational Debt From the 2015 AANMC Success Study

Study	Quoted Average ND Debt ^a	Quoted Average MD Debt ^b	Difference in ND vs MD Debt ^{a,b}
2015 AANMC Study	\$167,156	\$190,053	-\$22,897

^a No citation given. Unclear if total higher education debt or debt isolated to ND program.

^b From cited references(11,12). Unclear if this represents total higher education debt or is isolated to MD program.

Table 5. Quoted Average ND Debt is \$22,897 less than the Average MD debt.

It is unclear if the quoted AANMC ND debt is isolated to attending ND school only, or if it is an aggregate of all a student's higher education debt. **If it represents ND school debt only, the MD comparison references include tables with combined pre-med and medical school debt, or the reference has used the word "aggregate debt"** (11,12). The Association of American Medical College's (AAMC) reference has further separated loan amounts into private, public, and combined institution types (12). If these are the primary references used, it is unclear if the AANMC has consistently sourced its debt comparisons from a single field or table; meaning that isolated and aggregate debt for private and public schools could be mixed and matched (7, 11,12).

2.2 References:

The two MD student debt references used for this 2015 comparison of ND versus MD student debt contain relevant information not introduced in the AANMC study report (11,12). In the 2011 article published in Academic Medicine, Greyson et al. call medical student debt "a problem of national importance," stating, "current mechanisms for student's educational financing may not withstand debt levels above a certain ceiling which is rapidly approaching" (11). The reference further draws attention to ambiguity regarding "consensus on the true cost of educating a medical student, which limits accountability to students and society for these costs" (11). **This reference is a warning about how medical student debt is approaching an unsustainable crisis point.** The authors go on to suggest a number of interventions for combatting increasing debt loads including: expanding forgiveness programs like PSLF, requiring accountability from financial aid officials for excessive award amounts, and allowing students to work while in school (11). **The second medical debt reference is the AAMC outline of medical education costs in 2014** (12). **This reference reports that 40% of 2014 MD grads plan to use a loan forgiveness/repayment program, and the document includes a full page of possible repayment scenarios** (12). There is no discussion of loan repayment or loan forgiveness in the 2015 AANMC study report despite the use of these references.

2.3 Health Industry Incomes:

The 2020 study presents a health industry salary comparison chart labeled “Average Full Time Salary by Number of Patients Per Week”(6). They report average ND incomes of \$146,621 for 40-59 patient contacts a week, \$122,535 for 20-39 patient contacts per week, and \$80,814 for 11-19 patient contacts per week (6). This is compared to \$225,000 for MD/DO salary for 80-99 contacts per week, chiropractors with \$150,000 and 120-139 patient contacts per week, and finally acupuncturists with \$70,000 for 20-39 patient contacts per week (6). Multiple references are cited for the comparison (13,14,15,16,17,18).

2.3.1 Incomes used in the comparison

ND income type remains unclarified. There is an unresolved question whether the averages for ND incomes for 3 patient contact designations represents income before or after expenses (8,9).

It is unclear if the chart is comparing similar types of income from the other healthcare fields. Emails were sent to the AANMC to ask if the other health field incomes listed in the figure were the same income type, with respect to taxes and expenses, as the ND income. They responded, “We unfortunately do not have additional information regarding exactly how other professions asked their questions, but the AANMC gave our best effort to access similar data whenever possible” (8).

An email to the American Academy of Family Physicians (AAFP) resulted in the question they used for their income survey. The AAFP question was: “What was your take home pay before taxes, or net individual income before taxes” (13,19)?

The American Association of Colleges of Osteopathy (AACOM) reference is a 2019 collection of data on the graduating class of 2019 (14). Incomes listed are for what they may *expect* to make 1, 5, and 10 years after their residencies. **The study population in this report is not yet in the workforce and does not have an associated number of patient contact hours** (14,9). Future income projections are listed in a table labeled, “Expected Net Income” (14).

Chiropractic references, while not definitive, do contain some specific income language (15,16). One used the terms “earnings after tax deductible expenses but before taxes” for business owners, and “the sum of salary, bonuses, and retirement/profit sharing” for employees (15). The other used “median annual wage” and specifically excluded, “..self-employed workers or owners and partners of unincorporated businesses” (16).

2.4 References Revisited:

While it is unclear what the AACOM reference can contribute to the salary comparison data due to its survey population, **it, like the AAMC debt reference cited in the 2015 study, includes important information about loan forgiveness/repayment that is not presented in the AANMC report** (14,12). In this 2018-2019 AACOM survey, about 50% of graduating seniors planned to use a loan forgiveness/repayment program (14). This reference also provides information on types of forgiveness programs as well as scholarships and grants used to pay for their medical education (14).

3.0 Odds and Ends

3.1 General Comparability of 2015 and 2020 Study Reports:

The two studies differ in basic definitions of work. The 2015 study defines work relative to full time status, and the 2020 study defines work relative to part time status (6,7). The hours used as the cutoffs for full time vs part time are different in the 2015 vs 2020 studies (6,7).

3.2 Time to Employment Measurement:

The AANMC presents time to employment percentages in both the 2015 and 2020 studies (6,7). Naturopathy is highly entrepreneurial. The studies report the majority of respondents own or co-own a practice (6,7). It is unclear, in naturopathic medicine, if “finding employment” is synonymous with “getting a job” as in other fields. **Clarification may be required to determine if some respondents defined “finding employment” as simply finding rental space or other administrative milestones in starting a business.** Similarly, starting a business may not equate to taking home any income from it. Graduates may work additional unrelated jobs to feed the expenses of their practice and their families. It is unclear how finding employment equates to income from use of the ND degree.

3.3 Duration of Practice:

The 2015 study states of its respondent population that “...65% have been in practice up to 10 years” (7). “Up to ten years” can include all years between 0 and 10 years. It is unclear the percentage of people practicing for 10 years. They go on to say, “so[,] many of the participants graduated in 2005 or later” (7). Again, “2005 or later” can include all years between 2005 and the date of the survey. **It is unclear how many people had been practicing for any given number of years.**

4.0 Glossary of Acronyms

- **AACOM:** American Association of Colleges of Osteopathic Medicine
- **AAFP:** American Academy of Family Physicians
- **AAMC:** Association of American Medical Colleges
- **AANMC:** Association of Accredited Naturopathic Medical Colleges
- **DO:** Doctor of Osteopathic Medicine
- **HEA:** The HEA Group
- **MD:** Doctor of Medicine
- **ND:** Naturopathic Doctor
- **NUHS:** National University of Health Sciences
- **NUNM:** National University of Natural Medicine
- **PSLF:** Public Service Loan Forgiveness

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Contested Continuing Education Changes in Washington State Highlight Problems within the Naturopathic Doctoral (ND) Profession



Shannon Hirst,¹ ND, and Traci Pantuso,² ND, MS

Recently, the Board of Naturopathy (BON) in Washington State (WA) updated the continuing education (CE) requirements for WA Naturopathic (ND) license renewal. The requirements went from 20 credits per year to 60 credits every two years, with 15 being pharmacology content¹ (Table 1). These changes to the CE requirements for license renewal in Washington State have created quite a commotion.

At face value, it appears this increase in CE is a routine update for a state where NDs have a primary care scope of practice that includes prescriptive rights, routine conventional diagnostic tests, and some conventional interventions.¹ However, a unique stipulation of these 60 credits is that 20 (33%) of them must be satisfied through content approved by a select few naturopathic organizations chosen by the BON.¹ These 20 credits were assigned their own category, called Category 1¹ (Table 1). The ND organizations designated to approve these credits are the American Association of Naturopathic Physicians (AANP), its state affiliate, the Washington Association of Naturopathic Physicians (WANP), the North American Naturopathic Continuing Education Accreditation Council (NANCEAC), and the Accredited Naturopathic Medical Schools.¹ There has been significant pushback against requiring naturopathic CE hours, and active attempts to amend this rule have now entered their second year. At the time of writing, they remain unresolved. The authors believe this ongoing debate is of interest to the entire ND profession, and this commentary is intended to inform and promote discourse among the international naturopathic community regarding issues of policy, scope of practice, and professional integrity.

Washington State was one of the first states to regulate naturopaths, and it is served by its own BON. The BON is an authority within WA's Department of Health that regulates the safety and competency of NDs in the state. It is made up of four naturopaths and two members of the public. The BON has been working on updating the CE requirements for a number of years. In response to the CE updates, licensees raised concerns with the BON about

the content and quality of CE that is necessary to practice with a primary care scope of practice and the ability for Category 1 naturopathic CE to efficiently fulfill these needs. The primary care scope of practice in WA state for NDs includes routine diagnostic and treatment interventions,² in contrast to the more specialized scope of practice for Canadian NDs.³ The BON responded in a letter with the following statement: "the Board feels strongly that naturopathic accrediting organizations are the best means to ensure substantiation of naturopathic principles in continuing education content. Without such affirmation, the practice of naturopathic medicine is at risk of erosion of the very fundamentals that set it apart from allopathic doctrine" (Chad Achstgen, ND, Chair, Board of Naturopathy, State of Washington Department of Health, letter, March 19, 2021).

After the BON made its position clear, WA ND licensees were surveyed through Survey Monkey regarding practice and CE preferences to provide data to the BON. The survey allowed open-ended responses to the BON assertion that mandating naturopathic CE would inhibit erosion of the naturopathic profession.⁴ The results of the survey demonstrated that 91.2% of the 125 ND survey respondents are providing primary care services to their patients, that they generally approve of increasing CE credits for licensure and agree with conventional definitions of primary care, and that they participate in a wide array of CE courses that include both conventional and naturopathic content.⁴ The majority of respondents, however, remain opposed to the Category 1 requirement and expressed concerns specifically over the BON statement that the profession is at risk without it.⁴ A rebuttal letter with over 100 licensee signatures was sent to the BON subsequent to the survey urging the BON to reconsider its position.

The question these survey results bring up is this: how is it that naturopathic licensees are both making use of naturopathic CE and also deeply opposed to requiring it? As unique providers in a greater healthcare system, it might be logical to ask under what circumstances CE specific to that unique field would not be

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TABLE 1 Continuing education requirements for Washington State Naturopathic Doctors (ND) prior to 2021 and from 2021 onward.

Time period	Category	Hours Required	Maximum Hours Allowed	Accreditor
Prior to 2021	No Categories—only diagnosis and therapeutics in RCW 18.36A.040 shall be eligible for credit.	20/year	No maximum	None Required
As of 2021	1	20/2 years	60	AANP, ^a WANP, ^b NANCEAC, ^c ND Schools.
	2	0–40/2 years	40	Accredited entity, nationally recognized (ACCME, ^d ANCC, ^e ACPE ^f)
	3	0	5	None required
	Pharmacology	15/2 years		Same as Category 1 and Category 2 accreditors

RCW = Revised Code of Washington.

^a American Association of Naturopathic Physicians

^b Washington Association of Naturopathic Physicians

^c North American Naturopathic Continuing Education Accreditation Council

^d Accreditation Council for Continuing Medical Education

^e American Nurses Credentialing Center

^f Accreditation Council for Pharmacy Education

required? Valid concerns were raised about the limited catalogue of CE offerings compared with conventional content on multiple platforms and the equitable pricing of naturopathic materials. Many licensees also pointed to the static nature of naturopathy due to lack of field-specific research. However, the authors believe that the primary care scope of practice status of WA licensees, with the clear legal and ethical responsibilities such status carries, is the source of the fundamental resistance.

In addition, the authors believe that the field of naturopathic care is indeed at risk of erosion, but not due to WA NDs not being required to take 20 CE units from naturopathic-approved organizations. After much thought and deliberation, the authors have come to the conclusion that the real threat to the profession is the ongoing failure to fully address potential field-specific conflicts of interest (COI). This has created a breakdown of trust within the profession itself. “The central goal of conflict-of-interest policies in medicine is to protect the integrity of professional judgment and to preserve public trust...”⁵ Without consensus on a patient-centred, preventive ethical structure in naturopathic medicine, there is a lack of a reassuring standard for the professional integrity of naturopathic CE materials. The authors would go a step further and suggest that an additional goal of COI policies is preserving trust within the profession itself.⁵ While most people are familiar with this concept as it relates to financial conflicts, as they are the most responsive to regulation, a conflict can really arise from any interest, legitimate or improper, that impacts the primary interest of providers when they are in their professional role.^{5,7}

In conventional medicine, primary interests are clearly declared in altruistic terms such as patient welfare or scientific integrity.^{5,7} In contrast, the recently released World Naturopathic Federation Health Technology Assessment for naturopathy describes the profession as defined by philosophies, principles, and theories.⁸ Patient welfare as a primary interest is not overtly declared or expanded upon beyond the naturopathic principles. This omission creates vulnerability to COI in naturopathy—vulnerabilities both shared with the greater healthcare community and those unique

to the field. Examples of additional unique COI vulnerabilities in naturopathy include lack of consensus on naturopathic standards of care, substantial student loan debt in the context of a primarily entrepreneurial profession within healthcare,⁹ and a general lack of field-specific research.⁸ Even the financial investments in naturopathy are unique, coming from sources such as supplement companies, manufacturers of alternative laboratory tests, and compounding pharmacies, all of which have varying levels of outside regulation or research and few established boundaries for their involvement in educational materials.

In the absence of well-established ethical structures and ND-specific standards of care, it is difficult to ascertain the degree to which any number of these interests could shape CE content, and in what ways. It is easy to see where NDs with primary care scope of practice and shared legal and ethical interests with conventional medicine would find themselves reluctant to be required to navigate this landscape in its current form.

Ethics and underlying COI frameworks exist to reinforce the altruistic root of the conventional medical profession, where significant resources have been invested into developing consensus.⁵ They form the consistent backbone for conventional policy decisions in regulation, education (including CE), and professional conduct.⁵ The field of naturopathic medicine has not yet undergone the same self-reflective process as conventional medicine of declaring its purpose and ethical tenets in relationship to the public. Naturopathic medicine is unique, but it has not yet defined itself beyond its principles and theories, unlike conventional medicine. This is a serious, unfinished, issue that impacts not just CE but the sustainability of naturopathy as a whole. It is surmountable, however, and represents a profound opportunity for the profession to invest intellectual labour in developing an ethical framework for itself that is unique, preventive, and patient-centred—all concepts that naturopathy has hoped to espouse. It would be no small undertaking, but in committing itself to the process of declaring fundamental ethical tenets, the field would be offering a promise of significant goodwill to both the public and those within the profession itself.

AUTHOR AFFILIATIONS

¹ Sammamish Valley Natural Medicine, Woodinville, WA, USA; ² Bastyr University, Seattle, WA, USA.

ACKNOWLEDGEMENTS

Not applicable.

CONFLICTS OF INTEREST DISCLOSURE

We have read and understood the *CAND Journal's* policy on conflicts of interest and declare that we have none.

FUNDING

This research did not receive any funding.

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From: [Traci Pantuso](#)
To: [DOH HSQA Sunrise](#)
Subject: Additional Documents for Review
Date: Friday, November 17, 2023 2:44:41 PM
Attachments: [Analysis of the Association of Accredited Naturopathic Medical Colleges' 2015 and 2020 Graduate Success and Compensation Studies.pdf](#)
[CANDJ-29-7 Pantuso.pdf](#)

External Email

In addition to my previous comments I have attached a few documents of interest and a blog post by Les Witherspoon that may be of interest.

<https://ebm-nd.org/naturopathic-medicine-high-student-loan-debt-low-income/>

<https://ebm-nd.org/wa-board-of-naturopathy-april-meeting-on-continuing-education/>

<https://ebm-nd.org/board-games-wa-state-naturopathic-continuing-education-edition/>



American Urological Association



November 20, 2023

Sherry Thomas
Policy Coordinator
Health Systems Quality Assurance

RE: Sunrise Review on Naturopathic Scope of Practice

On behalf of the American Urological Association, Inc. (AUA) and the Washington State Urology Society (WSUS), we are writing to thank you for the opportunity to provide comments on the Department of Health's (Department) sunrise review of naturopathic scope of practice. The AUA represents 12,660 urologists nationwide, including 219 urologists represented by the WSUS. Our mission is to promote patient safety through the highest standards of urological clinical care through education, research, and the formulation of health care policy, and we believe that the Washington Association of Naturopathic Physicians' (WANP) proposal is inappropriate and strongly urge the Department to oppose it to protect patient safety and quality of care. While there are many elements in the application, based on our recent experience with the WANP and the Board of Naturopathy (Board) regarding vasectomies, we are focusing this letter on the "minor office procedure" portion.

Over the past year, the WANP has argued that the minor office procedure provision in the current scope of practice for naturopathic providers includes surgical services such as vasectomies and has requested an opinion from the Board of Naturopathy in alignment with its position. In a letter dated July 23, 2022, the WANP states:

As with in-clinic abortions, the WANP believes vasectomies are within the current scope of licensed naturopathic physicians, given the relative simplicity of this procedure. We are seeking confirmation of this from the Board.

During its May 12, 2023 meeting, as a result of advocacy from concerned stakeholders such as AUA and WSUS, the Board reluctantly amended its previously established opinion and concluded that vasectomies fall outside the scope of practice of naturopaths. The Board goes on to state in a letter to the Washington State Medical Association that "...that the practice of vasectomy was not included by the legislature in drafting RCW 18.36A as it is currently written."

The legislature did not include vasectomy under the current minor office procedure provision because as detailed below, naturopaths do not have the requisite training and education to perform them. The proposed update to the definition of minor office procedure, to include "primary care procedures" is vague and open to misinterpretation and exploitation – as we have seen with WANP under the current definition. Therefore, based on previous behavior, it is reasonable to conclude that if the expanded definition of minor office procedure contemplated in the application is adopted, WANP will again argue and seek agreement from the Board of Naturopathy that vasectomies are included within naturopathic scope of practice without the critical training and education – thereby putting patient safety at risk.

A vasectomy is not a "minor office procedure" and certainly not "simple" as described as WANP. A vasectomy involves correctly identifying and working with delicate structures *deep* within the scrotum. It

involves palpating the spermatic cord and isolating the small vas deferens from the testicular artery and vein. One must have been well-trained in the male genital exam. Vasectomy is a surgical procedure usually involving these steps:

- Injecting a local anesthetic into the skin of the scrotum.
- Making a small cut (incision) in the upper part of the scrotum or a small puncture in the scrotum.
- Locating the vas deferens.
- Injecting anesthetic again into the spermatic cord adjacent to the vas deferens and avoiding the vascular supply to the testicle.
- Withdrawing part of the vas deferens through the incision or puncture.
- Interrupting the vas deferens through either segmental removal or other form of ligation.
- Sealing the vas deferens by tying, cauterizing, using surgical clips, or a combination of methods followed by returning the vas deferens into the scrotum respecting its normal anatomic relationships.
- Closing the surgical incision, most often with absorbable suture material.

Vasectomy is one of the most common forms of permanent sterilization methods currently in use and has a failure rate of 1 in every 1,000. The failure rate increases after about ten years, increasing to 18.5 failures out of every 1,000 procedures. Vasectomy failure is the occurrence of pregnancy or failure to achieve azoospermia after a reasonable period following vasectomy. Vasectomy failure can result from poor surgical technique. These surgical errors can result from occluding one vas deferens twice without occluding the other vas deferens or failure to identify the rare situation of vas deferens duplication on one side. Other significant complications can occur by inadvertently transecting the arterial supply to the testicle by occluding the testicular artery instead of the vas deferens.¹ To ensure the technical success of the procedure, a post-vasectomy semen analysis must identify no mobile sperm. Vasectomy failure may also be the result of re-canalization at the vasectomy site. Multiple surgical techniques are designed to prevent this from happening.

Besides sterilization failure, whoever performs the vasectomy should have the specific training to address all known complications during and after surgery to ensure patient safety. Complications include hematoma formation, which may require a return to the operating room for scrotal exploration and control of bleeding vessels; genito-urinary infection; sperm granulomas, a mass that develops over time as a result of the body's immune reaction to sperm leaking from the cut end of the vas deferens; short-term postoperative pain (nodal pain, scrotal pain, and ejaculation pain); and chronic testicle pain syndrome.

While general surgeons and experienced family physicians can perform the procedure, urologists are the surgical specialists who receive specific operative training to perform vasectomies with the least amount of pain and the lowest risk of complications. The vasectomy procedure should be considered permanent sterilization and must receive pre- and post-surgical counseling, informed consent, and carries with it potential liability. For these reasons, the AUA and WSUS strongly believe the WANP's proposal may lead to direct harm to patients and set a precedent of complicated medical procedures being performed by those without proper training and education. We hope the Department will **oppose the WANP's proposal to expand its scope of practice**. We will gladly answer any questions or provide additional information the Department may have on this subject.

Sincerely,

Brian Duty, MD, MBA
Chair, State Advocacy Committee
American Urological Association

Jeffrey Frankel, MD
Chair, Government Affairs
Washington State Urology Society

¹ American Urological Association (AUA) Guideline



Washington State
Dermatology
Association



American
Academy of
Dermatology
Association



American Society for
Dermatologic Surgery ASSOCIATION

November 17, 2023

Sherry Thomas
Policy Coordinator, Department of Health
111 Israel Rd SE
Tumwater, WA 98501
sherry.thomas@doh.wa.gov; sunrise@doh.wa.gov

RE: Sunrise review on naturopathic scope of practice

Dear Ms. Thomas:

On behalf of the undersigned organizations, thank you for the opportunity to provide comments on the Department of Health's (DOH) sunrise review of naturopathic scope of practice. We are writing to express our concerns regarding the proposal offered by the Washington Association of Naturopathic Physicians (WANP) to significantly expand the scope of naturopaths. As proposed, this measure would expand the naturopathic prescriptive authority to include controlled substances schedules II-V and would redefine the current "minor office procedure" provision for naturopaths.

As dermatologists, our number one priority is the health and welfare of our patients. Quality patient care includes evaluating a patient's needs and current condition, selecting an appropriate course of treatment, and providing adequate information and follow-up care. In order to provide this level of care, dermatologists complete at least twelve years of training, which includes a three-year dermatology residency program. Their education and training prepare them to diagnose and treat more than 3,000 different diseases and to recognize and address unexpected medical events and complications. By contrast, naturopaths attend four years of post-graduate education but are not required to complete a residency program. The naturopathic education focuses on philosophical principles rather than evidence-based practices and methods. The priority of focusing on "natural healing" does not allow for the same level of emphasis on treating many medical conditions and the exposure in pharmacology is limited.

Dermatologists see a wide variety of conditions and prescribe hundreds of types of drugs ranging from complex biologics to cancer drugs to topical steroids. If used inappropriately, these drugs may result in adverse events, complications, allergic reactions, or suboptimal results. There is no shortcut to being able to safely prescribe controlled substances. A comprehensive medical education and training is required to be able to understand not only a given drug and condition, but also how that drug may interact with other drugs a patient may be taking or other conditions they may have. Inappropriately expanding the ability for naturopaths to prescribe all Schedule II-V drugs without any additional education and training requirements compromises the safety of Washington patients.

Additionally, the proposal would modify the current “minor office procedure” provision within the naturopathic practice act and considerably broaden the allowance for naturopaths to perform “injections.” Currently, this language could be interpreted to allow naturopaths to perform a wide variety of procedures that affect living tissue. The expanded language could be interpreted to include procedures such as those involving lasers, the injection or insertion of foreign or natural substances, liposuction, the suturing of lacerations, electrocoagulation of bleeding, grafting skin, and rotating skin through skin flaps to repair injured skin. These repair techniques constitute the practice of medicine and surgery and should be ordered and performed only by a licensed physician or under the direct, onsite supervision of a physician and would be inappropriate to be done by naturopaths as they do not have the proper training and qualifications to be able to respond to possible complications that may arise.

To best protect the citizens of Washington from adverse events and ensure quality patient care, we urge you to reject the proposed language which jeopardizes patient safety and disregards what is considered adequate and appropriate medical education and training. We appreciate the opportunity to provide written comments on this issue. Should you have any questions regarding this critical patient safety issue, please contact Kristin Hellquist, Chief Advocacy Officer at the American Society for Dermatologic Surgery Association, at khellquist@asds.net.

Sincerely,

Washington State Dermatology Association
American Academy of Dermatology Association
American Society for Dermatologic Surgery Association

November 17, 2023

Sherry Thomas, Policy Coordinator
Health Systems Quality Assurance
Washington State Department of Health
P.O. Box 47840
Olympia, WA 98504-7841

RE: Sunrise Review, Opposing the Proposal to Increase Scope of Practice of Naturopathic Physicians

Dear Sherry Thomas,

On behalf of the Washington Academy of Family Physicians (WAFP) and our 4,000 members across the state, thank you for the opportunity to comment on the Department of Health's sunrise review addressing naturopathic scope of practice. We write to both state our agreement with the comments submitted by the Washington State Medical Association (WSMA) in their letter and to provide the following additional comments.

WAFP is committed to caring for patients, families, and communities safely. We support medical professionals working to the top of their license and comprehensive patient-focused care that includes collaboration and care coordination. WAFP carefully evaluates scope of service requests and does not oppose scope expansion pro forma; we want health care professionals to give the care they are trained to provide safely. The safety of this proposal by the naturopathic association, however, concerns us deeply, and we oppose every element of it.

The Proposed Scope Expansion is Extensive

The proposed scope expansion is extensive and boldly equates the historical naturopathic training with the rigorous evidence-based medical training of allopathic and osteopathic doctors. It asks, among other things, to

1. expand the prescriptive authority of naturopaths to include controlled substances with extremely high abuse potential such as fentanyl, methadone and other opioids, as well as with amphetamines and other stimulants;
2. expand – without condition – the current “minor office procedure” provision in the RCW; and
3. allow naturopaths to make clinical decisions about patients' disability determinations, orders for life-sustaining treatment, sign hospice orders, guardianships, and other legal documents.

Each of these is troubling. As family physicians, we know these requests all exceed a reasonable interpretation of the role of naturopathic practice and pose a serious threat to public health.

Naturopaths Do Not Have the Training for the Proposed Expanded Scope of Practice

Allopathic and osteopathic physicians invest years gaining the education and training to deeply understand human physiology, pathophysiology, and pharmacology. They learn basic sciences before medical school, then add four years of basic medical training, followed by three to seven years of hands-on direct patient care alongside attending physicians during residency. This training is all to ensure the safe care of every patient.

The comments by the WSMA underscore the clear differences between the training and expertise offered by naturopaths and medical doctors, so we will not restate those facts here. We will emphasize, however, that allopathic and osteopathic doctors are subject to rigorous oversight in keeping with their scope of practice and are

accountable to their training, practice, and outcomes. Medical subspecialties, such as family medicine, are monitored by the American Board of Family Medicine (ABFM) and the American Osteopathic Board of Family Physicians (AOBFP) and annually must complete continuing medical education to supplement their knowledge in the ever changing landscape of evidence-based treatments. Family physicians must regularly complete practice enhancement exercises and undertake regular performance improvement and knowledge assessments to ensure competency. The comprehensiveness of this training, the years of experience working as a team member with other physicians, and the continued professional oversight allows residency trained, board certified physicians to stay current with professional standards and to safely incorporate new treatments and medications into their scope of practice.

The American Academy of Family Physicians (AAFP), an organization with approximately 127,000 members, states that naturopathic theory and practice are not based upon the body of basic knowledge related to health, disease, and health care that has been accepted widely by the scientific community. Moreover, the scope and quality of naturopathic education do not prepare the naturopathic practitioner to properly and accurately diagnose illness or provide appropriate treatment. The AAFP believes that naturopathic education and training do not prepare naturopaths to safely or effectively prescribe medications, perform physicals for school or employment, or perform surgical procedures.

There simply is no equating the knowledge and expertise of a board-certified primary care physician with that of a naturopath, and any proposed expansion of their practice scope must be viewed through the lens of their limited training, experience, and expertise. Adding a few hours of course work to the naturopathic curriculum will not bridge the knowledge difference and it is reckless to say otherwise.

Naturopathic Practices are neither Standardized nor Consistently Regulated

While Washington state provides naturopaths latitude in prescribing and treating the public, naturopathic licensing is neither well-accepted nor consistently regulated in the United States. The American Association of Naturopathic Physicians (AANP) notes that only 23 states and the District of Columbia have naturopathic physician licensure or registration laws. Sixteen of these states require a license to practice naturopathy while the other seven offer, but do not require, licensure or registration. Three states (Florida, South Carolina, and Tennessee) ban the practice of naturopathy. Of the states that license or register naturopaths, only 15 grant them some type of prescriptive authority.

Comprehensive medical training that is continually updated, monitored, transparent, and regulated is the only way to ensure patient safety. We submit that the training and regulation of naturopaths is in no way commensurate with the requested scope expansion.

Care Coordination is Primary Care

Family physicians face some of the challenges outlined by the proposal related to coordination of patient care; however, we do not reach beyond the scope of our license and training. We recognize our unique relationship with our patients and provide care to meet their needs within and to the top of our license. Then, we coordinate patient care with other physicians who have invested the time to become experts in their subspecialty. This understanding of the importance of proper training and expertise is what medical professionals expect of each other for the good of our patients. The proposed scope of practice reaches beyond the naturopathic practitioners' knowledge and training and seems to disregard the notion that care coordination is a critical part of patient care when one's training and expertise are not sufficient to the patient's needs.

We believe all patients deserve care from health care providers who have the training and skills best suited to assess and manage each patient's need. Naturopaths meet the needs of some patients in the health care system, however, neither naturopathic training programs nor post-graduation practice standards have the depth, breadth, or oversight to support the proposed expanded scope of practice.

Thank you for your consideration of our comments. Please reach out to WAFP's Executive Vice President, Kim McCaulou at kim@wafp.net if you have questions or would like more information.

Warm regards,

A handwritten signature in black ink, appearing to read 'AD' followed by a stylized flourish.

Ann Diamond, MD
President, Washington Academy of Family Physicians

cc: Kim McCaulou, WAFP EVP

November 17, 2023

Washington State Department of Health
P.O. Box 47850
Olympia, WA 98504

RE: **Sunrise review on naturopathic scope of practice**

To Whom it May Concern:

On behalf of the Washington Society of Plastic Surgeons (WSPS) and the American Society of Plastic Surgeons (ASPS), we are writing **urging you to oppose** all elements of the proposal to increase naturopathic scope of practice in Washington. ASPS is the largest association of plastic surgeons in the world, representing more than 8,000 members and 92 percent of all board-certified plastic surgeons in the United States – including 187 board-certified plastic surgeons in Washington. Our mission is to advance quality care for plastic surgery patients and promote public policy that protects patient safety.

The proposal would allow naturopaths – who are not physicians – to perform and oversee procedures that fall squarely within the practice of medicine. This is ill-advised. As surgeons, we encourage you to uphold the high level of patient care that has been established and allow the practice of medicine only by health care providers who meet appropriate education, training, and professional standards.

As currently written, under the proposed documents, a naturopath – who is not an allopathic (MD) or osteopathic (DO) physician surgeon – can prescribe legend and non-legend drugs and controlled substances contained in Schedules II through V of the uniform controlled substances act; perform office procedures falling under common primary care services; and utilize physical modalities (physical, chemical, electrical, and other modalities) without limitation as it relates to heat, cold, air, light, water in any of its forms, sound, massage, durable medical equipment, and therapeutic exercise. These procedures and modalities all fall squarely under the practice of medicine, and several are considered surgery that must be performed or delegated by a licensed physician surgeon. Yet, the proposed elements expressly authorize naturopaths who, again, are *not* medical doctors, full freedom to do them all.

Our concerns with that existing expansion are compounded by the proposal's mechanisms for even further expanding the scope of naturopaths. Specifically, the proposal grants more authority to the state's board of naturopathy to expand the professions' scope as it sees fit. Non-medical professionals should not be determining what level of medical training is required to perform medical procedures. State medical boards, including Washington's, are comprised of physicians, and given the authority to self-regulate their profession. That is because they are the highest authorities on the practice of medicine. Naturopaths are *not* the highest authorities on the practice of medicine, and as such, should not be authorized to make medical scope decisions. The rationale is derived from the clear difference in training that physicians and naturopaths complete.

Surgeons must attain a core medical and surgical education while completing seven to ten years of training, which includes increasing responsibility and decision-making authority in the hospital setting. Board-certified plastic surgeons must: (1) earn a medical degree; (2) complete six to eight years of full-time experience in a residency training program accredited by the Accreditation Council for Graduate Medical Education (ACGME); and (3) the last three years of training must be completed in the same program. Ultimately, surgeons will train as much as four-times-as-long as naturopaths. The education and training of a naturopath is in no way comparable to that of a medical doctor, and it is dishonest to refer to naturopaths as “naturopathic doctors” or “naturopathic physicians”. Moreover, it is appalling to equate them to primary care providers.

If you still are unconvinced that expanding the scope of practice for naturopaths would be a mistake, please look at the link in the footnote. This is a news story from Arizona outlining ongoing concerns with naturopaths in their state performing cosmetic procedures, such as breast augmentations and gluteal fat-grafting (commonly known as “Brazilian Butt-Lifts” or “BBLs”), that has resulted in shocking outcomes.¹ To further complicate matters, the state’s board of naturopathy has refused to discipline their licensees or condemn these practices – creating a major patient safety dilemma within the state.

For the reasons listed above, we urge you to oppose all elements of the proposal. Thank you for consideration of our comments. Please do not hesitate to contact Joe Mullin, ASPS State Affairs Manager, at jmullin@plasticsurgery.org or (847) 981-5412 with any questions or concerns.

Sincerely,



Steven H. Williams, MD
President, American Society of Plastic Surgeons



Otway Louie, MD
President, Washington Society of Plastic Surgeons

¹ <https://www.12news.com/article/news/investigations/i-team/some-arizona-naturopaths-are-using-a-loophole-to-perform-surgeries/75-27f5fdd2-f315-4c9c-afb2-7170939043c9>



November 14, 2023

Sherry Thomas
Policy Coordinator
Health Systems Quality Assurance
sherry.thomas@doh.wa.gov

RE: Sunrise review on naturopathic scope of practice

Dear Ms. Thomas,

On behalf of the Washington State Society of Anesthesiologists (WSSA) and our 1,175 members across the state, thank you for the opportunity to provide comments on the Department of Health's (Department) sunrise review of naturopathic scope of practice. The WSSA was founded in 1948. It was formed to advance the science and art of anesthesiology, and to stimulate interest and promote progress in that specialty. It is a Washington State non-profit corporation and is a component society of the American Society of Anesthesiologists.

The WSSA has witnessed a growing number of adverse events in office-based settings associated with sedation and/or anesthesia care. Patient care for a procedure or surgery requiring sedation and/or anesthesia should be based on nationally accepted standards, guidelines and other statements as well as levels of care established by states that are consistent in a dental office, hospital, ambulatory surgery center (ASC) or clinic. No patient should be unduly endangered by a proceduralist's lack of training or education, inadequate facilities, poor patient selection or lack of safety, resuscitative or related emergency protocols.

Unfortunately, the proposal offered by the Washington Association of Naturopathic Physicians (WANP – "applicant") does not adhere to these standards and may lead to an even greater number of these and other types of adverse events for patients. We urge the Department to strongly oppose all elements of the proposal which would compromise the safety of our patients, and the effectiveness and quality of care delivered in our state.

Sedation

An individual administering sedation to a patient must always be prepared to rescue their patient should the level of sedation become deeper than intended. As such, one administering sedation must be properly educated, trained, and authorized to rescue at the level of general anesthesia. Only those possessing the

requisite education, training, and background to do so should be authorized. Naturopaths do not have adequate training and education to administer sedation.

In recent years, the naturopathic community has interpreted the current “minor office procedure” provision to allow naturopaths (among other things) to administer in-office nitrous oxide without regulatory guardrails. The proposed updates to the naturopathic minor office procedures provision would open the door to any number of interpretations without ensuring that requisite education and training has been attained. In any scope of practice proposal, the consideration of patient safety and ensuring high quality care is paramount. The risks associated with allowing underqualified providers to perform unspecified procedures and treat undefined levels of injuries does not outweigh any potential benefits and does not warrant the Department’s support.

We are concerned that further expansion of the minor office procedure provision would open the door to additional inappropriate interpretations, leading to regulators permitting naturopaths to provide more services and treatments for which they do not have requisite education and training. Due to these recent experiences, we urge the Department to recommend that the Secretary retain their valuable oversight role regarding rulemaking concerning minor office procedures.

Prescribing

We are also concerned about the proposal to expand a naturopath’s prescriptive authority to include narcotics, tranquilizers, sedatives, stimulants, and non-narcotic analgesics, without stipulating any additional educational or training requirements.

Schedule II drugs are classified as such because of the high potential for abuse, psychological dependence, or physical dependence, as well as the potential for adverse interactions with other drugs and conditions. Schedule II narcotics include, but are not limited to, fentanyl, methadone, oxycodone, morphine, opium, codeine, and hydrocodone. Schedule II stimulants include amphetamine, methamphetamine, and methylphenidate. The Washington State Medical Association and the Department of Health have gone to enormous lengths to ensure safer prescribing through the legislature, rulemaking, and their joint quality improvement program—[Better Prescribing, Better Treatment](#)—which has seen great success promoting safe, appropriate prescribing. In its application, and the language of SB 5411, the applicant did not demonstrate their understanding of the increased responsibility that comes with an expanded prescriptive authority – such as the requirement that the profession follow the same opioid prescribing rules as others with prescriptive authority – as required by [HB 1427](#) from 2017 (the education and training requirements in Sec. 2 of SB 5411 called out in the application are not the same as prescribing rules). Expanding the ability of naturopaths to prescribe Schedule II and other drugs would be deeply irresponsible and contrary to our shared commitment to appropriate pain management and safe prescribing to Washingtonians.

While Schedule II drugs are those that have the highest potential for abuse, all drugs can be dangerous when mis-prescribed and/or misused. The proposal would also expand naturopathic prescriptive authority to include psychotropic medications – drugs used for the treatment of mental illness. Of the 30 most prescribed psychotropic medications, 18 carry “black box warnings” – the FDA’s most serious warning of potential side effects that may include stroke, coma, tremors, blood disease, and severe blood pressure. Safely prescribing psychotropics and other psychiatric drugs requires the highest level of expertise. This is

especially true when psychotropic drugs are co-prescribed with other medications. Understanding the interaction of medications requires a physician to utilize their medical education and clinical experience to its fullest extent.

There is no shortcut to being able to safely prescribe controlled substances. A comprehensive medical education and training is required to be able to understand not only a given drug and condition, but also how that drug may interact with other drugs a patient may be taking or other conditions they may have.

When a similar Sunrise Review was considered in 2014, the Department noted that unlimited prescriptive authority isn't necessary to practice primary care and stated that "referrals for controlled substances are often necessary... to ensure the most qualified health care professionals are prescribing these substances, which are controlled because of their significant risk to public health due to overdose, abuse and misuse". The Department's conclusion is as applicable in 2023 as it was in 2014.

Education & Training

As naturopaths do not receive adequate education and training to allow them to safely expand their prescriptive authority and perform procedures contemplated in the application, it follows that they are unable to determine the appropriate education and training required necessary to safely prescribe or perform additional services. This proposal, however, defers to the Board of Naturopathy – comprised of naturopaths and members of the public – to *potentially* put additional training and education requirements in place. Individuals without a history of prescribing these drugs and performing such procedures, and without extensive training in pharmacology, differential diagnoses, and other elements of medical evaluation and treatment, adequately design a program to teach others to prescribe or perform procedures, nor can they adequately regulate those who do.

We know there is more work to be done to ensure better access to high-quality, evidence-based care that prioritizes patient safety. That's why the WSSA has supported proposals that appropriately increase access to care while ensuring patient safety, such as licensure for anesthesiologist assistants. We request that the Department continue to partner with WSSA and other stakeholders to build on policies intended to improve access and increase the health care workforce, rather than considering an inappropriate scope of practice increase.

For all the reasons outlined in this letter, the WSSA urges the Department to oppose this proposal.

Thank you again for the opportunity to provide comments on the sunrise review proposal. Should you have questions, do not hesitate to contact me at twclem@gmail.com. We appreciate your consideration and your continued partnership.

Sincerely,



Timothy Clement, MD
WSSA President 2023-2024



November 17, 2023

The Honorable Umair Shah, MD, MPH
Washington State Secretary of Health
Washington State Department of Health
PO Box 47890
Olympia, WA 98504-7890

RE: Sunrise Review on Senate Bill 5411

On behalf of the American Association of Naturopathic Physicians (AANP), the national association representing over 8000 Naturopathic Doctors (NDs) in the US, we write to convey our strong endorsement of Senate Bill 5411 and to provide a comparative overview from across the country of states with similar scope.

Senate Bill 5411 will affirm ND prescriptive authority to include Schedules II-V of the Uniform Controlled Substance Act as necessary in the practice of all primary care medicine, including naturopathic medicine. Naturopathic Doctors believe that natural medicine and conventional medicine are not mutually exclusive, and there are times when the patient's obstacles to healing require both approaches. Naturopathic Doctors follow the Naturopathic Therapeutic Order to guide a logical, least invasive approach first before introducing pharmaceuticals. Conversely, NDs are trained to identify when and whether a patient is overmedicated, and when prescriptions, over the counter medicines, and supplements can be tapered off or discontinued. Naturopathic Doctors must not be limited or restricted to the full set of tools necessary to achieve patient health outcomes.

As primary care providers, Naturopathic Doctors serve as the front line resource for over **1 million Washington citizens**, yet the current limitations in the naturopathic prescribing scope often result in unnecessary burdens on those patients, additional costs to both patients and the healthcare system, and sometimes delayed care.

SB 5411 simply modernizes the scope of practice of Washington NDs to be commensurate with the scope of practice of other primary care providers. It would address these problems in multiple ways:

Make patient care more cost-effective and timely

Patients on medications not currently in scope for NDs wouldn't have to schedule a second office visit with another provider simply to fill or change a prescription. Requiring double visits not only delays care, but also introduces more co-pays, time off work, and other cost shares which not only decrease compliance but also increase costs to both the patient and the Washington

healthcare system. This is especially true of patients in rural communities, which further widens rural health disparities.

Ensure patient safety through appropriate training and prescribing patterns

1. Naturopathic Doctors already **have the ability to prescribe controlled substances in 6 states: Oregon, Vermont, Arizona, California, New Mexico, and Montana**. Oregon has had the ability to prescribe all controlled substances since 2008. In a comparative analysis of Oregon disciplinary actions from 2013 - 2019, NDs only had .06% of disciplinary actions for all licensees compared to .7% for MDs, and .14% for DOs.¹
2. NDs who have U.S. Drug Enforcement Administration (DEA) licenses (as in Washington) are required *by federal law* to obtain the **same 8 hours of training on Opioid Use Disorder as all other practitioners** registered with the DEA to prescribe controlled substances.² Washington NDs are required by statute to take 15 hours of continuing education in pharmacology every two years.
3. NDs can also help decrease dependence on opioids. In the 2022 AANP Naturopathic Profession Benchmarking Survey which ranked treatment modalities used by NDs, **opioid prescribing ranked dead last of all modalities used by NDs** in the 5 states that allow NDs to prescribe controlled substances, even with 40% of respondents in the survey coming from these 5 states.

This is logical, given that Naturopathic Doctors are guided by the Therapeutic Order mentioned above, which prioritizes non-pharmacological approaches to pain over opioids. However, there are still occasions when appropriately prescribed controlled substances are indeed the best option for the patient. Further, many patients seek out naturopathic care in order to decrease dependence on addictive medications, and hospitals also increasingly provide limited pain management and instead refer patients to their primary care clinicians for follow up and on-going management of post-procedural pain. **A primary care physician must have the authority to prescribe a medication both to manage patients in these situations, as well as to safely and appropriately taper them off.**

In addition to modernizing prescribing authority, SB 5411 modernizes the authority of naturopathic physicians to sign hospice orders, POLST (portable medical orders) forms, some disability determinations, and more vital records. 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 an 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.

With the primary care shortages plaguing Washington, it is long past overdue that policy makers take every measure possible to eliminate these kinds of patient barriers that increase cost, delay

¹ Virginia Association of Naturopathic Physicians: [Oregon Comparative Number of Active Physician Licenses and Disciplinary Actions](#)

² https://www.dea diversion.usdoj.gov/pubs/docs/MATE_training.html

care, and negatively impact patient outcomes. With the unprecedented safe track record of naturopathic doctors serving as primary care physicians in other states with the same scope of practice that SB 5411 would create, we strongly urge Washington lawmakers to act with all haste to pass SB 5411.

In Health,



Laura Culberson Farr
Executive Director

This comment is pursuant to the sunrise review process for the naturopathic physician scope of practice. It is about an 8-10 minute read. The comments pertain to naturopathic credentialing, the statutory text of the existing law of naturopathy and SB-5411.

Naturopathy is a controversial topic. It is an established medical practice in a number of states and provinces. However, there are concerns about its interventions. Naturopaths are the only primary health care providers who use botanical and homeopathic medicines (B&H meds) in the treatment of disease.

B&H meds lack clear, cogent and compelling evidence of therapeutic efficacy. National standards for primary care physicians consider these interventions to be medically unnecessary and the delivery of substandard care. The use of B&H meds gives false hope. It allows the underlying disease to go untreated, resulting in greater morbidity and mortality.

However, there is a separate issue that supersedes these concerns over efficacy. The use of B&H meds in the treatment of disease is not legal. B&H meds are not approved for medical use by the Food and Drug Administration (FDA). The use of unapproved substances in the treatment of disease is the federal crime of mislabeling. Mislabeling corrupts the entire naturopathic ecosystem. It corrupts the schools of naturopathy, the council that accredits these schools, the Department of Health (DOH) and its credentialing standards, the licensing exam, the examiners who write the licensing exam and the board of naturopathy. Further, mislabeling apparently fosters some of these organizations to commit ancillary crimes such as fraud.

The DOH appears to be complicit in this naturopathic corruption. In 1987, the law for naturopathy was modified to include RCW 18.36A.080, which grants the administrators of the profession civil immunity. In 2011, a decision was made to reaffirm this provision. The administrators of a legitimate licensed profession do not require civil immunity. A legitimate licensed profession has evident, necessary benefits. As such, all decisions can be made based upon evidence. This evidence is the basis of a strong legal defense.

The naturopathic profession is an outlier. No other licensed profession has a provision for civil immunity. The inclusion of this provision demonstrates mens rea, a guilty mind, on the part of the DOH administrators of the naturopathic profession.

In other words, the administrators of the naturopathy program would not think to include a statute of civil immunity if it was thought that naturopathy was a legitimate profession that provides evident, necessary benefits. In contrast, a statute of civil immunity is exactly what the administrators of the naturopathy program would want if it was thought that naturopathy was a corrupt profession that failed to provide necessary services. It appears that a cohort at the DOH thinks the latter.

Over the past 40 years, this guilty mind of the DOH has metastasized into a sickness that fosters naturopaths to learn criminal medicine and victimize patients with the dangers of its criminality. This must stop. It cannot go on for another 40 year.

This public comment is divided into subsections related to the law for naturopathy and related topics. Below is an outline.

Civil Immunity RCW 18.36A.080

Botanical Medicines RCW 18.36A.020(12)

Homeopathic Medicines RCW 18.36A.020(7,12), RCW 18.36A.040

Colon Hydrotherapy RCW 18.36.020, items 2 and 3 and RCW 18.36A.095

Credentialing review taskforce

SB-5411

Review of Recommendations

Conclusion

The author of this comment wishes to remain anonymous.

RCW 18.36A.080, titled civil immunity is as follows.

The secretary, members of the board, or individuals acting on their behalf, are immune from suit in any civil action based on any act performed in the course of their duties.

The way a state grants civil immunity is by depriving ..the right of the people. . .to petition the government for a redress of grievances¹. The right of the people to petition the government is sacrosanct to the existence of a government based on law. RCW 18.36A.080 is an egregious violation of a first amendment right. The state has no authority to deprive this right from anyone.

Rescind RCW 18.36A.080 as soon as possible.

Note that RCW 18.36A.080 was reaffirmed in 2011. The attorneys who authorized reaffirming a statute that so egregiously violates a first amendment right must be publicly held accountable, including possible permanent dismissal as state employees and forwarding a complaint to the Washington State Bar Association.

Botanical and Homeopathic Medicine

RCW 18.36A.020(12) Botanical Medicines

RCW 18.36A.020(7,12), RCW 18.36A.040 Homeopathic Medicines

This section discusses flaws within the law of naturopathy for botanical and homeopathic medicines (B&H meds) and delves into associated legal issues.

Homeopathic Medicines

RCW 18.36A.020(7) describes a category of substances called homeopathic. This description appears consistent with the FDA description of a homeopathic. FDA regulations require a homeopathic substance to be manufactured using a specific process that assures the final product

is pure, inert, filler material. The FDA allows any substance meeting this manufacturing process to be immediately labeled and sold as a homeopathic without any further testing.

RCW 18.36A.020(12) includes homeopathic medicines within the definition of naturopathic medicines. RCW 18.36A.040 includes homeopathy and naturopathic medicines within the naturopathic scope of practice.

Botanical Medicines

RCW 18.36A.020(12) includes the words botanical medicines within the definition of naturopathic medicine. RCW 18.36A.040 includes naturopathic medicines within the naturopathic scope of practice. There is no further mention of botanical medicines anywhere else within the law for naturopathy. In other words, the law for naturopathy does not provide a working definition for botanical medicines.

Arbitrary and Capricious Legal Concerns

The law for naturopathy appears to grant B&H meds approval for use in the treatment of disease. In granting this approval, the law did not describe a meritorious process of granting approval for a specific homeopathic or botanical substance.

Rather, the law simply grants blanket approval to homeopathic and botanical medicines. This approval process is capricious and arbitrary.

Under the state constitution, laws are not allowed to act in ways that are capricious and arbitrary. The following sections of the law for naturopathy must be rescinded.

- all of RCW 18.36A.020 item 7, which describes the practice of homeopathy,
- the words botanical medicines in RCW 18.36A.020 item 12.
- the words homeopathic medicines in RCW 18.36A.020 item 12.
- The word homeopathy from RCW 18.36A.040

Legal Concerns, Federal and or State

All substances approved for the use in the treatment of disease are listed in the United States Pharmacopeia (USP). No homeopathic or botanical medicines are listed in the USP. Claiming a substance not listed in the USP has the ability to diagnose or treat disease is the crime of mislabeling. Hence, the naturopathic practice of using B&H meds to treat disease appears to be this crime.

Mislabeling is the foundation of ancillary crimes and other professional concerns related to the practice of naturopathy.

- To profit from a mislabeled substance appears to be the crime of fraud.
- The use of a mislabeled substance is an unauthorized medical experiment and a separate apparent crime.
- It is unprofessional conduct to commit fraud and conduct unauthorized medical experiments.

- The use of a mislabeled substance is not an acceptable standard of care. DOH administrative law judges consider this practice to be malpractice.

Threat to Public Health

Past statements by administrators convey the feeling that the DOH allowed naturopaths to use botanical and homeopathic medicines for medical use because these substances are safe. Merely being safe is not a satisfactory criteria for approving a substance for medical use. The substance must be efficacious in the treatment of disease, as well.

Botanical and homeopathic medicines are not efficacious in the treatment of disease. These substances merely give false hope. They are a distraction. They allow disease to naturally progress, resulting in greater morbidity and mortality, which is a clear threat to public health.

RCW 18.36A.095 allows the secretary to certify a colon hydrotherapist who completes a certification program directed by a naturopath. The law describes the issuing of a certificate versus a license. The law describes a naturopath directing this certified colon hydrotherapist.

It is a state crime to practice medicine without a license. The process described in RCW 18.36A.095 issues a certificate, which is legally meaningless as it pertains to this criminal statute. A certificate does not define a licensed scope of practice and thereby fails to create a carve-out exemption from the medical practice law.

Hence, whenever a colon hydrotherapist performs a service, this service is being performed by someone without a license. This appears to be the crime of practicing medicine without a license.

Federal Stark laws make it illegal for medical providers to engage in certain medical business arrangements. One of these illegal arrangements is for a licensed medical provider to profit from services rendered by an unlicensed provider. RCW 18.36A.095 does not have the authority and does not even attempt to create a carve-out exemption from the Stark laws. Hence, whenever a licensed naturopath directs an unlicensed colon hydrotherapist to perform colon hydrotherapy for profit, the naturopath appears to be in violation of the Stark laws.

To stop these apparent crimes, the following portions of the law for naturopathy need to be rescinded.

- RCW 18.36A.020(2) the entire item1 (colon hydrotherapist)
- RCW 18.38A.020(3) the entire item, (colon hydrotherapy)
- RCW 18.36A.095, the entire section (colon hydrotherapy)

Note that should the legislature find there is a need for the services provided by a colon hydrotherapist, the way to do this is by creating a separate licensing chapter. The law for naturopathy cannot issue licenses to someone who is not a naturopath.

The DOH credentialing requirements for naturopaths are substandard. The

credentialing requirements promote mislabeling, the criminal practice of using botanical and homeopathic medicines in the treatment of disease. Conversely, the DOH credentialing

requirements fail to require meaningful training in the use of prescription drugs in the treatment of disease.

Successful pharmaceutical intervention is a complex skill. The gold-standard in this training is Harrison's Principles of internal Medicine. Naturopaths receive no training commensurate to the standards of this medical reference. Essentially, naturopaths receive didactic training on the subject of introductory pharmacology and virtually nothing else on the pharmacological management of disease.

Naturopaths are not required to demonstrate competency in the use of pharmaceutical drugs including:

- recognizing when pharmaceutical interventions are medically necessary
- the pharmaceutical management of disease
- the medical management of side effects or adverse drug reactions
- poly-pharmacy, the use of several drugs to manage disease

Further, naturopaths are not required to complete a residency where they learn to hone these skills from an experienced professional.

It is recommended that the state appoint a credentialing review taskforce. This taskforce shall consist of experts in the field of credentialing primary care physicians. Their task will be to review and make recommendations for the credentialing of naturopaths in Washington state.

The state is experiencing a shortage of primary care physicians. The legislature is under the illusion that naturopaths have the appropriate credentialing to provide quality primary care service. As this public comment has shown, the naturopathic profession is not qualified to fulfill the primary care needs of the patient population described in SB-5411.

SB-5411 must be tabled until the credentialing of naturopathy complies with national standards of primary care physicians.

Recommendation Review

The following items from RCW 18.36A need to be rescinded as soon as possible.

- RCW 18.36A.080, the entire section (Civil immunity)
- RCW 18.36A.020(7), the entire item (definition of homeopathic medicines)
- RCW 18.36A.020(12) the term botanical medicines
- RCW 18.36A.020(12) the term homeopathic medicines
- RCW 18.36A.040 the term homeopathy
- RCW 18.36A.020(2) the entire item, (colon hydrotherapist)
- RCW 18.36A.020(3) the entire item, (colon hydrotherapy)

•RCW 18.36A.095, the entire section (colon hydrotherapy)

Appoint a credentialing review taskforce

SB-5411

Do not pass.

Naturopathy uses botanical and homeopathic medicines in the treatment of disease. These substances are ineffective as medical interventions. Their medical use is malpractice and the delivery of substandard care.

The medical use of botanical and homeopathic medicines is a distraction. It allows the underlying disease to progress, resulting in greater morbidity and mortality. Further, the medical use of these substances appears to be the federal crime of mislabeling.

The scope of practice for naturopaths includes an extensive list of pharmaceutical drugs. There are virtually no credentialing requirements for naturopaths in the use of pharmaceutical drugs in the treatment of disease. To express this succinctly, naturopaths lack the requisite skills for delivering primary care medicine that complies with national standards.

What is the state going to do with this information? The state cannot simply allow naturopaths to continue using mislabeled drugs in the treatment of disease and thereby apparently commit more crimes. Stopping this practice seems easy enough. However, this is just the first step.

Why does this state even have a licensed healthcare profession that is trained in the use of mislabeled medications; apparently commits crimes by using these medications in practice; is inadequately trained in the medical use of pharmaceutical drugs; and yet is licensed to prescribe these drugs? The answer is clear. It is a multigenerational failure of the DOH. For about the last 40 years, the DOH has been derelict in its duty to protect public health, safety and welfare from the practice of naturopathy.

It is recommended that the legislature investigate the DOH for this multigenerational failure. The civil immunity statute, RCW 18.36A.080, suggests complicity on the part of the DOH, even as recent as 2011. Moreover, the DOH is responsible for knowing medical law, including the federal crime of mislabeling. The DOH even has a huge legal staff for this purpose.

Why has the DOH allowed naturopaths to apparently commit the crime of mislabeling in the ordinary course of naturopathic practice for almost 40 years? The people responsible for this failure at the DOH need to be held accountable for this.

1First Amendment to the constitution in full:

Congress shall make no law respecting an establishment of religion. or prohibiting the free exercise thereof; or abridging the freedom of speech. or of the press: or the right of the people peaceably to assemble, and to petition the Government for a redress of grievances.

BASTYR UNIVERSITY

The Honorable Umair Shah, MD, MPH
Washington State Secretary of Health
Washington State Department of Health
PO Box 47890
Olympia, WA 98504-7890

11.20.23

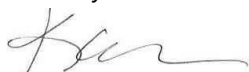
Dear Dr. Shah,

I am writing in support of Senate Bill 5411, to include prescribing schedules II-V of the Uniform Controlled Substances Act in the scope of the practice for naturopathic physicians in Washington. It is this provision within the requested changes that I would like to address directly.

I affirm that the level of training obtained by graduates of the Doctor of Naturopathic Medicine program at Bastyr University meets similar requirements as other healthcare practitioners who already hold this prescriptive authority. The Doctor of Naturopathic Medicine program includes 300 credits, which equates to over 4200 hours. In reviewing the information that I provided to the Washington Association of Naturopathic Physicians for their application packet, I noticed several corrections that need to be made. I am attaching an updated letter that outlines the content related to pharmacology and patient management related to controlled substances. In this updated letter, which is current for the 2023-24 academic year, 12.65 of total curricular credits (141.75 hours of classroom time) are dedicated to training in this subject area. Courses are comprehensive, covering all medication categories and body systems. In addition to these classroom hours, students provide medication management in a supervised setting throughout their 1204 hours of clinical training. In keeping with their role as future primary care providers, students also learn how to assess, manage, and refer substance use disorders. As public safety is a concern shared by both naturopathic medical programs and regulatory bodies, it may be reassuring to know that standards regarding safe practices are emphasized at every level of the student's education.

In summary, the naturopathic physician's education in pharmacology, pharmaceutical management, and substance use disorders enables graduates to manage the use of medications safely and competently, including the use of controlled substances. Please feel free to contact me if there is any further information that I can provide. Thank you for your consideration.

Sincerely,



Kristina Conner, ND, MSOM
kconner@bastyr.edu
Dean, School of Naturopathic Medicine, Bastyr University

1.6.23 revised 11.20.23

Angela Ross, ND

Executive Director, Washington Association of Naturopathic Physicians

Hello Dr. Ross,

Thank you for the opportunity to provide information on Bastyr University's Doctor of Naturopathic Medicine Program. The following are the required courses in the curriculum relating to Controlled Substances.

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. 2.0 credits, 22.0 hours
 - c. The focus of this course is the assessment, treatment and management of addictions from a naturopathic perspective.
4. NM 7326 and NM8310 Medical Procedures 1 and 2 Lecture/Lab
 - a. Required Courses, Years 3-4
 - b. 4.0 credits, 66.0 hours, 0.5 credits or 8.25 hours of which is pharmacology content
 - i. These courses include instruction on medications used in medical procedures
5. NM 7355-7364, NM 8300, NM 8316-8319 Clinical Therapeutics and Advanced Topics Courses
 - a. Required Courses, Years 3-4
 - b. 26.5 credits, 291.5 hours, 2.65 credits or 29 hours of which is pharmacology content
 - i. These courses include instruction on medications for each system/ specialty
6. 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 anti-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
7. 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.

Please let me know if I can provide any further information.

Sincerely,



Kristina Conner, ND, MSOM
Dean, School of Naturopathic Medicine
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Bill Walter, ND
280 E 38th Avenue
Eugene, OR 97405
206-372-8744
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November 13, 2023

Re: Washington Senate Bill 5411 – Increasing Scope of Naturopathic Physicians

To Whom It May Concern:

I'm writing to offer commentary on increasing the scope of Naturopathic Physicians (NDs) in Washington State, to include prescriptive authority for DEA Schedule II-V medications ("controlled substances"). Though I trained in Seattle/Kenmore at Bastyr (you'll note I retain my Seattle phone number), since completing residency in 2010 I have practiced exclusively in Oregon, which does enjoy a broad scope of practice. Before offering my commentary on Washington, I'd like to offer a bit of relevant background about my work and experience.

I currently work as a full-scope naturopathic primary care physician at the Community Health Centers of Lane County, a Federally Qualified Health Center operated by Lane County Health and Human Services, where I've worked since 2013, before promotion to Associate Medical Director in 2022. I work with (and cross-cover) physicians of all classes (DO, ND, MD), as well as nurse practitioners and physician assistants, and am regularly involved in chart review for different providers. In addition to this work, I've served on my local Medicaid Coordinated Care Organization as Chair of their Chronic Non-Malignant Pain Management Policy Committee, as well as serving on their Peer Review and Credentialing Committee (often evaluating complaints and medical errors), and currently serving as Vice-Chair of their Clinical Advisory Panel. Finally, I am in my fifth year of service on the Oregon Board of Naturopathic Medicine, our state licensing Board, where we also regularly review patient complaints and physician errors. In short – in my work at my clinic, with my local Medicaid group, and with my state licensing board – I very regularly see complaints and errors associated with controlled substances for all provider types (not just NDs).

(Disclaimer – nothing I write here should be interpreted or construed as the opinion of Lane County Health and Human Services, Trillium Community Health Plan, or the Oregon Board of Naturopathic Medicine. Opinions offered are solely my own.)

The prescription of controlled substances is one of the most challenging parts of my practice, but it is also a necessary and critical part of working as a primary care physician. Whether a patient is being discharged from the hospital after a traumatic injury, transferring care to me from another physician, or simply wanting a couple tablets of a benzo to comfortably get on a plane or sit through an MRI, I can't imagine how frustrating it would be not to have access to these tools.

Leaving aside the specific diagnoses for which controlled substances are most commonly used (ADHD, chronic pain, anxiety and sleep disorders), there is also the reality that one of the most effective tools to undo the harm of controlled substances – opioid use disorder – is itself a controlled substance. Without access to Suboxone and other formulations of buprenorphine – all schedule III controlled substances – naturopathic physicians are left trying to help patients with OUD but with one arm tied behind their back. Matt Brignall, ND, one of my closest friends and most honored mentors in the profession, writes me today saying "Get me Suboxone!!! I need that

med twice monthly.” At his new clinic in Tacoma, for his primarily Medicaid population, there are “no services for addiction management. If I don’t do it, nobody does it.” And right now, he has to turn people away.

At the same time, of course, there are plenty of frustrations of which a prescribing physician must be mindful. There is of course “drug-seeking behavior” (often just a patient trying to get their needs met), diversion, concurrent use of other substances, co-occurring mental illness, current or past substance use disorder, “doctor-shopping”, or plenty of instances where the controlled substance simply isn’t the right call. There is diligence required to safely prescribe and monitor. As an ND, there are plenty of times where I don’t think the controlled substance is the best approach, but it may be a bridge while we’re working on other therapies.

And I’ve certainly seen NDs prescribe inappropriately or fail to monitor for safety. I’ve also seen – and I’d say at a higher rate – MDs, DOs, NPs, and PAs prescribe inappropriately. I’ve known patients who’ve died because of such inappropriate prescriptions.

As with all things in medicine, safe practice requires good training. NDs interested in prescribing controlled substances should be encouraged to seek out guidance and training in doing this work, just as they would if they were expanding their practice to include any other new treatment. Of course, anybody applying for a new or renewed DEA license must attest to completing the new 8-hour training requirement, per the Consolidated Appropriations Act of 2023 (passed in late 2022), but this merely covers substance use disorders. I would expect an ND – or any other provider – adding new medications to their scope should complete appropriate training or self-study in this regard. My hope and expectation is that Bastyr, the Washington Association of Naturopathic Physicians, or the Naturopathic Academy of Primary Care Physicians would work to develop such curriculum specifically for NDs, but also that Washington NDs could also readily avail themselves of such training through any number of other conventional organizations. Access to mentorship – harder to develop than simply CME lectures – would also be of benefit.

In Oregon we’ve got the Prescription Drug Monitoring Program, and I understand that your bill requires that providers prescribing controlled substances enroll and use your program. That’s a critical part of safety. It also provides a mechanism for the State or the licensing board to monitor for (or review in the event of a complaint) concerning practices – high MMEs, combinations of benzos and opioids, or prescriptions from multiple providers. It’s a critical safety tool that I would support as part of the expanded scope.

In summary, I believe that NDs in Oregon have a proven track record of safely and appropriately managing these medications. As long as there is adequate training provided, I would support my naturopathic colleagues in Washington having this expanded scope. I think the Washington Department of Health would do well to consider a minimum of 4-8 hours of training on controlled substances and pain management – beyond just the new DEA requirements on substance use disorders.

Please do reach out if you’d like any additional information. With enough scheduling notice, I’m also available for direct verbal testimony should the Washington legislature or Department of Health want more of my perspective.

Very best regards,

Timothy “Bill” Walter, ND