

**THE VIRGINIA BOARD OF HEALTH PROFESSIONS
THE VIRGINIA DEPARTMENT OF HEALTH PROFESSIONS**

**STUDY INTO THE NEED TO REGULATE
NATUROPATHS IN VIRGINIA**

September 8, 2005

**Virginia Board of Health Professions
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Executive Summary

Background

The Virginia Board of Health Professions conducted *The Study into the Need to Regulate Naturopaths in Virginia* at the request of Delegate J. Chapman Peterson. In lieu of proceeding with legislation in the 2005 General Assembly Session, Delegate Chapman asked the Director of the Department of Health Professions for an objective evaluation of the need for the Commonwealth to regulate this group. The report describes the Board's methods, findings, and recommendation.

Methods

As with all its sunrise reviews, the Board's *Policies and Procedures for the Evaluation of the Need to Regulate Health Occupations and Professions, 1998* governed the study. Central to the evaluation was application of the following seven criteria (the Criteria):

- (1) Unregulated practice of the profession poses a recognizable harm or risk for harm to the consumer resulting from practices inherent in the occupation, the characteristics of the clients served, the setting or supervisory arrangements for the delivery of services, or any combination of these factors.
- (2) Practice requires specialized education and training, and the public needs to be assured of initial and continuing occupational competence.
- (3) Autonomous practice occurs so that the functions and responsibilities of the practitioner require independent judgment.
- (4) The scope of practice is distinguishable from other licensed, certified or registered occupations.
- (5) The economic impact due to restriction on the supply of practitioners and the cost of board operations is justified.
- (6) Alternatives to regulation have been explored and none are found which would adequately protect the public.
- (7) The least restrictive regulation that is consistent with public protection must be recommended.

The Board reviewed the relevant literature relating to naturopathy and naturopathic practices, federal and state laws and regulations, information on educational accreditation and credentialing programs, licensing and disciplinary information, malpractice data, and media coverage. They solicited and received public comment at a public hearing on July 14, 2005 and in writing from June 28, 2005 to August 10, 2005.

There was no established repository of information which identified all naturopathic practitioners from which Virginia's naturopaths could be reliably extracted. Thus, Internet search for naturopathic services and organizational membership listings in Virginia was conducted, and the results were corroborated by the two major professional organizations known to represent naturopaths: the American Association of Naturopathic Physicians (AANP) and the Coalition for Natural Health, Inc. (CNH).

Results and Conclusions

Historically, the regulation of naturopathy was common in the United States at the turn of the 19th century. However, the significant growth of more scientific ("allopathic") medicine coincided with a dramatic decline in naturopathy and all other forms of medicine. Reforms to standardized medical curricula further contributed to the closing of many naturopathic schools and, by mid-20th century, to deregulation. Virginia stopped issuing new licenses in 1980.

In recent years, interest in naturopathy and other forms of alternative and complementary medicine has rekindled. Currently, the various disciplines are not firmly distinguished from one another. They have evolved independently from and parallel to allopathic medicine. Their rapid growth has outpaced objective clinical and policy research. This has hindered the development of informed, cohesive governmental policy regarding the various forms of alternative practice, including naturopathy.

Naturopaths in North America generally ascribe to six guiding principles based in the historical origins of the profession: (1) the healing power of nature, (2) identify and treat the cause of disease, (3) do no harm, (4) doctor as teacher, (5) treat the whole person, and (6), prevention. However, there is no universally agreed upon definition of naturopathy in the United States now. Within the profession, itself, there is disagreement as to necessary qualifications, appropriate titling, and especially acceptable scopes of practice which can vary considerably across the country and among individual practitioners.

There is a host of literature relating to naturopathy and its modalities. It largely involves historical overviews, position papers, and anecdotal accounts. There are some scientific studies on the benefits of several botanical agents used in naturopathy and a few studies employing clinical trials that indicate certain modalities employed by naturopaths (i.e., acupuncture, physiotherapy, chiropractic and exercise) may be effective in pain relief and improving physical functioning. To date, however, there has been no independent policy-related research on naturopathy as a system of medicine.

There are no specific federal laws pertaining to naturopathy. A regulatory patchwork exists among the states, with 14 states and the District of Columbia licensing naturopaths, three states having some statutory provisions, and two states with laws that make the practice of naturopathy illegal. Thirty one states have nothing relating specifically to naturopathy. Two of these states, Minnesota and Rhode Island, have developed freedom of health care choice laws which remove certain prohibitions against unlicensed alternative and complementary practice. There is no reference to a specific profession or provision for a regulatory board to credential and discipline practitioners, but these measures for consumer disclosure and some redress.

In the United States, there are multiple organizations which make reference to naturopathy in some manner. However, in the main, there are two camps which represent the profession, itself, and are referred to as "naturopathic physicians" and "traditional naturopaths." Each has its own accreditation and credentialing systems; both provide for

doctorate-level degrees in naturopathy, some employing the same degree titling. In Virginia, there are approximately 10 naturopathic physicians and over 100 traditional naturopaths.

Represented by the American Association of Naturopathic Physicians, the naturopathic physicians' camp has lobbied for state licensure and regulatory board oversight. They also have sought greater credentialing uniformity, more reliance on scientific research, and expanded practice scope to include minor surgery, obstetric care, acupuncture, and prescription drugs. The overall aim is to not only allow naturopathic physicians to support wellness and prevent disease but also address routine, minor illness or injury with naturopathic skills supplemented by allopathic methods. Public comment from this group cited the benefits of assured minimal competency through state regulation and concern about harm from incompetent practice by those referring to themselves as "naturopaths," "naturopathic healers," and so forth with little to substantiate their education or training.

Traditional naturopaths, represented by the Coalition for Natural Health and other groups, are strongly opposed to the naturopathic physicians' efforts to standardize the profession to meet their model. Traditional naturopaths seek to maintain the individual's freedom to pursue natural, non-invasive, holistic approaches to support health without reference to the allopathic model, scientific reductionism to prove efficacy, or governmental oversight. They see the naturopathic physicians' efforts to bring about state regulation as monopolistic. Further, they hold that current naturopathic education is insufficient to ensure safety of a naturopath practicing any aspect of allopathic medicine, with or without supervision. This group holds that existing criminal laws sufficiently protect the public against unscrupulous or incompetent unlicensed practice, without the added costs to the public and regulators involved with a regulatory program. The bulk of public comment received was in opposition to regulating naturopaths and cited the concerns expressed by traditional naturopaths.

Evidence of harm in Virginia attributable to naturopaths was lacking. No known injuries or complaints about care were found in Virginia. The discipline in states license naturopaths (largely naturopathic physicians) is rare. There are no malpractice cases involving naturopaths. However, there were cases in other states in which individuals had been seriously harmed by persons claiming to be naturopaths.

When applying the Criteria, the following options were considered (1) licensure, (2) voluntary certification, (3) registration, or (4) no professional regulation was justified. Also considered was whether health care freedom legislation, like that in Minnesota or Rhode Island, may be needed.

Recommendation

At its September 8, 2005 meeting, the Regulatory Research Committee recommended that no professional regulation of naturopaths was warranted. The full Board unanimously approved the Committee's report and recommendation.

They deemed that Criterion #1, Risk of Harm, was not met as there was insufficient evidence of harm posed by naturopaths in Virginia that could not be remedied by Virginia's current criminal statutes. When considering the actual instances in which individuals had been harmed by persons claiming to be naturopaths, the opinion expressed was that the issue was of unscrupulous, incompetent practitioners that were **not** members of the naturopathic physicians' camp, the group seeking licensure. Thus, regulating naturopathic physicians would not achieve protection from such practices which could not already be provided in Virginia through criminal prosecution for unlicensed practice of medicine, chiropractic, osteopathy, etc. They noted that the Commonwealth Attorneys, not the regulatory boards, have prosecutorial authority for the unlicensed practice of any regulated health profession. Also, they noted that invasive practices are already punishable as a felony under §54.1-2901. Given that criminal prosecution carries penalties greater than can be meted out through regulatory board discipline, they concluded regulation of naturopaths by a health regulatory board and prohibitions for practicing unlicensed naturopathy would not reasonably provide further significant protection for the public than already exists. This and the impracticality of creating a regulatory scheme for approximately ten individuals lead to the conclusion.

VIRGINIA DEPARTMENT OF HEALTH PROFESSIONS
BOARD OF HEALTH PROFESSIONS

STUDY INTO THE NEED TO REGULATE NATUROPATHS IN VIRGINIA

Background

This review was conducted in response to a request to the Department of Health Professions from Delegate J. Chapman Peterson for a study into the feasibility of regulating the practice of naturopathy in Virginia. Delegate Peterson sponsored HB2488 in the 2005 General Assembly Session which would have required licensure for naturopathic physicians and the establishment of an advisory board. In lieu of proceeding with the legislation at the time, Delegate Peterson determined that an objective sunrise review into the need to regulate the profession was in order and so made the request. Appendix 1 provides HB2488 and relevant correspondence as reference.

Virginia previously licensed naturopaths through the Board of Medicine. In 1972, the naturopathic member of the Board, himself, recommended the deregulation of naturopathy in Virginia, noting that there were only four licensees practicing in the state, and there were no known accredited schools. Section 54.1-2901 of the *Code of Virginia* provides that any person licensed to practice naturopathy prior to June 30, 1980 could continue to practice in accordance with the Board of Medicine's regulations. The four existing licensees were allowed to maintain licensure upon renewal. The last license expired in 2002, effectively ending naturopathic regulation in Virginia.

In recent years, renewed interest has emerged in naturopathy, homeopathy, and other forms of what has come to be known as "alternative and complementary medicine." These medical systems, including naturopathy, have evolved independently from or parallel to conventional (allopathic) medicine. There is no universally accepted definition of naturopathy or its scope of practice. "Naturopathy" is defined by the U.S. National Center for Complementary and Alternative Medicine of the National Institutes of Health as:

... a system of healing, originating from Europe, that views disease as a manifestation of alterations in the processes by which the body naturally heals itself. It emphasizes health restoration as well as disease treatment. The term 'naturopathy' literally translates as 'nature disease.'

In the United States, the states that regulate naturopathy as a profession have codified their own definitions of naturopathy and its practice in statute and regulation. Table 1 of Appendix 2 provides a listing of the definitions employed by the licensing states and for other terms related to the scope of practice in the respective state.

Study Scope and Methodology

The Board examined the relevant policy-related literature, the current laws pertaining to the profession and the curricula of the educational institutions for the profession to determine the competencies and standards of practice for naturopathic practitioners in the Commonwealth and other jurisdictions. To determine the need to regulate the profession, the Board's formal criteria and policies referenced in its publication *Policies and Procedures for Evaluation of the Need to Regulate Health Occupations and Professions, 1998* were applied. Among other things, these criteria enabled the Board to assess the degree of risk from unregulated practice, the costs and benefits of the various levels of regulation, and the advantages and disadvantages of the various alternatives to regulation that might protect the public. By adopting these criteria and application policies, the Board has endorsed a consistent standard by which to judge the need to regulate any health profession. The aim of this standard is to lead decision-makers to consider the least governmental restriction possible that is consistent with the public's protection. This standard is in keeping with regulatory principles established in Virginia law and is accepted in the national community of regulators. The Criteria and its application policies are detailed in Appendix 3.

Following the *Policies and Procedures*, this review attempted to answer the following key questions:

- *What is the potential risk for harm to the consumer?*
- *What specialized skills and training do naturopaths possess?*
- *To what degree is independent judgment required in their practices?*
- *Is their scope of practice distinguishable from other regulated occupations or professions?*
- *What would be the economic impact to the public if this group were regulated?*
- *Are there alternatives other than state regulation of this occupation which would adequately protect the public?*
- *Finally, if it is determined that this occupation requires state regulation, what is the least restrictive level that is consistent with the public's protection?*

To answer these questions, the following specific steps were undertaken:

- Review of the policy literature relating to trends in the practice of naturopathy with special emphasis on the oversight, both public and private, of naturopaths;
- Examination of current relevant federal and states' laws and regulations;
- Review of the most recent applicable available job analyses;
- Evaluation of disciplinary information obtained from states that regulate naturopaths;
- Review of available malpractice insurance coverage information and attempt to discover extant malpractice case decisions involving naturopaths;
- Determination of the approximate number and distribution of practitioners of naturopathy in Virginia;
- Discernment of what constitutes practice in Virginia; and
- Application of the Criteria and provision of recommendations accordingly.

Policy Literature Review

GENERAL NOTE: It was determined that there exists a host of wide-ranging policy-related information that is largely commentary in nature promoted by advocates and opponents of naturopathy and by divergent internal groups. The aim of this review was to restrict the focus of information to that which could be independently validated. Any information that was not independently verifiable was designated as such.

General overview

According to the National Center for Complementary and Alternative Medicine of the U.S. National Institutes of Health (NCCAM) (2005) naturopathy is currently practiced in Europe, Canada, Australia, and New Zealand, as well as the United States. They report that specifics concerning the scope of practice may vary considerably within a country and even across practitioners. Nonetheless, in North America, there are **six guiding principles** which appear to serve as naturopathy's philosophical basis and underlie its practice in the United States:

- (1) **Healing power of nature** (identify and remove obstacles to health and recovery by facilitating the healing process);
- (2) **Identify and treat the cause of disease** (remove underlying causes of disease rather than attempt to eliminate or suppress specific symptoms);
- (3) **Do no harm** (minimize harmful side effects, use the least invasive method possible to diagnose and treat, prevent suppression of symptoms, and respect the individual's self-healing process);
- (4) **Doctor as teacher** (educate and encourage the patient to take responsibility for his own health and recognize the therapeutic potential of the doctor/patient relationship);
- (5) **Treat the whole person** (recognize total health involves multiple mental, physical, spiritual, social, and environmental factors; encourage personal spiritual development); and
- (6) **Prevention** (emphasize assessment of risk factors and heredity and susceptibility to disease and partner with patient to intervene and prevent illness).

In North America, naturopathy's primary methodologies relate to diet and nutrition, herbal medicine, acupuncture, traditional Chinese medicine, hydrotherapy (including colonic irrigation), massage, joint manipulation, and general lifestyle counseling. Treatment protocols are tailored to the individual patient based on the naturopath's judgment. The Council on Licensure Enforcement and Regulation's (CLEAR) Spring 2004 review, "Naturopathic Physicians - The Path to Licensure" describes naturopaths as aiming to employ the least invasive treatments possible to treat the whole person in an attempt to address the cause of illness.

To date, no independent research studies on naturopathy as a system of medicine have been published (NCCAM, 2005). The majority of the literature on the efficacy of naturopathy is anecdotal. However, a few scientifically validated studies on the botanical agents used within the context of naturopathy have been published. They have indicated that some potential benefits may be derived from these agents (see Sarrell, Cohen & Kahen, 2003; Sarrell, Mandelberg & Cohen, 2001; Strothers, 2002; Taylor, Weber, Standish, et al., 2002). In addition, there have been some studies employing randomized clinical trials which indicate that certain modalities employed by some naturopaths (i.e., acupuncture, physiotherapy, chiropractic, and exercise) may be effective in providing pain relief and improving physical functioning (see Hough, Dower, and O'Neil, 2001).

History of Naturopathy in the United States

Current naturopathic medicine in the United States evolved from the natural cure healing systems of the 18th and 19th centuries, with a focus on water treatments, fresh air, and positive thinking. This approach is generally viewed to have had a long history in Europe, Asia, and the United States. Naturopathy evolved in the late 19th century in the United States through the efforts of Benedict Lust, a German who immigrated in 1892, and espoused the benefits of water cures to treat illnesses. The practice evolved to include a variety of natural healing methods, including botanical medicines, homeopathy, nutritional medicine, and manipulation. This trend prompted Dr. John Scheel of New York City in 1895 to coin the term “naturopathy” in order to describe a method of health care that accommodates an evolving system of natural therapies (Dower & O'Neill, 2001). During the early part of the 20th century, there were 20 colleges of naturopathy in the United States and many states, including Virginia, enacted licensure laws.

Nevertheless, as scientific medicine emerged with the advent of technological and pharmacological advances such as antibiotics and the growth in influence of the “allopathic” approach advocated by the American Medical Association, naturopathy and other forms of medicine declined dramatically in the mid-20th century. In addition, Abraham Flexner (1866-1959), American authority on higher education, published his study of American medical colleges in 1910. This report caused sweeping reforms in medical education in the United States and led to greater standardized curricula. In the wake of these movements, naturopathic colleges and other types of institutions such as homeopathic schools closed, and many states stopped licensing the profession (NCCAM, 2003, April; CLEAR, 2004).

However, by the 1970's, the public began to seek lower cost and less invasive alternatives. With this renewed public interest in complementary and alternative medicine, naturopathy began to reemerge.

U.S. Naturopathy Today

Currently, there are two groupings of naturopaths in the United States: “naturopathic

physicians” and “traditional naturopaths.”¹ Although the titling can be a bit puzzling due to potential confusion relating to the academic degrees being conferred by the respective camp’s schools, these group titles have been used in at least two recent independent policy reviews on naturopathy, CLEAR (2005) and Florida’s Commission on Health Care (2004).

Naturopathic physicians (also referred to as naturopaths or naturopathic doctors) are graduates of one of the naturopathic medical programs in North America accredited by the Council on Naturopathic Medical Education (CNME), the only accrediting body for naturopathic training institutions recognized by the United States Department of Education (U.S. Department of Education, 2005). Degrees conferred are Doctor of Naturopathy (N.D.) or Doctor of Naturopathic Medicine (N.M.D.). There are three currently fully accredited schools in the United States: the National College of Naturopathic Medicine (in Portland, Oregon), Bastyr University (in Kenmore, Washington), and Southwest College of Naturopathic Medicine (in Tempe, Arizona) which temporarily lost accreditation but has since regained it. The College of Naturopathic Medicine at the University of Bridgeport (in Bridgeport, Connecticut) is not fully accredited but has candidacy for accreditation status. A full-scale evaluation of this program is scheduled for this year. The complete list of approved schools with links to their websites is on page 7. Some naturopathic physicians have additional training in childbirth, acupuncture, and/or minor surgery.

Naturopathic physicians have focused much attention on making the process for education, training, and entry into the profession, as they define it, formalized, to improve evidence-based research in the field, and to be recognized by states. The American Association of Naturopathic Physicians is the chief association representing this group (CLEAR, 2004). To assist in their standardization efforts and in response to Hawaii’s legislature’s need for a national credentialing examination, naturopathic physicians have brought about the North American Board of Naturopathic Examiners which has developed their national examination, the Naturopathic Physicians Licensing Examinations (NPLEX). NPLEX passage is required by 13 licensing states and the District of Columbia. Idaho requires “a competency based examination approved by the board covering appropriate basic science and clinical sciences.” NPLEX may satisfy this requirement, but it is undetermined at this writing (see Table 2 in Appendix 2).

Traditional naturopaths (also generally referred to as “naturopaths,” “naturopathic practitioners,” or “naturopathic consultants”) advocate continuation of the fundamental naturopathy ideals expressed by Benedict Lust² and advocate

¹ There are also those who refer to themselves under titles such as “classical naturopaths,” “Biological Health Concepts™” “Nature Cure Practitioner,” and so forth. But for the purposes of this review, the later groups are classified as “traditional.”

² Subsequent to the June 15th draft of this report, the American Association of Naturopathic Physicians submitted a copy of a letter dated April 9, 1999 addressed “To whom it may concern” from John Benedict Lust, Jr. In it, Mr. Lust indicates that he represents the Benedict Lust Family and Estate and supports

practice freedom rather than practice restricted by regulation. There are several traditional naturopathy schools in the United States and elsewhere, some with accreditation through the American Naturopathic Medical Accreditation Board and American Naturopathic Certification Board (ANMAB) (formerly American Naturopathic Medical Certification and Accreditation Board). Note that this accreditation is not recognized by the U.S. Department of Education. There are also a host of correspondence and campus programs whose credentials cannot be verified. Naturopathy degrees conferred by the majority of these institutions include a Ph.D. in Traditional Naturopathy and a Doctor of Naturopathy (N.D.). Doctor of Naturopathy programs in the United States accredited by ANMAB include: Clayton College of Natural Health (in Birmingham, Alabama), Trinity College of Natural Health (in Warsaw, Indiana), Global College of Natural Medicine (in Santa Cruz, California), Canyon College (in Caldwell, Idaho), and the University of Natural Medicine (in San Dimas, California). In addition ANMAB accredits a program in Hong Kong, the International Naturopathic College that confers the degree, Doctor of Naturopathic Medicine.

Traditional naturopaths do not diagnose or treat conditions; they educate and otherwise support the health of their clients through non-invasive means. They do not use non-natural pharmaceutical agents or perform surgery or provide obstetrical care (Committee on Health Care, 2004). One group representing traditional naturopaths, the Coalition for Natural Health, draws a distinction between “naturopathic medicine” (practiced by naturopathic physicians) and traditional naturopathy in that naturopathic medicine incorporates allopathic methods, which are anathema to traditional naturopaths. Further, this group and other traditional naturopathic groups view the efforts by those seeking licensure as problematic. In states that license naturopathic physicians, the titles “naturopathic physician,” “naturopathic doctor,” and sometimes, even “naturopath” are reserved to the naturopathic physician group (see Table 1 in Appendix 2 for details). This restriction of title and in some instances scope of practice has resulted in a rift between the traditional naturopaths and naturopathic physicians.

Curricula and Faculty Information

To develop an understanding of the training required for a doctoral degree in naturopathy, Table 3 on the following page provides a summary of the requisite general coursework and apprenticeships (i.e., internship or residency) in U.S. doctoral naturopathy programs as provided through the respective program's website. Included are programs accredited by CNME as well as those accredited by other groups. Note that only CNME has been accepted by the U.S. Department of Education as an accrediting body for naturopathic programs. For general comparison, Table 4, on the subsequent page, provides a similar summary of the requirements for an M.D. from three randomly selected allopathic

licensure by naturopathic physicians and accredited institutions of higher learning which espouse the principals of Benedict Lust and associates. A copy is available for review.

medical colleges as listed on the American Association of Medical Colleges most recent "Curriculum Directory" website on August 25, 2005.

Table 3 - Curricula Summary of Some Naturopathy Doctorate Programs

Naturopathic Program	Curriculum	Residency/ Apprenticeship Required?
<p>Bastyr University</p> <p>(CNME Accredited)</p>	<p>Basic sciences: Physiology, histology, embryology, neuroscience, and immunology. Clinical sciences to include physical/clinical diagnosis, clinical laboratory diagnosis, minor surgery, signs & symptoms. In addition, naturopathic modalities including homeopathy, hydrotherapy, botanical medicine, nutrition, Oriental medicine, Ayurvedic medicine, and massage.</p>	<p>Residencies are available but not required. Clinical internship is required in a university or college primary care outpatient or satellite clinic with a licensed naturopathic supervision for 47 credits</p>
<p>National College of Naturopathic Medicine</p> <p>(CNME Accredited)</p>	<p>Basic medical science coursework to include: physiology, histology, immunology, obstetrics, and gastroenterology. Clinical courses include: clinical/physical diagnosis, palpation, orthopedics, and lab diagnosis, naturopathic modalities including hydrotherapy, homeopathy, massage therapy, nutrition, and botanical medicine</p>	<p>Residencies are available but not required. Clinical internship is required in a university or college primary care outpatient or satellite clinic with a licensed naturopathic supervision (1488 hours)</p>
<p>Southwest College of Naturopathic Medicine</p> <p>(CNME Accredited)</p>	<p>Basic medical science coursework including: anatomy, embryology, histology, immunology, biochemistry, microbiology, cardiology, pulmonology, and rheumatology. Clinical courses include: drug toxicology, physical medicine, clinical assessment, diagnosis, and minor surgery. Naturopathic modalities include: Southwest botanicals, Chinese medicine, nutrition and acupuncture.</p>	<p>Residencies are available but not required. Clinical internship in university or college primary care outpatient or satellite clinics with licensed naturopathic supervision (1200 hours)</p>
<p>Univ. of Bridgeport College of Naturopathic Medicine</p> <p>(CNME Candidacy)</p>	<p>Courses in basic sciences(738 hours), botanical medicine (108 hours), clinical sciences (945 hours), homeopathic medicine (144 hours), naturopathic obstetrics (36 hours), naturopathic practice (378 hours), naturopathic principles and practice (162 hours), Oriental medicine (72 hours), physical medicine (495 hours), psychology (162 hours), research (72 hours), and clinical education (1,296 hours)</p>	<p>Residencies are available but not required. Clinical internship in university or college primary care outpatient or satellite clinics with licensed naturopathic supervision (36 credits)</p>
<p>Clayton College of Natural Health</p> <p>(Accredited by Amer. Assn of Drugless Practitioners & ANMAB)</p>	<p>NH 627 History of Naturopathy NH 628 Foundations of Naturopathy NU 303 Dietary Influences on Disease NH 509 Detoxification and Healing NH 512 Iridology: An Introduction NH 503 Body Awareness and Physical Movement NH 506 Alternative Approaches to Arthritis NH 507 Manual Therapies: Massage, Reflexology and Acupressure NH 725 Building and Maintaining a Consulting Practice NH 726 The Client-Practitioner Relationship Three Electives (total of 12 hrs)in a broad array of content areas spanning basic sciences to herbal nutrition, to spiritual healing, and others.</p>	<p>Consulting Practicum required. This essentially involves evaluation of performance with seven clients through observation via audio or video taping by a health care provider who incorporates his recommendations into reports which are, in turn, evaluated by an ND faculty member.</p>

Table 3
Curricula Summary of Some Naturopathic Doctorate Programs
 (continued)

Naturopathic Program	Curriculum	Residency/ Apprenticeship Required?
Trinity College of Natural Health Accredited by ANMCAB	Alternative medical studies (choices in therapy, dry blood analysis, health assessment), 80 hrs; analytical anthropological studies (reflexology, eye analysis, kinesiology), 128 hrs; anatomy and physiological studies (medical terminology, anatomy and physiology basic and advanced), 80 hrs; biomechanical studies (acupressure), 32 hrs; botanical studies (herbology, herbal material medica, herbal preparations, Chinese herbology, aromatherapy), 208 hrs; chemistry of nutrition (chemistry of health, chemistry of man, enzyme health), 128 hrs.; historical survey (history and overview of naturopathy, 32 hrs; homeopathic studies (homeopathy, traditional flower remedies), 96 hrs; medical and legal studies (medical jurisprudence, 32 hrs; mental health studies (body mind connection), 32 hrs; nutritional studies (orthomolecular nutrition, children's health, nutrition and health, nutritional philosophy, nutritional wellness, diet and nutrition), 176 hrs; and dissertation, 240 hrs.	Not indicated.

Table 4 - Curricula Summary of Some M.D. Program Requirements

M.D. Program	Curriculum
University of Texas Medical School, Houston	Biochemistry, developmental anatomy, gross anatomy, histology, microbiology, neuroscience, physiology, behavioral science, each 18 wks; fundamentals of clinical medicine, 36 wks; genetics, 8 wks; medical ethics and professionalism (small group discussion); pathology, physical diagnosis, 36 wks each; radiology, 1 week; reproductive biology, 6 wks; family practice (3rd year), 4 wks; internal medicine (3rd year), 12 wks; obstetrics/gynecology, 8 wks; pediatrics, 8 wks; surgery (3rd year), 8 wks; internal medicine (4th year), 4 wks; medical jurisprudence, 1 week; neurology, 4 wks; and surgery (4th year) 4 wks.
Virginia Commonwealth University School of Medicine	Behavioral sciences (1st yr), 3 wks; foundations of clinical medicine (1st year), 2 hr lecture then small groups for 94 hours; gross and developmental anatomy, 11 wks; histology, 15 wks; human genetics, 5 wks; immunology, 6 wks; medical biochemistry, 9 wks; medical ethics (1st year), 8 hours; neurosciences, 5 wks; physiology, 15 wks; population medicine, 4 wks; behavioral sciences (2nd year), 3 wks; cardiovascular, 4 wks; central nervous system, 3 wks; endocrine, 2.5 wks; foundations of clinical medicine (2nd year); gastrointestinal, 3 wks; hematology-oncology, 3 wks; medical ethics (2nd year), 14 hrs; microbiology, 6 wks; musculoskeletal, 3 wks; pathogenesis, 1 week; pharmacology, 3 wks; renal, 3 wks; respiratory, 3 wks; women's health, 3 wks; 3rd year -- clerkship experiences in the following: family medicine 4 wks; medicine, 12 wks; neurology, 4 wks; obstetrics/gynecology, 6 wks; pediatrics, 8 wks; psychiatry, 6 wks; surgery, 8 wks; 4th year includes acting internships, electives
Johns Hopkins School of Medicine	Epidemiology, 2 wks; developmental biology, 2 wks; human gross anatomy, 8 wks; immunology, 2 wks; introduction to clinical medicine, 12 wks; molecules and cells; neuroscience/psychiatry, 7 wks; organ systems, 7 wks; physician and society year I, 35 wks; psychiatry and behavioral sciences, 7 wks; basic ambulatory medicine clerkship, 4 wks; basic emergency medicine clerkship, 4 wks; basic neurology clerkship, 4 wks; basic ophthalmology clerkship, 1 week; basic pediatric clerkship, 9 wks; basic psychiatry clerkship, 4 wks; basic surgery clerkship, 9 wks; clinical skills, 24 wks; clinico-pathological conferences, 7 hrs; human pathophysiology, 265 hrs; pathology, 29 wks; physician and society year 2; principles of medical pharmacology, 26 wks; two more round of clerkships for 3rd and 4th years as described previously, and rational therapeutics, 39 hours.

At the July 14, 2005 Public Hearing, the representative from the Coalition for Natural Health, Inc. brought forth the issue of the limited scope of faculty knowledge of the three CNME accredited programs as they were largely comprised of recent graduates of the same institution. The Regulatory Research Committee asked that a summary of faculty educational qualifications be compiled. Table 5 in Appendix 4 provides a summary of available general information on the basic educational backgrounds of the faculty members of the CNME and traditional naturopathic programs as available from their websites or student manuals. Those listed as "administrators" or "coordinators" were excluded from Table 5 because it was uncertain as to whether they also served in faculty positions. Also excluded were off-site clinical instructors as some institutions provided credentials for these individuals while others did not.

A review of the faculty listed for Bastyr University reveal that 64 of 94 (68%) faculty members listed had earned N.D. degrees from that institution. National College had 43 of 68 (63%) faculty members listed who had earned their naturopathic doctorate from National. Southwest's proportion of within-program graduates who serve as faculty is the least of the CNME accredited programs with 22 of 57 (39%), while University of Bridgeport's CNME candidacy status program has 11 of its 39 faculty listed its as alumnae (28%). At least one of the traditional naturopathy schools listed also had several alumnae serving as faculty, with 11 of Clayton College's 39 listed faculty members holding N.D. degrees from that institution.

Relevant National Examinations and Job Analysis Information

In its simplest terms, a job analysis provides a detailed job description based upon a representative sampling of entry-level practitioners. A valid job analysis (also known as a "role delineation study") is routinely conducted for professions' credentialing examinations. The results allow the researcher and test developer to abstract the specific knowledge, skills, and abilities that define the profession and help distinguish it from related professions and to determine how much of each content area should be covered to ensure entry-level competency and, thus, serve as an index of safety. Job analyses may be conducted based upon surveys of actual entry-level practitioners and/or based upon the judgment of subject matter experts. The number of questions and the weighting that is given for scoring the examination is determined by expert judgment of how critical the knowledge or skill in the specific content area is required to perform safely and effectively.

For determining the entry-level competencies of naturopaths, two national examinations are known to exist as of this writing: the Naturopathic Physicians Licensing Examinations (NPLEX), governed by the North American Board of Naturopathic Examiners (NABNE), and the Certified Traditional Naturopath (CTN), overseen by the American Naturopathic Certification Board (ANCB). It should be noted that other national examinations exist relating to alternative and complementary practices employed by naturopaths, such as homeopathy and acupuncture, but they do not address the full array of content domains involved in naturopathic practice. Therefore, they are not covered in this report.

Naturopathic Physicians Licensing Examination (NPLEX)

In 1986, the NPLEX was based upon a job analysis of practitioners in five states conducted that year by Naturopathic Physicians Licensing Examination, Inc. Prior to 1986, each regulating state created its own licensure examination. A subsequent job analysis for NPLEX was conducted in 1996. In 1999, the North American Board of Naturopathic Examiners (NABNE) was formed to oversee NPLEX. They are currently conducting an update to the 1996 job analysis.

NPLEX is comprised of two parts, Part I, the Basic Science Examinations, and Part II the Clinical Science Examinations. There is also a Clinical Add-On Series used as may be required by certain licensing/regulatory authorities. The following details the general content domain titles of each set of examinations:

BASIC SCIENCE	CLINICAL SCIENCE
<ul style="list-style-type: none">➤ Anatomy➤ Physiology➤ Biochemistry➤ Microbiology & Immunology➤ Pathology	<ul style="list-style-type: none">➤ Physical & Clinical Diagnosis➤ Lab Diagnosis & Diagnostic Imaging➤ Emergency Medicine & Public Health➤ Pharmacology➤ Botanical Medicine➤ Nutrition➤ Physical Medicine➤ Counseling, Behavioral Medicine & Health Psychology <p>ADD-ON SERIES:</p> <ul style="list-style-type: none">➤ Homeopathy➤ Minor Surgery➤ Acupuncture

(NOTE: The NPLEX Technical Manual and Guide for Licensing Boards as well as blueprint and preparation guidelines are available for reference.)

Those deemed eligible by NABNE to sit for NPLEX are students or graduates from a naturopathy program accredited (or eligible for accreditation) by the Council on Naturopathic Medical Education (CNME) as follows:

- Students who have completed their basic science training (usually after two years at an approved naturopathic medical college) are eligible to take the NPLEX Part I - Basic Science Examinations, or
- Candidates who have graduated from an approved naturopathic medical college and have met the NPLEX Part I - Basic Science Examination requirement are eligible to sit for the Part II - Clinical Science Examinations.

Currently, graduates from the following naturopathic medical colleges may sit:

- Bastyr University - Seattle, Washington
- Boucher Institute of Naturopathic Medicine - New Westminster, British Columbia
- Canadian College of Naturopathic Medicine - Toronto, Ontario
- National College of Naturopathic Medicine - Portland, Oregon
- Southwest College of Naturopathic Medicine - Tempe, Arizona
- University of Bridgeport - Bridgeport, Connecticut

Certified Traditional Naturopath (CTN)

The other known national examination specifically designed for credentialing naturopaths, the CTN, was developed by the American Naturopathic Certification Board (ANCB). Candidates are reviewed individually to determine if they are eligible to sit for the examination. The preferred candidate possesses a doctoral degree, either an N.D. or Ph.D. However, ANCB also notes that acceptable naturopathic education can be a combination of formal education, practical experience, and apprenticeships or other modes of experiential learning. To retain certification, candidates must complete and submit proof to ANCB of completing 20 hours of approved continuing education every two years.

Information provided by a telephone conversation with the Director of ANCB, Dan Funsch, on August 24, 2005 indicates that the CTN examination was developed and its scoring system rendered in keeping with the *Standards for Educational and Psychological Testing* (1999). A panel of experts was assembled to define and structure the content domains and develop criterion-referenced cut-score. It is uncertain as of this writing as to whether a survey of entry-level practitioners was conducted for the job analysis, as well. Their current website, <http://www.ancb.net/CTNpage.html>, provides the following information related to the CTN:

Applicants receive a comprehensive study guide that provides the terminology and phrases taken from the field of study being tested. The definitions, concepts, and theories of these terms form the knowledge base of all naturopathic professionals.

Included with the study guide is an extensive book list that covers all topics tested on the certification examination. Although this is not a complete and exclusive list of texts, it provides the student with suggested titles. For example, one expectation of the naturopathic professional is to be well versed in the theory and practice of iridology. Historically, Bernard Jensen's work in this field provided the hallmark for the topic. In recent years, research and development in the field of iridology has gone beyond Jensen's work. The student must approach the examination with an understanding of such historical implications in the evolving field of naturopathy.

The following content domains comprise the CTN examination:

- Herbology
- Homeopathy
- Anatomy and Physiology
- Chemistry and Biology

- Energy and Bodywork Techniques
- Nutrition
- Naturopathy: History and Philosophy
- Iridology
- Exercise and Body Movement
- Detoxification
- Professional Ethics and Practice

Laws, Regulations, and Disciplinary Information

State Regulation

In the United States, there are no specific federal laws pertaining to naturopathy regulation. Fourteen states and the District of Columbia³ license naturopaths: Alaska, Arizona, California, Connecticut, Hawaii, Idaho,⁴ Kansas, Maine, Montana, New Hampshire, Oregon, Utah, Vermont, and Washington. Three states, Alabama, Florida, and Virginia have statutory provisions relating to naturopaths in some manner. Alabama's law was last amended in 1940 and requires naturopaths (and scientists and chiropractors) to pay a \$10.00 licensure tax after practicing for two years. It is unknown at this writing how many naturopaths have paid the \$10.00 fee and are currently in Alabama. Florida's law allows any naturopath who received a license on or before October 1, 1985 to continue to practice as long as the license is renewed. No new licenses have been granted since that time, and there are seven practitioners still holding a Florida license. As discussed previously, Virginia's law allowed for continued practice of those licensed on or before June 30, 1980. The last license holder passed away in 2002. Two states, South Carolina and Tennessee, make the practice of naturopathy illegal. Thirty-one states do not regulate naturopaths. Among this last group of states, Minnesota and Rhode Island have statutes which expressly provide for consumer freedom of access to alternative and complementary health care.

Appendix 2 provides a summary of current regulatory provisions, by licensing state, compiled in Tables 1 & 2. Table 1 furnishes enabling legislation enactment dates, descriptions of scopes of practice, title protections, and relevant licensure and disciplinary statistics provided directly by the states' regulatory bodies.⁵ Table 2 lists the educational and examination requirements and provides additional notes of interest relating to individual states provisions. All of the information was drawn from a review of the current statutes, regulations, licensure application instructions and other pertinent information provided directly by the licensing agencies. For reference, Appendix 2 also contains Minnesota's *Complementary and Alternative Health Care Freedom of Access Act* and Rhode Island's *Act Relating to Unlicensed Complementary and Alternative Health Care*.

Upon review of Tables 1 & 2 it is apparent that graduation from a CNME accredited

³ Puerto Rico and the U.S. Virgin Islands also license naturopaths.

⁴ Idaho's licensing law became effective July 1, 2005.

⁵ Data received by the states from June 1 until August 24, 2005.

program serves as the chief educational requirement for licensing states and the NPLEX examination is the main licensure examination.

However, what a naturopath may do with a license (i.e., the scope of practice provided in statute) varies from state-to-state as do the statutory provisions relating to restrictions on professional titling. While the terms used to describe scope of practice ("naturopathy," "practice," and so forth) are similar in that they generally allude to the philosophy of employing natural methods to promote and restore health, they differ in terms of permitted practices. Some states restrict all but non-invasive therapies and diagnostic modalities and permit use of only natural non-controlled substances, while others allow more invasive practice, to include minor surgery, obstetrics, and prescription of some controlled substances.

With regard to how a naturopath may hold himself out to the public, some licensing states allow licensees to use their degree, N.D. (naturopathic doctor) or N.M.D. (naturopathic medical doctor) or variations of same titling, including "naturopath." In some instances, "naturopathic physician" is allowed, although in Alaska and Maine it is expressly forbidden. Title protection afforded by the licensing states also largely prohibits the use of the protected titles by non-licensed naturopaths or others alternative care practitioners who may employ naturopathic methods. Such title protection measures are aimed at ensuring that the consumer is aware of the credentials of the practitioner employing the title.

An alternative approach to traditional state regulation (i.e., licensure, certification, or registration by the state) has been taken by Minnesota and Rhode Island. Minnesota's *Complementary and Alternative Health Care Freedom of Access Act* became effective January 1, 2001 and gave unlicensed complementary and health care practitioners the right to engage in complementary and alternative health care practices, as defined in law, if they disclose specific information to their clients and obtain informed consent. The measure limits the circumstances in which a practitioner may be sued civilly, disciplined, and criminally sanctioned. The resulting statutes specify the grounds for disciplinary action. The commissioner of health is empowered to investigate complaints and discipline practitioners through an office of unlicensed complementary and alternative health care practice. There is no licensing, certifying, or registering of practitioners, per se. An "unlicensed complementary and alternative health care practitioner" is either not licensed or registered by any health-related licensing board or the commission of health or is a licensee of a health regulatory board but does not hold himself out as such when he engages in complementary and alternative health care. If so, then the "unlicensed" practitioner is governed by his licensing board. The Bill Summary and relevant portions of current Minnesota statutes are provided in Appendix 2.

Rhode Island passed a similar measure in 2002 by passing the *Act Relating to Unlicensed Complementary and Alternative Health Care*. The director of the department of health, through the office of unlicensed complementary and alternative health care practice, investigates complaints and is authorized to take disciplinary action based upon grounds established in statute and regulation. Rhode Island practitioner must also disclose certain information to their clients. Similar provisions also exist for licensees of a health

regulatory board engaged in complementary and alternative practices. The text of the *Act* and relevant current Rhode Island statutes are also in Appendix 2.

Licensing State Discipline

All the states that license naturopaths were sent requests for information concerning the number of regulants and the number and types of disciplinary cases that they have had over the past two years. Appendix 2 provides information obtained directly from the states on their current number of licensees as of mid-2005 and their available disciplinary information. The total number of basic naturopathic licenses ranges from a high of 915 in Washington D.C. to only 9 in Utah. The median is 76 regulants. Kansas, Maine, and New Hampshire reported no discipline cases at all over the past two years. For Maine, the data go back to 2000. The remaining states generally reported that they had received some complaints, but they also reported that founded cases of violation by a licensee were very rare. Only Washington D.C., Utah, and Oregon had taken disciplinary action against a licensee for misconduct such as practicing outside of the scope and advertising problems.

Although Virginia does not regulate naturopaths currently, nonetheless, the Department of Health Professions' Enforcement Division receives complaints related to various unregulated health related professions and occupations. The Department's disciplinary records indicate that only one complaint has been lodged against a known naturopath. The particulars of the complaint are confidential, but it can be shared that they did not relate to health care practice.

Malpractice Information

In the written public comment provided by American Association of Naturopathic Physicians (AANP), they cite that they are aware of three malpractice insurance carriers who will write policies for naturopaths: Wood Insurance, NCMIC Insurance, and the Chiropractic Council. The first two carriers could be verified as providing indemnity for naturopaths. The NCMIC only provides coverage for licensed naturopaths. As of this writing, there is no known malpractice case pertaining to naturopaths, nor is there information available on any settlements involving naturopaths.

Practitioners and Practice in Virginia

So far, ten individuals have been identified as naturopaths in Virginia. This information was obtained through the AANP's website and through general Internet search. One practitioner is also licensed as an acupuncturist. Information concerning traditional naturopathic practitioners who may be operating under other titles such as "natural medicine practitioner, "nature healers," and so forth presented at the public hearing on July 14, indicated that there were over 100 of them in Virginia.

Public Comment

A public hearing was held by the Regulatory Research Committee on July 14, 2005. The transcript is incorporated into Appendix 5, "Public Comment." Karen Howard, Executive Director of the American Association of Naturopathic Physicians and Rebecca Hanks, N.D. spoke in favor of licensure. Boyd Landry, Executive Director for the Coalition for Natural Health, Inc., spoke in opposition.

Additional written comment was received until August 10, 2005, and it is provided in Appendix 5 *in toto*. Some comments were also received which requested legal advice concerning future practice and recommendations for board membership. As they were not germane to the specific topic they have not been included.

In terms of volume of responses, those in opposition to licensure outweigh those in favor. The Coalition for Natural Health, Inc. provided a written report in opposition and numerous individuals also wrote opposing the state's regulation of naturopaths by largely citing the inherent noninvasiveness of naturopathic modalities, the desire to maintain freedom to natural health care, the desire for naturopathy to not adopt allopathic modalities, concern over regulatory costs, and concern over the loss of the ability to use the title "naturopath."

In favor of licensure was the American Association of Naturopathic Physicians which provided a detailed position paper and accompanying reference materials, including patient injuries by incompetent practitioners in other states. In addition, the Medical Society of Virginia conducted its own review of the matter and provided their final report and recommendations which site the need for regulation through the Board of Medicine to best ensure consumer protection. The Virginia Chapter of the American Academy of Pediatrics wrote in favor of regulating naturopaths with their scope of practice restricted to adults. The Acupuncture Society of Virginia wrote in favor, as well, with the scope of practice to exclude acupuncture.

Application of the Criteria

The Criteria (see Appendix 3) constitute Virginia's standards against which a profession is judged in determining the need for state regulation. The reasoning applied to each is as follows.

Criterion One - Harm to the Consumer, serves as the "gatekeeper." If it is not satisfied, then none of the others apply. To be met, Criterion One requires that the risk of harm from unregulated practice be sufficient to require the police power of the state to combat it embodied only in regulation of the profession to combat it. Evidence of this harm must be clearly linked to the practice of the profession and not remote or dependent on tenuous argument. The harm must be shown to be a result of (a) practices inherent in the occupation, (b) characteristics of the clients served, (c) the setting or supervisory arrangements for the delivery of health services, or (d) from any combination of these factors.

What constitutes naturopathic practice varies considerably within the United States, across groups of practitioners, and among practitioners, themselves. The scope of current practice ranges from purely non-invasive diagnostic and treatment modalities using natural non-prescription substances to performing minor surgeries, acupuncture, infant deliveries, and employing prescription drugs, either under supervision or independently. In non-licensing states, like Virginia, the scope is restricted by practice acts for licensed professions (e.g., medicine, nursing, dentistry) to non-invasive diagnostic and treatment modalities.

The evidence of actual harm attributable to practitioners from the naturopathic physician camp is almost non-existent. This is true even in the licensing states with invasive practices such as minor surgery and prescription drug authorization. There are no known malpractice cases involving naturopathic physicians or traditional naturopaths. The only evidence of physical harm associated with naturopathy is anecdotal and reflected in the AANP report attachment from the Colorado Association of Naturopathic Physicians submitted as part of their public comment (see Appendix 5). This describes instances of unlicensed practice of medicine in Idaho, Colorado, and North Carolina by individuals claiming to be naturopaths but with dubious credentials. The resultant harm included cases of face and body disfigurement, death from withdrawal of insulin from a diabetic child, and two deaths from delayed appropriate cancer treatment. In Virginia, no evidence of actual harm attributable to the lack of regulation of naturopaths has been ascertained. One complaint has been lodged with the Department of Health Professions but did not involve patient care. As such, the AANP cites the *potential* for harm of Virginia's citizens from practitioners from unaccredited programs and the *potential* adverse side effects of even non-invasive treatments involving botanicals and herbs by unknowledgeable practitioners.

To meet Criterion Two, Specialized Skills and Training, the practice of naturopathy would require specialized education and training and the need for assurance of initial and continuing competence through state regulation must be demonstrated. The details of what constitutes the skills and training of the naturopathic physician and traditional naturopath are provided in the Curricula and Faculty Information and Relevant National Examinations and Job Analysis Information sections of this report. Fundamental to addressing this need is consideration of what scope of practice should be in Virginia. Currently it has been characterized as non-invasive and within the constraints of Virginia's laws against the unlicensed practice of other professions. HB 2488 (2005) in Appendix 1 may be referenced for potential future scope consideration.

To meet Criterion Three, Autonomous Practice, the functions and responsibilities of the practitioner must require independent judgment and the members of the occupational group practice autonomously. The judgment referred to here refers to clinical judgment in rendering decisions concerning evaluation of a patient's health status and development of treatment plans. There may be need for consultation with other health care providers such as medical doctors, osteopaths, and others from time to time and even in a supervisory relationship. There must, however, be some aspects of practice which are independent of supervision for it to be considered autonomous.

For Criterion Four, Scope of Practice, to be satisfied, the scope of practice must be distinguishable from other licensed, certified and registered occupations, in spite of possible overlapping of professional duties, methods of examination, instrumentation, or therapeutic modalities. As noted previously, given the broad and varying nature of naturopathy, some guidance concerning what should constitute the scope of naturopathy in Virginia needs to be recommended.

Regarding Criterion Five, Economic Impact, the economic costs to the public of regulating the occupational group must be justified. These costs result from restriction of the supply of practitioners, and the cost of operation of regulatory boards and agencies. The limitation of practice to only those regulated by the state was cited as a consistent concern by those opposing regulating naturopaths because of the potential increase in costs to consumers. Cost information from licensing states is of useful global reference but does not directly translate to how much it would cost Virginia to regulate naturopaths. There are differing numbers of potential regulants and there are differing agency structures and statutory requirements which all lead to different operational costs. However, if the presumption is that the regulatory program would most likely be housed within the Board of Medicine, the fees would be best estimated as similar to those independent practitioners who are not required to report to the Physician Profile. So, the anticipated licensure application fee would be approximately \$277. The fee for biennial active license renewal would be approximately \$312; an additional late renewal fee for an active license within one renewal cycle would be \$105. Based upon public comment and reviews of various association memberships with Virginia addresses, the number of potential regulants is estimated between 10 and a little over 100.

Criterion Six, Alternatives to Regulation, requires that there be no alternatives to State regulation of the occupation which adequately protect the public. Inspections and injunctions, disclosure requirements, and the strengthening of consumer protection laws and regulations are examples of methods of addressing the risk for public harm that do not require regulation of the occupation or profession. Again, this presumes that Criterion One has been met.

Criterion Seven, Least Restrictive Regulation, provides that when it is determined that the State regulation of the occupation or profession is necessary, the least restrictive level of occupational regulation consistent with public protection will be recommended to the Governor, the General Assembly and the Director of the Department of Health Professions.

POLICY OPTIONS

When examining other health professions regulated within the Department of Health Professions' health regulatory boards, the key factors that are associated with each form of professional regulation are: educational requirements, examination requirements, scope of practice, discipline, and continuing education. To assist the Committee in its review, Table 4, below, provided an essential overview of each factor in relation to the form of traditional state regulation. It indicates whether the factor is necessarily required or associated with the form of regulation (Y), is optional (O), or is not required (N).

Table 4 - Summary of Regulation Form Factors

Form of Regulation	Educational Requirement	Examination Requirement	Discipline	Standards of Practice	Continuing Education
<i>Licensure</i>	O	O	Y	Y	O
<i>Voluntary Certification</i>	O	Y	Y	Y	O
<i>Registration</i>	N	N	Y	Y	O

Option 1 - Licensure

Licensure is the most restrictive level of state regulation and largely confers a monopoly to the group in question. Licensure ensures that the scope-of-practice and the professional title are reserved to individuals who meet certain minimal competencies to safely practice. To select this option for naturopaths, all six Criteria must be met.

- (1) There must be a high risk of harm to the consumer that results from the practices inherent in naturopathic practice, the characteristics of the clients served, and/or the setting or supervisory arrangements for health service delivery.
- (2) Naturopathy must be viewed as requiring special skills and training.
- (3) The naturopath must generally practice autonomously.
- (4) The scope of practice of a naturopath is distinguishable from other health professions and occupations.
- (5) The economic costs to the public of regulating naturopaths and thereby potentially reducing supply are justified.
- (6) Alternatives such as strengthening inspections and injunctions, disclosure requirements and consumer protection laws and regulations are insufficient to address the risk of harm to the public from the unregulated practice of naturopaths.

Option 2 - Voluntary Certification

This is the second most restrictive level of regulation. It presumes a moderate potential for risk of harm to the public that is attributable to the nature of the practice, client vulnerability, or practice setting and level of supervision. It requires that all of the Criteria listed above, except #3 (Autonomous Practice). Voluntary certification provides assurances for the public that the individual naturopath who obtains certification has at least a minimal level of competency to safely practice. It affords discipline of the certificate holder. The scope-of-practice is not restricted, but the use of the title "Naturopath" (or some variant) would be reserved to those meeting the certification requirements. This method affords consumers and employers with a means of identifying competent practitioners but does not restrict the performance of their duties only to those certified.

Option 3 - Registration

Registration simply requires that all naturopaths be registered as individual practitioners. Discipline could be taken against the registrant and not simply the facility. There is no test of minimal competency. This option provides accountability of the individual without the potential economic impact of restricting the supply of naturopaths. Clients, supervisors, and others would be able to track disciplinary history of the individual which should preclude incompetent or unscrupulous naturopaths from leaving one area in Virginia only to go to another. Criteria #1, #4, #5, and #6 must be met.

For Options #1, #2, or #3, the regulation of the naturopaths should be housed within a recognized board which can assure competency, set appropriate standards of care, and take disciplinary action when necessary. The Board of Medicine appears to be the most reasonable candidate because of the similar characteristics of the independent practitioners.

Option 4 - No Professional Regulation

To select this option, the work of naturopaths must be considered safe, ordinary work, with no special, distinguishable knowledge or skill required to adequately protect the public's health, safety, and welfare.

NOTE: In addition to the foregoing options traditionally considered in applying the *Criteria*, the Regulatory Research Committee and Board also considered the Current Health Care Freedom Measures discussed at the July 14, 2005 Public Hearing and provided in Appendix 2. As discussed previously, Minnesota's and Rhode's health care freedom statutes grant unlicensed alternative and complementary health care practitioners the right to engage in complementary and alternative health care practices which are defined in law.

RECOMMENDATIONS

At its September 8, 2005 meeting, the Regulatory Research Committee recommended Option 4, No Professional Regulation. They deemed that Criterion #1, Risk of Harm, was not met as there was insufficient evidence of harm posed by naturopaths that could not be remedied by Virginia's current criminal statutes, including those against the unlicensed practice.

They cited the noninvasive nature of naturopathic practice. They further noted that no known injuries or complaints about care existed in Virginia, that discipline in states where naturopathy is regulated is very rare, that these states largely regulate those from the naturopathic physician group, and that there are no malpractice cases for any naturopaths. When considering the actual instances in which individuals had been harmed by persons claiming to be naturopathic practitioners (e.g., diabetic child told to discontinue insulin, the woman's face disfigured by continued application of a caustic substance) (see written comment in Appendix 5), the Committee deemed that the issue

was of unscrupulous, incompetent practitioners that were **not** members of the naturopathic physicians group, those seeking regulation. Thus, regulating naturopathic physicians would not achieve protection from such practices which could not already be provided in Virginia through criminal prosecution for unlicensed practice of medicine, chiropractic, osteopathy, etc. They noted that the Commonwealth Attorneys, not the regulatory boards, have prosecutorial authority for the unlicensed practice of any regulated health profession. Also, they noted that invasive practices are already punishable as a felony under §54.1-2901. Given that jail time is a much harsher deterrent than regulatory board discipline, they concluded regulation of naturopaths by a health regulatory board and prohibitions for practicing unlicensed naturopathy would not reasonably provide further significant protection for the public than already exists. This and the impracticality of creating a regulatory scheme for a handful of individuals lead the Committee to reach its decision.

The full Board also met on September 8, 2005 and reviewed the Committee's findings. They voted unanimously to accept the Committee's report and recommendation not to amend Virginia's laws to require state regulation of naturopaths.

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APPENDIX 1

House Bill 2488 (2005)

APPENDIX 1

HOUSE BILL NO. 2488

Offered January 12, 2005

Prefiled January 12, 2005

A BILL to amend and reenact § 54.1-2900 of the Code of Virginia and to amend the Code of Virginia by adding sections numbered 54.1-2956.12, 54.1-2956.13, and 54.1-2956.14, relating to the practice of naturopathy; definition; requirements for licensure; advisory board established.

Patrons-- Petersen and Keister

Referred to Committee on Health, Welfare and Institutions

Be it enacted by the General Assembly of Virginia:

1. That § 54.1-2900 the Code of Virginia is amended and that the Code of Virginia is amended by adding sections numbered 54.1-2956.12, 54.1-2956.13 and 54.1-2956.14, as follows:

§ 54.1-2900. Definitions.

As used in this chapter, unless the context requires a different meaning:

"Acupuncturist" means individuals approved by the Board to practice acupuncture. This is limited to "licensed acupuncturist" which means an individual other than a doctor of medicine, osteopathy, chiropractic or podiatry who has successfully completed the requirements for licensure established by the Board (approved titles are limited to: Licensed Acupuncturist, Lic.Ac., and L.Ac.).

"Auricular acupuncture" means the subcutaneous insertion of sterile, disposable acupuncture needles in predetermined, bilateral locations in the outer ear when used exclusively and specifically in the context of a chemical dependency treatment program.

"Board" means the Board of Medicine.

"Healing arts" means the arts and sciences dealing with the prevention, diagnosis, treatment and cure or alleviation of human physical or mental ailments, conditions, diseases, pain or infirmities.

"Naturopath" means an individual approved by the Board to practice naturopathy. This is limited to "licensed naturopath," which means an individual other than a doctor of medicine, osteopathy, chiropractic, or podiatry who has successfully completed the requirements for licensure established by the Board (approved titles are limited to: Licensed Naturopath and Doctor of Naturopathic Medicine).

"Physician assistant" means an individual who has met the requirements of the Board for licensure and who works under the supervision of a licensed doctor of medicine, osteopathy, or podiatry.

"Practice of acupuncture" means the stimulation of certain points on or near the surface of the body by the insertion of needles to prevent or modify the perception of pain or to normalize physiological functions, including pain control, for the treatment of certain ailments or conditions of the body and includes the techniques of electroacupuncture, cupping and moxibustion. The practice of acupuncture does not include the use of physical therapy, chiropractic, or osteopathic manipulative techniques; the use or prescribing of any drugs, medications, serums or vaccines; or the procedure of auricular acupuncture as exempted in § 54.1-2901 when used in the context of a chemical dependency treatment program for patients eligible for federal, state or local public funds by an employee of the program who is trained and approved by the National Acupuncture Detoxification Association or an equivalent certifying body.

"Practice of athletic training" means the prevention, recognition, evaluation, and treatment of injuries or conditions related to athletic or recreational activity that requires physical skill and utilizes strength, power, endurance, speed, flexibility, range of motion or agility or a substantially similar injury or condition resulting from occupational activity immediately upon the onset of such injury or condition; and subsequent treatment and rehabilitation of such injuries or conditions under the direction of a licensed physical therapist and the patient's physician or under the direction of any doctor of medicine, osteopathy, chiropractic, podiatry, or dentistry, while using heat, light, sound, cold, electricity, exercise or mechanical or other devices.

"Practice of chiropractic" means the adjustment of the 24 movable vertebrae of the spinal column, and assisting nature for the purpose of normalizing the transmission of nerve energy, but does not include the use of surgery, obstetrics, osteopathy or the administration or prescribing of any drugs, medicines, serums or vaccines.

"Practice of medicine or osteopathic medicine" means the prevention, diagnosis and treatment of human physical or mental ailments, conditions, diseases, pain or infirmities by any means or method.

"Practice of naturopathy or naturopathic medicine" means the art and science of the diagnosis, prevention, and treatment of disorders of the body by stimulation or support, or both, of the natural processes of the human body. The practice of naturopathy does not include the use of physical therapy, chiropractic, or osteopathic manipulative techniques.

"Practice of occupational therapy" means the evaluation, analysis, assessment, and delivery of education and training in activities of daily living (ADL); the design, fabrication, and application of orthoses (splints); guidance in the selection and use of adaptive equipment; therapeutic activities to enhance functional performance; prevocational evaluation and training; and consultation concerning the adaptation of physical environments for individuals who have disabilities.

"Practice of podiatry" means the medical, mechanical and surgical treatment of the ailments of the human foot and ankle, but does not include amputation of the foot

proximal to the transmetatarsal level through the metatarsal shafts. Amputations proximal to the metatarsal-phalangeal joints may only be performed in a hospital or ambulatory surgery facility accredited by an organization listed in § 54.1-2939. The Board of Medicine shall determine whether a specific type of treatment of the foot and ankle is within the scope of practice of podiatry.

"Practice of radiologic technology" means the application of x-rays to human beings for diagnostic or therapeutic purposes.

"Practice of respiratory care" means the (i) administration of pharmacological, diagnostic, and therapeutic agents related to respiratory care procedures necessary to implement a treatment, disease prevention, pulmonary rehabilitative, or diagnostic regimen prescribed by a practitioner of medicine or osteopathic medicine; (ii) transcription and implementation of the written or verbal orders of a practitioner of medicine or osteopathic medicine pertaining to the practice of respiratory care; (iii) observation and monitoring of signs and symptoms, general behavior, general physical response to respiratory care treatment and diagnostic testing, including determination of whether such signs, symptoms, reactions, behavior or general physical response exhibit abnormal characteristics; and (iv) implementation of respiratory care procedures, based on observed abnormalities, or appropriate reporting, referral, respiratory care protocols or changes in treatment pursuant to the written or verbal orders by a licensed practitioner of medicine or osteopathic medicine or the initiation of emergency procedures, pursuant to the Board's regulations or as otherwise authorized by law. The practice of respiratory care may be performed in any clinic, hospital, skilled nursing facility, private dwelling or other place deemed appropriate by the Board in accordance with the written or verbal order of a practitioner of medicine or osteopathic medicine, and shall be performed under qualified medical direction.

"Qualified medical direction" means, in the context of the practice of respiratory care, having readily accessible to the respiratory care practitioner a licensed practitioner of medicine or osteopathic medicine who has specialty training or experience in the management of acute and chronic respiratory disorders and who is responsible for the quality, safety, and appropriateness of the respiratory services provided by the respiratory care practitioner.

"Radiologic technologist" means an individual, other than a licensed doctor of medicine, osteopathy, podiatry, or chiropractic, or a dentist licensed pursuant to Chapter 27 (§ 54.1-2700 et seq.) of this title, who (i) performs, may be called upon to perform, or who is licensed to perform a comprehensive scope of diagnostic radiologic procedures employing equipment which emits ionizing radiation and (ii) is delegated or exercises responsibility for the operation of radiation-generating equipment, the shielding of patient and staff from unnecessary radiation, the appropriate exposure of radiographs or other procedures which contribute to any significant extent to the site or dosage of ionizing radiation to which a patient is exposed.

"Radiologic technologist, limited" means an individual, other than a licensed radiologic technologist, dental hygienist or person who is otherwise authorized by the Board of Dentistry under Chapter 27 (§ 54.1-2700 et seq.) of this title and the regulations pursuant thereto, who performs diagnostic radiographic procedures

employing equipment which emits ionizing radiation which is limited to specific areas of the human body.

"Respiratory care" means the practice of the allied health profession responsible for the direct and indirect services, including inhalation therapy and respiratory therapy, in the treatment, management, diagnostic testing, control and care of patients with deficiencies and abnormalities associated with the cardiopulmonary system under qualified medical direction.

§ 54.1-2956.12. Unlawful to practice naturopathy without license; unlawful designation as naturopath; Board to regulate naturopaths; scope of practice.

It shall be unlawful for a person to practice or to hold himself out as practicing as a naturopath unless he holds a license as such issued by the Board. A person licensed to practice naturopathy, when using the title "naturopath," shall include therewith the designation doctor of naturopathic medicine.

In addition, it shall be unlawful for any person who is not licensed under this chapter, whose licensure has been suspended or revoked, or whose licensure has lapsed and has not been renewed, to use in conjunction with his name the words "licensed naturopath" or to otherwise by letters, words, representations, or insignias assert or imply that he is licensed to practice naturopathy.

The Board of Medicine shall prescribe by regulation the qualifications governing the licensure of naturopaths. The regulations shall at a minimum require that, prior to performing naturopathy, any naturopath who is not licensed to practice medicine, osteopathy, chiropractic, or podiatry shall either (i) obtain written documentation that the patient has received a diagnostic examination from a licensed practitioner of medicine, osteopathy, chiropractic, or podiatry with regard to the ailment or condition to be treated or (ii) provide to the patient a written recommendation for such a diagnostic examination. The regulations shall define the authorized scope of practice of licensed naturopaths, and include requirements for approved education programs, experience, and examinations. The regulations shall exempt from the requirement for Test of Spoken English (TSE) or the Test of English as a Foreign Language (TOEFL) any foreign-speaking acupuncturist who speaks the language of the majority of his clients.

In defining the authorized scope of practice of licensed naturopaths, the regulations shall include manual manipulation or mechanotherapy; and the prescription, administration, dispensing, and use of, except for the treatment of malignancies or neoplastic disease, nutrition and food science, physical modalities, homeopathy, certain medicines of mineral, animal, and botanical origin, hygiene and immunization, and common diagnostic procedures.

§ 54.1-2956.13. Requisite training and educational achievements of naturopaths.

The Board shall establish a testing program to determine the training and educational achievements of naturopaths, or the Board may accept other evidence such as successful completion of a national certification examination, experience, or completion of an approved training program in lieu of testing, and shall establish this as a prerequisite for approval of the licensee's application.

§ 54.1-2956.14. Advisory Board on Naturopathy; composition; appointment.

The Advisory Board on Naturopathy, hereinafter referred to as the "Advisory Board," shall assist the Board of Medicine in carrying out the provisions of this chapter regarding the qualifications, examination, licensure, and regulation of naturopaths. Nothing in this chapter shall be construed to authorize the Advisory Board to advise the Board of Medicine in matters pertaining to the regulations of doctors of medicine, osteopathy, chiropractic, or podiatry who are qualified by such regulations to practice naturopathy.

The Advisory Board shall consist of five members to be appointed by the Governor for four-year terms. Three members shall be licensed naturopaths who have been practicing in Virginia for not less than three years. One member shall be a doctor of medicine, osteopathy, chiropractic, or podiatry who is qualified to practice naturopathy in Virginia, and one member shall be a citizen member appointed from the Commonwealth at large. Any vacancy occurring during a member's term shall be filled for the unexpired balance of that term. No person shall be eligible to serve on the Advisory Board for more than two successive terms.

APPENDIX 2

Naturopathic Regulation by the States

- Table 1 - Naturopathic Regulation by the States: Statistics, Scope of Practice and Protected Titles
- Table 2 - Naturopathic Regulation by the States: Licensing Requirements
- Current Health Care Freedom of Access Measures
 - Minnesota's *Complementary and Alternative Health Care Freedom of Access Act*
 - Rhode Island's *Act Relating to Unlicensed Complementary and Alternative Health Care*

Table 1 - Naturopathic Regulation by the States:
 Statistics, Scope of Practice, and Protected Title

State Statistics	Scope of Practice	Protected Title
<p>Alaska</p> <p>Enactment: 1986 Licensees: 44 Discipline: 14 cases since 1986, 7 advisement letters.</p>	<p>"Naturopathy" means the use of hydrotherapy, dietetics, electrotherapy, sanitation, suggestion, mechanical and manual manipulation for the stimulation of physiological and psychological action to establish a normal condition of the mind and body.</p> <p>RESTRICTION: May not give, prescribe, or recommend a prescription drug, controlled substance, or poison. May not engage in surgery.</p>	<p><i>Naturopathic Doctor</i></p> <p>Forbidden Title: "Physician."</p>
<p>Arizona</p> <p>Enactment: 1935 Licensees: 425 doctors, 160 medical students & 21 assistants Discipline: 25-30 complaints/ year. Approx. 6/ year are unlicensed practice. Common issues include: lack of continuing education miscommunication, & fee disputes. Allegations from other licensees involve failure to diagnose & inadequate intervention.</p>	<p>"Practice of naturopathic medicine" means a medical system of diagnosing and treating diseases, injuries, ailments, infirmities and other conditions of the human mind and body including by natural means, drugless methods, drugs, nonsurgical methods, devices, physical, electrical, hygienic and sanitary measures and all forms of physical agents and modalities.</p>	<p><i>Doctor of Naturopathic Medicine. (Specialist Certificates also available).</i></p> <p>Other Protected Title: "Naturopathic Physician"</p>
<p>California</p> <p>Enactment: 2004 Licensees: n/a Discipline: n/a</p>	<p>"Naturopathic medicine" means a distinct and comprehensive system of primary health care practiced by a naturopathic doctor for the diagnosis, treatment, and prevention of human conditions, injuries, and disease.</p> <p>"Naturopathy" means a noninvasive system of health practice that employs natural health modalities, substances, and education to promote health.</p> <p>May perform physical and laboratory exams for diagnosis, including, but not limited to phlebotomy, clinical laboratory tests, speculum exams, orificial exams, and physiological functions tests.</p> <p>May order diagnostic imaging studies, including x-rays, ultrasound, mammogram, bone densitometry, and others.</p>	<p><i>Naturopathic Doctor</i></p>

Table 1 - Naturopathic Regulation by the States:
 Statistics, Scope of Practice, and Protected Title (continued)

State Statistics	Scope of Practice	Protected Title
<p>California (continued)</p>	<p>consistent with naturopathic training as determined by the bureau. May dispense, administer, order, and prescribe: food, extracts of food, nutraceuticals, vitamins, amino acids, minerals, enzymes, botanicals & their extracts, botanical medicines, homeopathic medicines, all dietary supplements and nonprescription drugs defined by the Food, Drug and Cosmetic Act (federal).</p> <p>May perform hot/cold hydrotherapy; naturopathic physical medicine including the manual use of massage, stretching, resistance, or joint play; electromagnetic energy; colon hydrotherapy; and therapeutic exercise. May employ therapeutic and other devices, barrier contraception, and durable medical equipment. May provide health education and counseling. May repair and provide care incidental to superficial lacerations and abrasions. May remove foreign bodies located in superficial tissues. May use oral, nasal, auricular, ocular, rectal, vaginal, transdermal, intradermal, subcutaneous, intravenous, and intramuscular routes of administration. May furnish or order Schedule III-V controlled substances with adequate pharmacological training under standardized procedure or protocol developed and approved by the supervising physician or surgeon. May perform naturopathic childbirth attendance if certified in this specialty practice by state.</p> <p>RESTRICTION: May not prescribe, dispense, or administer a controlled substance other than that provided for naturopaths, administer therapeutic ionizing radiation or radioactive substances, general or spinal anesthesia, perform abortions, perform any surgical procedure, perform acupuncture or traditional Chinese and oriental medicine, including Chinese herbal medicine (unless licensed as an acupuncturist). Diagnostic imaging studies must be referred to an appropriately licensed health care professional to conduct the study and interpret the results. Joint motion may be small amplitude and not at or beyond the end range of normal joint motion. May not suture.</p>	
<p>Connecticut</p> <p>Enactment: 1920 Licensees: 197 Discipline: Latest data is from 2002, two valid cases but they are unresolved as of this writing.</p>	<p>"The practice of naturopathy" means the science, art and practice of healing by natural methods as recognize by the Council of Naturopathic Medical Education and approved by the State Board of Natureopathic Examiners, with the consent of the Commissioner, and shall include: (1) counseling and (2) mechanotherapy, articular manipulation, corrective and orthopedic gymnastics, physiotherapy, hydrotherapy, electrotherapy and phototherapy; and the material sciences such as nutrition, dietetics, phytotherapy, treatment by natural substances and external applications.</p>	<p><i>Licensed Naturopath.</i></p> <p>Other Protected Title: "Naturopath" or any word or title to induce the belief that one is engaged in the practice of naturopathy</p>

**Table 1 - Naturopathic Regulation by the States:
Statistics, Scope of Practice, and Protected Title (continued)**

State Statistics	Scope of Practice	Protected Title
<p>Connecticut (continued)</p>	<p>RESTRICTION: "Natural substances" are not narcotic and do not require the written or oral prescription of a licensed practitioner to be dispensed and are only administered orally.</p>	
<p>District of Columbia</p> <p>Enactment: Licensure - 2001 Registration - 1985-2000 Licensees: 915 (most with out-of-district addresses) Discipline: As of August 2005 - one summary suspension.</p>	<p>A person registered to practice naturopathy or naturopathic healing under this chapter may counsel individuals and treat human conditions through the use of "naturally occurring substances," forces and agencies as defined in the municipal regulations.</p> <p>"Naturally occurring substances" means food, natural vitamins and minerals, herbs and herbal preparations, roots, bark, homeopathic preparations, plant substances and natural medicines of animal, mineral or botanical origin which do not require a prescription unless from a homeopathic pharmacy.</p> <p>"Counseling individuals and treatment through the use of naturally occurring substances" includes, but is not limited to, giving advice, ordering or prescribing naturally occurring substances, and the use of physical modalities, and other treatments, commonly provided by naturopaths and not otherwise prohibited under the Act.</p> <p>"Surgical procedures" refer to the medically accepted definition of surgery, but shall not include care incident to superficial lacerations and abrasions, and the removal of foreign bodies located in the superficial structures, not to include the eye, and the use of antiseptics and topical local anesthetics in connection therewith.</p> <p>RESTRICTION: Non-M.D.'s must provide patients the following statement: "I am a registered Doctor of Naturopathy, but I am not a licensed medical doctor and therefore do not practice 'the application of scientific principles to prevent, diagnose, and treat physical and mental diseases and disorders, and conditions and to safeguard the life and health of any woman and infant through pregnancy and parturition.'" May not lead to believe he practices medicine as defined in the Act. May not use x-rays, perform surgical procedures, inject any substance into another person by a needle, perform any invasive procedure, deliver infants, prescribe for or provide drugs, substances or devices regulated by D.C. law or are available by prescription only. May not file birth or death certificates or sign claims of authorization for payment of workers' compensation benefits, Medicare or Medicaid benefits, or benefits provided for health care through other publicly assisted programs.</p>	<p><i>Doctor of Naturopathy</i></p> <p>Other Protected Title: "Doctor of Naturopathic Medicine," "Naturopathic Physician," "Naturopathic Doctor," "Doctor of Naturopathy," "Naturopath," "N.D.," "N.M.D."</p>

**Table 1 - Naturopathic Regulation by the States:
Statistics, Scope of Practice, and Protected Title (continued)**

State Statistics	Scope of Practice	Protected Title
<p align="center">Idaho (continued)</p> <p>Enactment: 2005 Licensees: n/a Discipline: n/a</p>	<p>May use physical and laboratory examinations consistent with naturopathic education and training for diagnostic purposes including phlebotomy, clinical laboratory tests, speculum examinations and physiological function tests. May order diagnostic imaging tests consistent with naturopathic education and training. All diagnostic tests, including electrocardiogram, must be referred to a licensed physician for performance and interpretation.</p> <p>May dispense, administer, and prescribe: nonprescription substances, including food, extracts of food, nutraceuticals, vitamins, minerals, enzymes, botanicals and their extracts, and homeopathic medicines prepared in accordance with the Homeopathic Pharmacopoeia of the United States, and all dietary supplements and nonprescription substances defined by the Federal Food, Drug, and Cosmetic Act and prescription substances authorized by the Idaho Formulary Council.</p> <p>NOTE: "Naturopathic formulary" is a list of natural medicines which naturopathic physicians use in practice as determined by the Formulary Council. May also administer, prescribe and dispense natural medicine and devices from the formulary and perform minor office procedures pursuant to privileges granted by the board and perform therapies as approved by board rule.</p> <p>RESTRICTION: May not prescribe, dispense, or administer any controlled substance or device under Idaho's or federal controlled substance laws. May not perform surgical procedures (except minor office procedures). May not claim practice as M.D., D.O., D.C., D.D.S., O.D., advanced practice nurse, physician assistant, physical therapist, acupuncturist or other health licensee type unless so licensed. May not use general anesthesia, administer ionizing radioactive substances for therapeutic purposes, perform surgery using a laser device, perform abortions, perform any surgery involving the eyes and ears, tendons, nerves, veins or arteries extending beyond superficial tissue, or remove any lesions contemplated to be suspicious of malignancy or requiring surgical removal.</p>	
<p align="center">Kansas</p> <p>Enactment: 2003 Licensees: 11 Discipline: none</p>	<p>"Naturopathic medicine" or "naturopathy" means a system of health care practiced by naturopathic doctors for the prevention, diagnosis and treatment of human health conditions, injuries and diseases, that uses education, natural medicines and therapies to support and stimulate the individual's intrinsic self-healing processes, and includes prescribing, recommending or administering: (A) food, food extracts, vitamins, minerals, enzymes, whole gland thyroid botanicals, homeopathic preparations,</p>	<p><i>Naturopathic Doctor.</i> Other Protected Title: "N.D." "Naturopathic Doctor," "Registered Naturopathic Doctor," "Doctor of Naturopathy," "Doctor of Naturopathic Medicine," "Naturopathic Medical Doctor" or any manner which indicates that the practitioner is a naturopathic doctor.</p>

**Table 1 - Naturopathic Regulation by the States:
Statistics, Scope of Practice, and Protected Title (continued)**

State Statistics	Scope of Practice	Protected Title
<p>Kansas (continued)</p>	<p>nonprescription drugs, plant substances that are not designated as prescription drugs or controlled substances, topical drugs (non-prescription topical analgesics, antiseptics, scabicides, antifungal and antibacterials); (B) health care counseling, nutritional counseling and dietary therapy, naturopathic physical applications, barrier contraceptive devices; (C) substances on the naturopathic formulary which are authorized for intramuscular and intravenous administration pursuant to written protocol entered into with a physician as provided for in law; (D) noninvasive physical examinations, venipuncture to obtain blood for clinical laboratory tests and oroficial exams, excluding endoscopies; (E) minor office procedures; and (F) naturopathic acupuncture.</p> <p>"Naturopathic acupuncture" means the insertion of fine metal needles through the skin at specific points on the body and with or without the application of electric current or heat to the needles or skin or both to treat human disease and impairment and to relieve pain.</p> <p>"Minor office procedures" means care incidental to superficial lacerations and abrasions, superficial lesions and the removal of foreign bodies located in superficial tissues except eyes, and not involving blood vessels, tendons, ligaments or nerves. Includes the use of antiseptics, but not suturing, repairing, alteration or removal of tissue or the use of general or spinal anesthetics or surgery.</p> <p>"Naturopathic physical applications" means the therapeutic use of actions or devices of electrical muscle stimulation, galvanic, diathermy, ultrasound, ultraviolet light, constitutional hydrotherapy, naturopathic musculoskeletal technique and (t)herpeutic exercise.</p> <p>RESTRICTION: May not perform surgery, obstetrics, administer ionizing radiation, or prescribe, dispense, or administer any controlled substance or prescription-only drugs except those on the Naturopathic Formulary.</p> <p>Must practice under supervision of licensed physician with whom a written protocol has been established. Formulary established by Naturopathic Formulary Advisory Committee to the Board of Healing Arts. List of approved agents for intramuscular and/or intravenous injection provided in regulation (K.A.R., 100-72-8).</p> <p>Among other items relating to procedures to establish the protocol, the protocol, itself, must include list of drugs and substances from the Formulary, usage and dosage for each drug and substance, warnings and precautions for each, statement that physician is present or less than five minutes away if drug or substance is to be</p>	

Table 1 - Naturopathic Regulation by the States:
 Statistics, Scope of Practice, and Protected Title (continued)

State Statistics	Scope of Practice	Protected Title
<p>Kansas (continued)</p>	<p>RESTRICTION (continued):</p> <p>administered, emergency procedures when physician is not available, listing of task approved for delegation to unlicensed persons.</p> <p>Liability insurance required.</p>	
<p>Maine</p> <p>Enactment: 1996 Licensees: 19 Discipline: none from 2000 to present</p>	<p><u>Medicines & Therapies.</u> May use and order for preventative and therapeutic purposes the following natural medicines and therapies: food, food extracts, vitamins, minerals, enzymes, digestive aids, whole gland thyroid and other natural hormones, plant substances, all homeopathic preparations, immunizations, counseling, hypnotherapy, biofeedback, dietary therapy, naturopathic manipulative therapy, naturopathic physical medicine, therapeutic devices, barrier contraception and office procedures. May also prescribe medications, including natural antibiotics and topical medicines, within the limitations set forth in law.</p> <p><u>Diagnostic Procedures.</u> May use physical examinations for diagnostic purposes including phlebotomy, clinical laboratory tests, speculum examinations and physiological function tests, excluding endoscopies and physiological function tests requiring infusion, injection, inhalation or ingestion of medications to perform tests. May order ultrasound, x-ray and electrocardiogram tests but must refer to appropriate licensed health care professional for conducting and interpreting tests.</p> <p><u>Other devices and procedures.</u> May prescribe therapeutic devices or noninvasive diagnostic procedures commonly used by allopathic or osteopathic physicians in general practice.</p> <p><u>Prescriptive authority.</u> Non-prescriptive medications may be prescribed without limitation.</p> <p>RESTRICTION: <u>Prescriptive authority.</u> May not prescribe psychotropic medication. May only prescribe non-legend controlled substances from the following categories: homeopathic remedies, vitamins and minerals, hormones, local anesthesia and immunizations that are designated by rule by a formulary subcommittee of the Board of Complementary Health Care Providers comprised of the naturopathic members, the pharmacist member and the allopathic or osteopathic physician member, consistent with the licensee's education and training.</p>	<p><i>Naturopathic Doctor.</i></p> <p>Other Protected Title: "Naturopathic," "Doctor of Naturopathic Medicine," "Doctor of Naturopathy," "Naturopathic Medicine," "Naturopathic Health Care," "Naturopathy," "N.D."</p> <p>Forbidden Title: "physician."</p>

**Table 1 - Naturopathic Regulation by the States:
Statistics, Scope of Practice, and Protected Title (continued)**

State Statistics	Scope of Practice	Protected Title
<p align="center">Montana</p> <p>Enactment: 1991 Licensees: 64 Discipline: Since 1997, 19 complaints have been received, 11 of which were for unlicensed activity. No cases resulted in a finding of violation.</p>	<p>"Naturopathic medicine," "naturopathic health care," or "naturopathy" means a system of primary health care practiced by naturopathic physicians for the prevention, diagnosis, and treatment of human health conditions, injury, and disease. Its purpose is to promote or restore health by the support and stimulation of the individual's inherent self-healing processes. This is accomplished through education of the patient by the naturopathic physician and through the use of natural therapies and therapeutic substances.</p> <p>May prescribe, dispense or administer whole gland thyroid, homeopathic preparations, natural therapeutic substances, drugs, and therapies. May <i>administer</i> oxytocin. May prescribe and administer for preventive and therapeutic purposes the following natural therapeutic substances, drugs, and therapies, as well as drugs on the Natural Substance Formulary. May prescribe and administer food, food extracts, vitamins, minerals, enzymes, whole gland thyroid, botanical medicines, homeopathic preparations, therapeutic devices, nonprescription drugs, and barrier contraception devices. May attend naturopathic natural childbirth and perform minor surgery.</p> <p>May order for diagnostic purposes a physical or official examination, ultrasound, phlebotomy, clinical laboratory test or examination, physiological function test, and any other noninvasive diagnostic procedure commonly used by physicians in general practice as authorized in law.</p> <p>RESTRICTION: May not prescribe, dispense, or administer a legend drug, except for whole gland thyroid; homeopathic preparations; natural therapeutic substances, drug, and therapies. May not prescribe or dispense oxytocin. May not administer ionizing radioactive substances for therapeutic purposes. May not perform surgical procedures except minor surgery procedures authorized by law. May not claim to practice any licensed health care profession or system of treatment other than naturopathic medicine unless licensed to do so. May not directly engage in dispensing of drugs authorized to prescribe if there unless naturopathy office is more than 10 miles from place of business that sells and dispenses drugs a naturopath may prescribe.</p>	<p><i>Naturopathic Physician.</i></p> <p>Protected Title: "Doctor of Naturopathy," "Doctor of Naturopathic Medicine," "Naturopath," "Naturopathic Physician," "N.D.," "Naturopathic Medicine," "Naturopathic Health Care," "Naturopathic," "Naturopathy."</p>
<p align="center">New Hampshire</p> <p>Enactment: 1995</p>	<p>"Naturopathic medicine" means a system of primary health care . . . for the prevention, diagnosis, and treatment of human health conditions, injuries, and diseases that uses education, natural medicines and therapies to support and stimulate individual's intrinsic self-healing processes.</p> <p>"Naturopathic manipulative therapy" means the manually administered, mechanical treatment of body structures or</p>	<p><i>Doctor of Naturopathic Medicine.</i></p> <p>Other Protected Title: "Naturopathic Doctor," "Naturopath," "Doctor of Naturopathy," "N.D.," "Naturopathic Medicine," "Naturopathic Health Care," "Naturopathy."</p>

Table 1 - Naturopathic Regulation by the States:
 Statistics, Scope of Practice, and Protected Title (continued)

State Statistics	Scope of Practice	Protected Title
<p>New Hampshire (continued) Licensees: 39 Discipline: None in last two years</p>	<p>tissues, in accordance with naturopathic principles, for the purpose of restoring normal physiological function to the body by normalizing and balancing the musculoskeletal system of the body.</p> <p>"Naturopathic physical medicine" means the therapeutic use of the physical agents of air, water, heat, cold, ultraviolet light, ultrasound, hydrotherapy, naturopathic manipulative therapy, and therapeutic exercise.</p> <p>May use for preventive and therapeutic purposes the following natural medicines and therapies: food, food extracts, vitamins, minerals, digestive aids, whole gland thyroid, plant substances, all homeopathic preparations, topical medicines, counseling, hypnotherapy, biofeedback, dietary therapy, naturopathic physical medicine, therapeutic devices, and barrier devices for contraception.</p> <p>May use for diagnostic purposes physical and orifical examinations, X-rays, electrocardiograms, ultrasound, phlebotomy, clinical laboratory tests and examinations, and physiological function tests.</p> <p>May prescribe nonprescription medications and therapeutic devices or use noninvasive diagnostic procedures used by medical practitioners in general practice.</p> <p>May perform minor office procedures. "Minor office procedures" means care incident to superficial lacerations and abrasions, and the removal of foreign bodies located in superficial structures It includes the use of antiseptics in connection with such procedures.</p> <p><u>Acupuncture Specialty Certification</u> allows acupuncture, the insertion of acupuncture needles into specific points on the skin to treat human disease and impairment and to relieve pain.</p> <p><u>Childbirth Specialty Certification</u> allows naturopathic childbirth through natural childbirth and includes natural obstetrical medicines, ophthalmic antibiotics, obstetrical emergency medicines, and minor surgery including episiotomies.</p> <p>RESTRICTIONS: May not prescribe, dispense, or administer legend or controlled substances except those natural medicines defined in statute. May not perform surgical procedures, alter, or remove any lissue nor remove superficial foreign bodies from the eyes. May not practice emergency medicine, except as a good Samaritan rendering gratuitous services in the case of an emergency or for the care of minor injuries. May not claim to practice medicine, surgery, osteopathy, dentistry, podiatry, optometry, chiropractic, physical therapy, or any other system or method of treatment not authorized by statute.</p>	

**Table 1 - Naturopathic Regulation by the States:
Statistics, Scope of Practice, and Protected Title (continued)**

State Statistics	Scope of Practice	Protected Title
<p align="center">Oregon</p> <p>Enactment: 1927 Licensees: 654 Discipline:</p> <p>Average 20 complaints/year with one to four resulting in formal discipline. Cases involve: patient care, prescribing outside of scope, patient care, miscommunication, advertising, records release, unlicensed practice. Number of cases with findings of violation by year:</p> <p>2004 - 1 (1 pending) 2003 - 2 2002 - 2 2001 - 4 2000 - 1</p>	<p>"Naturopathic medicine" means the discipline that includes physiotherapy, natural healing processes and minor surgery and has as its objective the maintaining of the body in, or of restoring it to, a state of normal health.</p> <p>"Minor surgery" means the use of electrical or other methods for the surgical repair and care incident thereto of superficial lacerations and abrasions, benign superficial lesions, and the removal of foreign bodies located in the superficial structures; and the use of antiseptics and local anesthetics in connection therewith.</p> <p>May prescribe over-the-counter pharmaceuticals and codeine sulfate and codeine phosphate. May order diagnostic tests. May sign birth and death certificates. May use radiopaque substances administered by mouth or rectum necessary for x-rays.</p> <p>RESTRICTION: May not practice optometry. May not perform chiropractic adjustments or employ any system or method of treatment not authorized in statute. May not administer, prescribe, or dispense drugs or do major surgery. May not administer any substance by penetration of the skin or mucous membrane except for diagnostic and preventative purposes or for the therapeutic purpose of administering vitamins and minerals. May only prescribe substances determined by the state's Council on Naturopathic Physician Formulary.</p>	<p><i>Doctor of Naturopathy, N.D., Naturopath or Naturopathic Physician</i></p>
<p align="center">Utah</p> <p>Enactment: 1996 Licensees: 9 Naturopathic Physicians(4) Naturopathic Physicians-Surgery & Obstetrics (4) Naturopathic Controlled Substance (4) Discipline: Since 1996, a revocation of Surgery & Ob and another revocation of Controlled Substance</p>	<p>"Practice of naturopathic medicine" means a system of primary health care for the prevention, diagnosis, and treatment of human health conditions, injuries, and diseases that uses education, natural medicines, and natural therapies, to support and stimulate the patient's intrinsic self-healing processes. . .</p> <p>This definition further provides for:</p> <p>Delivery during natural childbirth, naturopathic mobilization therapy, naturopathic physical medicine, minor office procedures, prescribing or administering natural medicine, prescribing medical equipment and devices, diagnosing by the use of medical equipment and devices, and administering therapy or treatment by the use of medical devices necessary and consistent with competent naturopathic medicine, prescribing barrier devices for contraception, using dietary therapy, taking and using diagnostic x-rays, electrocardiograms, ultrasound, physiological function tests, taking body fluids for clinical laboratory tests and using the results of the tests in diagnosis; taking a history from and conducting physical examination, patient.</p>	<p><i>Naturopathic Physician</i></p> <p>Protected Title: "Naturopathic Doctor," "Naturopath," "Doctor of Naturopathic Medicine," "Doctor of Naturopathy," "Naturopathic Medical Doctor," "Naturopathic Medicine," "Naturopathic Health Care," "N.D.," "Naturopathy," "N.M.D.," or any combination of above.</p>

Table 1 - Naturopathic Regulation by the States:
 Statistics, Scope of Practice, and Protected Title (continued)

State Statistics	Scope of Practice	Protected Title
<p>Utah (continued)</p>	<p>"Naturopathic childbirth" means uncomplicated natural childbirth assisted by a naturopathic physician and includes use of natural medicines and uncomplicated episiotomy.</p> <p>RESTRICTION: May only administer prescription drugs as provided in the Naturopathic Formulary. May only use local anesthetics that are not controlled substances and only for the performance of minor office procedures.</p> <p>Natural childbirth attendance permitted for licensees who meet the American College of Naturopathic Obstetrician standards and have a written protocol for natural childbirth with a consulting physician, surgeon, or osteopathic physician. Naturopathic childbirth excludes use of forceps, general or spinal anesthesia, caesarean section delivery, or induced labor or abortion.</p>	
<p>Vermont</p> <p>Enactment: 1995 Licensees: 103 Discipline: Seven complaints since inception; all closed with no discipline.</p>	<p>"Naturopathic medicine" or the "practice of naturopathic medicine" means a system of health care that utilizes education, natural medicines and natural therapies to support and stimulate a patient's intrinsic self-healing processes and to prevent, diagnose and treat human health conditions and injuries.</p> <p>"Naturopathic physical medicine" means the use of the physical agents of air, water, heat, cold, sound and light, and the physical modalities of electrotherapy, biofeedback, acupuncture, diathermy, ultraviolet light, ultrasound, hydrotherapy and exercise. Also includes naturopathic manipulation and mobilization therapy if, in the opinion of the director, the naturopathic physician's education emphasized the importance of the neuromusculoskeletal structure and manipulative therapy in the maintenance and restoration of health.</p> <p>For preventative and therapeutic purposes, may administer or provide for nonprescription medicines, topical medicines, botanical medicines, homeopathic medicines, counseling, hypnotherapy, nutritional dietary therapy, naturopathic physical medicine, naturopathic childbirth, therapeutic devices, barrier devices for contraception, and order, prescribe, dispense, and administer certain medicines as provided in the formulary.</p> <p>May use diagnostic procedures commonly used by physicians in general practice, including physical and official examinations, electrocardiograms, diagnostic imaging techniques, phlebotomy, clinical laboratory tests and exams, and physiological function tests.</p> <p>"Naturopathic childbirth" means uncomplicated natural home birth assisted by a naturopathic physician.</p> <p>May perform episiotomy and perineal repair associated with naturopathic childbirth</p>	<p><i>Naturopathic Physician</i></p> <p>Protected Title: "N.D.," "doctor of naturopathic medicine," "naturopathic doctor," "doctor of naturopathy," or "naturopathic physician," Further, anyone not so licensed may not use any letters, words, insignia indicating or implying that the person is a naturopathic physician.</p> <p>Special endorsement required for Naturopathic Childbirth</p>

**Table 1 - Naturopathic Regulation by the States:
Statistics, Scope of Practice, and Protected Title (continued)**

State Statistics	Scope of Practice	Protected Title
<p align="center">Vermont (continued)</p>	<p>RESTRICTION: Naturopathic medicine does not include the practice of physical therapy, physical rehabilitation, or chiropractic. May not use any device regulated by the United States Food and Drug Administration that has not been approved. Advertising with the term "Dr." is reserved to use in connection with the five protected titles. Those also employing "board certified" or "diplomate" must state the area of specialty and the private credentialing organization from which the specialty certification was obtained. Naturopathic childbirth only allowed for licensees with additional endorsement on naturopathic license. There are extensive regulations relating to naturopathic childbirth provide for informed consent for the patient pertaining to the licensee's credentials; scope and standards of care; written plan for consultation, emergency transfer and transport; differentiating uncomplicated childbirth from others, and provisions concerning previous caesarean deliveries.</p>	
<p align="center">Washington State</p> <p>Enactment: 1919/1988, 2005 amendments re: "naturopathic medicine" and "naturopathic medicines" includes testosterone products and Schedule III, IV & V controlled substances. Licensee: 724 Discipline: 1998, 7 cmlpnts; 1999, 7 cmlpnts, 2000, 6 cmlpnts, 2001, 6 cmlpnts; no discipline for any of these years <u>2002, 14 cmlpnts, one action.</u> 2003, 15 cmlpnts, 2004, 11 cmlpnts; no discipline for these years.</p>	<p>Naturopathic medicine or naturopathy is the practice by naturopaths of the art and science of the diagnosis, prevention, and treatment of disorders of the body by stimulation or support, or both, of the natural processes of the human body. The practice of naturopathy includes manual manipulation (mechanotherapy), the prescription, administration, dispensing, and use, except for the treatment of malignancies or neoplastic disease, of nutrition and food science, physical modalities, homeopathy, certain medicines of mineral, animal, and botanical origin, hygiene and immunization, common diagnostic procedures, and suggestion.</p> <p>"Nutrition and food science" means the prevention and treatment of disease or other human conditions through the use of foods, water, herbs, roots, bark, or natural food elements.</p> <p>"Manual manipulation" or "mechanotherapy" means manipulation of a part or the whole of the body by hand or by mechanical means.</p> <p>"Physical modalities" means use of physical, chemical, electrical, and other noninvasive modalities including, but not limited to heat, cold, air, light, water in any of its forms, sound, massage, and therapeutic exercise.</p> <p>"Homeopathy" means a system of medicine based on the use of infinitesimal doses of medicines capable of producing symptoms similar to those of the disease treated, as listed in the homeopathic pharmacopeia of the United States.</p>	<p align="center"><i>Doctor of Naturopathic Medicine</i></p>

Table 1 - Naturopathic Regulation by the States:
 Statistics, Scope of Practice, and Protected Title (continued)

State Statistics	Scope of Practice	Protected Title
<p>Washington State (continued)</p>	<p>"Medicines of mineral, animal, and botanical origin" means medicines derived from animal organs, tissues, and oils, minerals, and plants administered orally and topically, excluding legend drugs with the following exceptions: Vitamins, minerals, whole gland thyroid, and substances as exemplified in traditional botanical and herbal pharmacopoeia, and nondrug contraceptive devices excluding interuterine devices. "Hygiene and immunization" means the use of such preventative techniques as personal hygiene, asepsis, public health, and immunizations, to the extent allowed by rule.</p> <p>"Minor office procedures" means care incident thereto of superficial lacerations and abrasions, and the removal of foreign bodies located in superficial structures, not to include the eye; and the use of antiseptics and topical local anesthetics in connection therewith.</p> <p>"Common diagnostic procedures" means the use of venipuncture to withdraw blood, commonly used diagnostic modalities consistent with naturopathic practice, health history taking, physical examination, radiography, examination of body orifices excluding endoscopy, and laboratory medicine which obtains samples of human tissue products, including superficial scrapings but excluding procedures which would require surgical incision.</p> <p>"Suggestion" means techniques including but not limited to counseling, biofeedback, and hypnosis.</p> <p>"Radiography" means the ordering but not the interpretation of radiographic diagnostic studies and the taking and interpretation of standard radiographs.</p>	

Table 2 - Naturopathic Regulation by the States: Licensing Requirements

State	Education	Examination	Notes
Alaska	Grad of CNME-accredited program	NPLEX (basic science, clinical, and homeopathy sections)	"Dietetics" includes herbal & homeopathic remedies
Arizona	Grad of CNME-accredited program or Board-approved college. Note: includes preceptorships, internships, or clinical training programs in naturopathic medicine.	NPLEX (basic science, clinical, and additional clinical test sections on acupuncture, minor surgery and homeopathy) & Arizona Naturopathic Jurisprudence Examination	Also regulate naturopathic medical students & certify naturopathic medical assistants.
California	Grad of CNME-accredited school. Note: If intend to furnish or order Schedule III through V drugs, must submit evidence of 48 hours of pharmacology instruction pharmacokinetic and pharmacodynamic principle and priorities). Note: If intend to engage in naturopathic childbirth attendance, must meet requirements to obtain a certificate of midwifery or naturopathic obstetrics.	NPLEX (basic science, clinical) For naturopathic childbirth attendance the candidate must pass the American College of Nurse Midwives Written Examination.	Does not restrict the term & exempts from licensure to those trained as a "Naturopath," "Naturopathic Practitioner," or "Traditional Naturopathic Practitioner" and others defined in §3643.5 & §3644 of CA Code.
Connecticut	High school or equivalent, two years pre-professional education; Grad of Board-approved school which are CNME accredited or have CNME candidacy status.	NPLEX (basic science & clinical) NOTE: may be waived if M.D., D.O., or D.C. and has passed USMLE, COMPLEX, or NBCE basic sciences examinations). State jurisprudence examination	Malpractice insurance required with coverage of at least \$500,000 for one person, per occurrence, with an aggregate loss of not less and \$1.5M Statutory requirements exist for insurance company to report cancellations to Commission of Public Health.

Table 2 - Naturopathic Regulation by the States: Licensing Requirements

State	Education	Examination	Notes
District of Columbia	Grad of CNME accredited college or college that has CNME accreditation candidacy statute or is accredited through a comparable accrediting agency recognized by U.S. Dept. of Education.	NPLEX (basic science and clinical science).	The board regulations intermingle the terms "registration and licensure." The <i>Practice of Naturopathic Medicine Licensing Amendment Act of 2001</i> redefined the regulation of naturopathy (from 1985 statute) through the establishment of licensure requirements, and delineation of prohibited acts.
Hawaii	Grad of school, university, or college of naturopathy accredited or with candidacy for accreditation from a regional or national body recognized by U.S. Dept. of Education (i.e., CNME)	NPLEX (clinical series, including homeopathy).	"Natural medicine encompasses substances of botanical, mineral, and animal origin, homeopathic preparations thereof, & substances whose natural state has been improved by any process that does not substantially alter the molecular structure found in nature, including vitamins, minerals, and amino acids; excluding prescription drugs, with the following exceptions: vitamins, minerals, amino acids, & fatty acids.
Idaho	Grad of approved naturopathic medical program (course of study from a college or university granting degree of doctor of naturopathy or naturopathic medicine accredited by or with candidacy for accreditation from an accrediting agency recognized by state or federal government or a post-graduate degree granting college or university of the healing arts approved by the board and recognized as above. The later must require 60 semester units for admission and 4000 hours in basic and clinical sciences, naturopathic philosophy, naturopathic modalities, &	Competency-based examination approved by the board covering appropriate basic science and clinical sciences.	Provisions exist for restricted license for practitioners who do not meet all the current educational or training requirements for full licensure. Exceptions for other natural healing practitioners and students enrolled in an approved naturopathic program are specified in <i>Idaho Code</i> § 54.5006

Table 2 - Naturopathic Regulation by the States: Licensing Requirements

State	Education	Examination	Notes
Idaho (continued)	naturopathic medicine. At least 2000 hrs. in academic instruction and 2000 hrs. in clinical training. Naturopathic medicine must be separate and distinct healing art.		
Kansas	Grad of CNME-accredited program or of program accredited by the Commission on Institutions of Higher Education of the North Central Association of Colleges and Schools or its recognized equivalent.	NPLEX (I & II) & Homeopathic add on clinical series & Acupuncture add on clinical series.	
Maine	Grad of an approved naturopathic medical college with minimum 4-year, full-time resident program. If seeking Naturopathic Acupuncture Specialty Certification, must complete board approved acupuncture program with 1,000 hours classroom and 300 hours supervised clinical training.	NPLEX (basic & clinical) NOTE: If seeking naturopathic acupuncture certification, must pass exam administered by the National Commission for the Certification of Acupuncturists.	Separate Naturopathic Acupuncture Specialty Certification available as an addition to full licensure. Conditional basic licensure available to graduates of approved naturopathic medical college who have been in practice in Maine since January 1, 1994. Conditional licensees only good for three years and provide time to obtain additional training to meet basic license requirements. Holders may not prescribe legend drugs or receive specialty certification (i.e., naturopathic acupuncture certification).
Montana	Grad of a CNME approved naturopathic school, min 4 year, full-time resident program. For Naturopathic Childbirth Specialty Certification, must complete at least 100 hrs of coursework, internship, or preceptorship in obstetrics at an approved naturopathic medical college or hospital or under direct	NPLEX (basic science and clinical sciences) with minor surgery and homeopathic add on examinations. If seeking Naturopathic Childbirth Specialty Certification, must pass specialty exam in obstetrics approved by the Board or offered by the American College of Naturopathic Obstetricians	

Table 2 - Naturopathic Regulation by the States: Licensing Requirements

State	Education	Examination	Notes
<p>Montana (continued)</p>	<p>supervision of an approved licensed naturopathic, medical, or osteopathic with specialty training in obstetrics. The later must have taken part in the prenatal and postnatal care of 50 women and observed and assisted in natural childbirths, with 25 listing the applicant as the primary birth attendant.</p>		
<p>New Hampshire</p>	<p>Grad of CNME approved school or board approved naturopathic medical college which granted degrees prior to 1981 For childbirth specialty certificate, 100 hrs of board approved coursework, internship or preceptorship in obstetrics or natural childbirth & participation in 40 supervised births (including prenatal and postnatal care) Must meet the American College of Naturopathic Obstetricians standards for childbirth. For acupuncture specialty certificate, must complete board approved 500 hrs. training in acupuncture (didactic & clinical).</p>	<p>NPLEX For naturopathic childbirth specialty certificate, must pass the American College of Naturopathic Obstetricians Examination For acupuncture specialty certificate, National Certification Commission for Acupuncture and Oriental Medicine Examination.</p>	
<p>Oregon</p>	<p>At least two years undergraduate liberal arts and sciences study in a college or university accredited by Northwest Association of Schools and colleges or like regional accrediting entity. And be graduate of a board approved 4-year, full-time resident program leading to a doctoral degree in naturopathic medicine. For Natural Childbirth Practice Certification must complete 200 hrs approved coursework in obstetrics under direct supervision, taken part in 50 prenatal and postnatal care cases, observed and assisted in intrapartum care and delivery of 50 natural childbirths, and hold a neonatal resuscitation certificate.</p>	<p>NPLEX (basic & clinical) State Jurisprudence & Formulary Examination For Certification to Practice Natural Childbirth, must pass a specialty exam in obstetrics given by or approved by the board.</p>	

Table 2 - Naturopathic Regulation by the States: Licensing Requirements

State	Education	Examination	Notes
Utah	<p>Grad of CNME accredited school or college or one which is a candidate for CNME accreditation or naturopathic medical school or college which, at the time of the applicant's graduation, met current criteria for accreditation by CNME. Must be fluent in English and complete of approved post-graduate residency. Also, may be asked to meet with the board.</p>	<p>NPLEX (Basic Science Series, the Washington Basic Science Series or Oregon Basic Science Series) and Clinical Series, Homeopathy, Minor Surgery, and state jurisprudence exam</p>	<p>Different license types for: Naturopath, Naturopath including surgery/obstetrics, naturopathic physician, temporary naturopathic physician, and naturopathic controlled substance.</p> <p>Naturopathic Formulary Peer Committee (comprised of three licensees and two citizen members) makes recommendations to the board on the appropriate composition of the formulary.</p> <p>Provision exists for temporary license to complete residency.</p>
Vermont	<p>Grad of CNME accredited school or degree determined by the Director to be essentially equivalent and which educational standards essentially equivalent to CNME.</p> <p>Naturopathic Childbirth Endorsement requires completion of an approved naturopathic childbirth or midwifery program from an approved naturopathic college hospital with at least 200 coursework hours and evidence of taking part in 50 prenatal and postnatal cases and of assisting in intrapartum care and delivery care for 50 cases. At least 26 of these must be under the supervision of a naturopathic physician; no more than 10 may be under the supervision of an allopathic or osteopathic physician. Also passage of an approved specialty examination in naturopathic childbirth and current CPR certification for adults and newborns are required.</p>	<p>NPLEX (Basic Science & Clinical Series) all parts.</p>	

Table 2 - Naturopathic Regulation by the States: Licensing Requirements

State	Education	Examination	Notes
Washington State	Grad from naturopathic school approved by the Washington State Secretary of Health (currently the same as CNME)	NPLEX (Basic Science & Clinical Science), add-on Homeopathic and Minor Surgery and state jurisprudence.	The practice of oriental medicine or oriental herbology, or the rendering of other dietary or nutritional advice does not require licensure as a naturopath.

House Research

Bill Summary

FILE NUMBER: H.F. 537
 Version: Delete-everything amendment
 H537DE3
 Authors: Boudreau
 Subject: Unlicensed complementary and
 alternative health care practitioners
 Analyst: Elisabeth M. Loehrke, 651-296-5043

DATE: February 7, 2000

STATUS: Civil Law Committee

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Overview

This amendment gives unlicensed complementary and alternative health care practitioners the right to engage in complementary and alternative health care practices, as defined in the amendment, if they disclose specific information to their clients and obtain informed consent. The amendment also limits the circumstances in which practitioners can be sued civilly, disciplined, and criminally sanctioned. Grounds for disciplinary action are specified, and the commissioner of health is given authority to investigate complaints and discipline practitioners.

Section

- 1 **Citation.** Adds § 146A.01. Cites chapter 146A as the Complementary and Alternative Health Care Freedom of Access Act.
- 2 **Definitions.** Adds § 146A.02. Defines the following terms: complementary and alternative health care client or client, complementary and alternative health care practices, health-related licensing board, and unlicensed complementary and alternative health care practitioner.
- 3 **Practitioner rights and responsibilities.** Adds § 146A.03. States that an unlicensed complementary and alternative health care practitioner has the right to engage in complementary and alternative health care practices if (1) the practitioner is age 18 or older; (2) the practitioner discloses the required information to the client before providing treatment; and (3) the client gives informed consent before treatment is provided.
- 4 **Required disclosures and notices.** Adds § 146A.04. Lists information that unlicensed practitioners must provide to clients, some orally and some in writing, and specifies the content of a disclosure and notice form that clients must receive.
 - Subd. 1. **Written disclosures regarding practitioner.** Before treating a client, requires a practitioner to provide written information on the health care services available from the practitioner, the practitioner's experience and training, and information on fees and billing.
 - Subd. 2. **Disclosures regarding proposed treatment or procedure.** Before treating a client, requires a practitioner to orally provide the client with information on the proposed treatment or procedure, including

Subd. 3. **Disclosure and notice form.** Specifies the content of a disclosure and notice form that practitioners must provide to clients before treatment begins.

5 **Sanctions against practitioners limited.** Adds § 146A.05. Specifies the circumstances in which civil remedies, disciplinary actions, and criminal sanctions may and may not be sought against unlicensed practitioners. Paragraph (a) bars an unlicensed practitioner from being civilly sued or disciplined by a governmental entity unless (1) the client's informed consent was not obtained; (2) the practitioner did not give the client all the required notices and disclosure; or (3) the treatment method significantly harmed the client, the harm occurred as a result of the treatment, and the client would not have otherwise suffered the harm.

Paragraph (b) specifies that in a civil or disciplinary proceeding, complementary and alternative health care practices are not an imminent risk of harm per se or the unlawful practice of medicine.

Paragraph (c) prohibits a criminal sanction against a practitioner for practicing medicine without a license.

Paragraph (d) states that a client's delay in seeking conventional medical care, and instead seeking complementary and alternative health care, is not evidence of harm per se.

6 **Professional conduct.** Adds § 146A.06. Lists conduct in which unlicensed practitioners are prohibited from engaging. Also lists circumstances in which unlicensed practitioners can be prohibited from engaging in complementary and alternative health care practices. States that this section cannot be construed to discriminate against complementary and alternative health care practices.

7 **Enforcement; reporting; classification of data.** Adds § 146A.065. Directs the commissioner of health to investigate complaints and discipline practitioners, lists forms of disciplinary action, and allows the commissioner to issue subpoenas and conduct discovery. Requires a hearing before disciplinary action is imposed, if the practitioner makes a timely request. Establishes reporting requirements and classifies data obtained in investigations.

Subd. 1. Commissioner of health to enforce. Directs the commissioner of health to investigate complaints and discipline practitioners, but prohibits the commissioner from disciplining practitioners based on complementary and alternative health care practices themselves or the practitioners' scope of practice, education, training, or standard of care.

Subd. 2. Forms of disciplinary action. Lists the types of disciplinary action the commissioner may impose on a practitioner.

Subd. 3. Discovery; subpoenas. Allows the commissioner to conduct discovery and issue subpoenas to investigate conduct that may constitute grounds for disciplinary action.

Subd. 4. Hearings. Before disciplining a practitioner, requires the commissioner to notify the practitioner that the practitioner has the right to request a hearing. Allows the commissioner to discipline a practitioner without a hearing if the practitioner does not request one within 30 days of receiving the notice.

Subd. 5. Reinstatement. Allows the commissioner to reinstate a practitioner's right to practice, at the commissioner's discretion.

Subd. Reporting. Permits any person who learns of conduct for which a practitioner may be disciplined, to report that conduct to the commissioner. Requires practitioners to report to the commissioner when charges are filed against the practitioner's license or right to practice in this or another state.

Subd. 7. Classification of data. Classifies all records obtained by the commissioner as part of an investigation as investigative data, except that client records are classified as private.

8 **Civil action; duty and standard of care.** Adds § 146A.07. States that this chapter does not relieve practitioners from liability for their torts. Specifies the duty and standard of care to which practitioners are to be held in civil actions against them regarding their complementary and alternative health care practices.

9 **Exemptions.** Amends § 147.09. Amends a provision of the Medical Practice Act to specify that unlicensed complementary and alternative health care practitioners practicing according to chapter 146A cannot be penalized for practicing medicine without a license.

10 **Report to the legislature.** Directs the commissioner of health to report to the legislature, by January 1,

2003, with information on complaints, investigations, and enforcement actions against unlicensed complementary and alternative health care practitioners.

1 **Effective date.** Makes the bill effective January 1, 2001.

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146A.01 Definitions.

Subdivision 1. **Terms.** As used in this chapter, the following terms have the meanings given them.

Subd. 2. **Commissioner.** "Commissioner" means the commissioner of health or the commissioner's designee.

Subd. 3. **Complementary and alternative health care client.** "Complementary and alternative health care client" means an individual who receives services from an unlicensed complementary and alternative health care practitioner.

Subd. 4. **Complementary and alternative health care practices.** (a) "Complementary and alternative health care practices" means the broad domain of complementary and alternative healing methods and treatments, including but not limited to: (1) acupressure; (2) anthroposophy; (3) aroma therapy; (4) ayurveda; (5) cranial sacral therapy; (6) culturally traditional healing practices; (7) detoxification practices and therapies; (8) energetic healing; (9) polarity therapy; (10) folk practices; (11) healing practices utilizing food, food supplements, nutrients, and the physical forces of heat, cold, water, touch, and light; (12) Gerson therapy and colostrum therapy; (13) healing touch; (14) herbology or herbalism; (15) homeopathy; (16) nondiagnostic iridology; (17) body work, massage, and massage therapy; (18) meditation; (19) mind-body healing practices; (20) naturopathy; (21) noninvasive instrumentalities; and (22) traditional Oriental practices, such as Qi Gong energy healing.

(b) Complementary and alternative health care practices do not include surgery, x-ray radiation, administering or dispensing legend drugs and controlled substances, practices that invade the human body by puncture of the skin, setting fractures, the use of medical devices as defined in section 147A.01, any practice included in the practice of dentistry as defined in section 150A.05, subdivision 1, or the manipulation or adjustment of articulations of joints or the spine as described in section 146.23 or 148.01.

(c) Complementary and alternative health care practices do not include practices that are permitted under section 147.09, clause (11), or 148.271, clause (5).

(d) This chapter does not apply to, control, prevent, or restrict the practice, service, or activity of lawfully marketing or distributing food products, including dietary supplements as defined in the federal Dietary Supplement Health and Education Act, educating customers about such products, or explaining the uses of such products. Under Minnesota law, an unlicensed complementary and alternative health care practitioner may not provide a medical diagnosis or recommend discontinuance of medically prescribed treatments.

Subd. 5. **Office of Unlicensed Complementary and Alternative Health Care Practice or office.** "Office of Unlicensed Complementary and Alternative Health Care Practice"

or "office" means the Office of Unlicensed Complementary and Alternative Health Care Practice established in section 146A.02.

Subd. 6. Unlicensed complementary and alternative health care practitioner. (a) "Unlicensed complementary and alternative health care practitioner" means a person who:

(1) either:

(i) is not licensed or registered by a health-related licensing board or the commissioner of health; or

(ii) is licensed or registered by the commissioner of health or a health-related licensing board other than the Board of Medical Practice, the Board of Dentistry, the Board of Chiropractic Examiners, or the Board of Podiatric Medicine, but does not hold oneself out to the public as being licensed or registered by the commissioner or a health-related licensing board when engaging in complementary and alternative health care;

(2) has not had a license or registration issued by a health-related licensing board or the commissioner of health revoked or has not been disciplined in any manner at any time in the past, unless the right to engage in complementary and alternative health care practices has been established by order of the commissioner of health;

(3) is engaging in complementary and alternative health care practices; and

(4) is providing complementary and alternative health care services for remuneration or is holding oneself out to the public as a practitioner of complementary and alternative health care practices.

(b) A health care practitioner licensed or registered by the commissioner or a health-related licensing board, who engages in complementary and alternative health care while practicing under the practitioner's license or registration, shall be regulated by and be under the jurisdiction of the applicable health-related licensing board with regard to the complementary and alternative health care practices.

HIST: 2000 c 460 s 9

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146A.08 Prohibited conduct.

Subdivision 1. Prohibited conduct. The commissioner may impose disciplinary action as described in section 146A.09 against any unlicensed complementary and alternative health care practitioner. The following conduct is prohibited and is grounds for disciplinary action:

(a) Conviction of a crime, including a finding or verdict of guilt, an admission of guilt, or a no-contest plea, in any court in Minnesota or any other jurisdiction in the United States, reasonably related to engaging in complementary and alternative health care practices. Conviction, as used in this subdivision, includes a conviction of an offense which, if committed in this state, would be deemed a felony, gross misdemeanor, or misdemeanor, without regard to its designation elsewhere, or a criminal proceeding where a finding or verdict of guilty is made or returned but the adjudication of guilt is either withheld or not entered.

(b) Conviction of any crime against a person. For purposes of this chapter, a crime against a person means violations of the following: sections 609.185; 609.19; 609.195; 609.20; 609.205; 609.21; 609.215; 609.221; 609.222; 609.223; 609.224; 609.2242; 609.23; 609.231; 609.2325; 609.233; 609.2335; 609.235; 609.24; 609.245; 609.25; 609.255; 609.26, subdivision 1, clause (1) or (2); 609.265; 609.342; 609.343; 609.344; 609.345; 609.365; 609.498, subdivision 1; 609.50, subdivision 1, clause (1); 609.561; 609.562; 609.595; and 609.72, subdivision 3.

(c) Failure to comply with the self-reporting requirements of section 146A.03, subdivision 7.

(d) Engaging in sexual contact with a complementary and alternative health care client or former client, engaging in contact that may be reasonably interpreted by a client as sexual, engaging in any verbal behavior that is seductive or sexually demeaning to the patient, or engaging in sexual exploitation of a client or former client. For purposes of this paragraph, "former client" means a person who has obtained services from the unlicensed complementary and alternative health care practitioner within the past two years.

(e) Advertising that is false, fraudulent, deceptive, or misleading.

(f) Conduct likely to deceive, defraud, or harm the public or demonstrating a willful or careless disregard for the health, welfare, or safety of a complementary and alternative health care client; or any other practice that may create danger to any client's life, health, or safety, in any of which cases, proof of actual injury need not be established.

(g) Adjudication as mentally incompetent or as a person who is dangerous to self or adjudication pursuant to chapter 253B as chemically dependent, mentally ill, mentally retarded, mentally ill and dangerous to the public, or as a sexual psychopathic personality or sexually dangerous person.

(h) Inability to engage in complementary and alternative health care practices with reasonable safety to complementary and alternative health care clients.

(i) The habitual overindulgence in the use of or the dependence on intoxicating liquors.

(j) Improper or unauthorized personal or other use of any legend drugs as defined in chapter 151, any chemicals as defined in chapter 151, or any controlled substance as defined in chapter 152.

(k) Revealing a communication from, or relating to, a complementary and alternative health care client except when otherwise required or permitted by law.

(l) Failure to comply with a complementary and alternative health care client's request made under section 144.335 or to furnish a complementary and alternative health care client record or report required by law.

(m) Splitting fees or promising to pay a portion of a fee to any other professional other than for services rendered by the other professional to the complementary and alternative health care client.

(n) Engaging in abusive or fraudulent billing practices, including violations of the federal Medicare and Medicaid laws or state medical assistance laws.

(o) Failure to make reports as required by section 146A.03 or cooperate with an investigation of the office.

(p) Obtaining money, property, or services from a complementary and alternative health care client, other than reasonable fees for services provided to the client, through the use of undue influence, harassment, duress, deception, or fraud.

(q) Undertaking or continuing a professional relationship with a complementary and alternative health care client in which the objectivity of the unlicensed complementary and alternative health care practitioner would be impaired.

(r) Failure to provide a complementary and alternative health care client with a copy of the client bill of rights or violation of any provision of the client bill of rights.

(s) Violating any order issued by the commissioner.

(t) Failure to comply with any provision of sections 146A.01 to 146A.11 and the rules adopted under those sections.

(u) Failure to comply with any additional disciplinary grounds established by the commissioner by rule.

(v) Revocation, suspension, restriction, limitation, or other disciplinary action against any health care license, certificate, registration, or right to practice of the unlicensed complementary and alternative health care practitioner in this or another state or jurisdiction for offenses that would be subject to disciplinary action in this state or failure to report to the office that charges regarding

to practice have been brought in this or another state of jurisdiction.

(w) Use of the title "doctor," "Dr.," or "physician" alone or in combination with any other words, letters, or insignia to describe the complementary and alternative health care practices the practitioner provides.

(x) Failure to provide a complementary and alternative health care client with a recommendation that the client see a health care provider who is licensed or registered by a health-related licensing board or the commissioner of health, if there is a reasonable likelihood that the client needs to be seen by a licensed or registered health care provider.

Subd. 2. **Less customary approach.** The fact that a complementary and alternative health care practice may be a less customary approach to health care shall not constitute the basis of a disciplinary action per se.

Subd. 3. **Evidence.** In disciplinary actions alleging a violation of subdivision 1, paragraph (a), (b), (c), or (g), a copy of the judgment or proceeding under the seal of the court administrator or of the administrative agency that entered the same is admissible into evidence without further authentication and constitutes prima facie evidence of its contents.

Subd. 4. **Examination; access to medical data.** (a) If the commissioner has probable cause to believe that an unlicensed complementary and alternative health care practitioner has engaged in conduct prohibited by subdivision 1, paragraph (g), (h), (i), or (j), the commissioner may issue an order directing the practitioner to submit to a mental or physical examination or chemical dependency evaluation. For the purpose of this subdivision, every unlicensed complementary and alternative health care practitioner is deemed to have consented to submit to a mental or physical examination or chemical dependency evaluation when ordered to do so in writing by the commissioner and further to have waived all objections to the admissibility of the testimony or examination reports of the health care provider performing the examination or evaluation on the grounds that the same constitute a privileged communication. Failure of an unlicensed complementary and alternative health care practitioner to submit to an examination or evaluation when ordered, unless the failure was due to circumstances beyond the practitioner's control, constitutes an admission that the unlicensed complementary and alternative health care practitioner violated subdivision 1, paragraph (g), (h), (i), or (j), based on the factual specifications in the examination or evaluation order and may result in a default and final disciplinary order being entered after a contested case hearing. An unlicensed complementary and alternative health care practitioner affected under this paragraph shall at reasonable intervals be given an opportunity to demonstrate that the practitioner can resume the provision of complementary and alternative health care practices with reasonable safety to clients. In any proceeding under this paragraph, neither the record of proceedings nor the orders entered by the commissioner shall be used against an unlicensed complementary and alternative health care practitioner in any other proceeding.

(b) In addition to ordering a physical or mental

examination or chemical dependency evaluation, the commissioner may, notwithstanding section 13.384; 144.651; 595.02; or any other law limiting access to medical or other health data, obtain medical data and health records relating to an unlicensed complementary and alternative health care practitioner without the practitioner's consent if the commissioner has probable cause to believe that a practitioner has engaged in conduct prohibited by subdivision 1, paragraph (g), (h), (i), or (j). The medical data may be requested from a provider as defined in section 144.325, subdivision 1, paragraph (b), an insurance company, or a government agency, including the Department of Human Services. A provider, insurance company, or government agency shall comply with any written request of the commissioner under this subdivision and is not liable in any action for damages for releasing the data requested by the commissioner if the data are released pursuant to a written request under this subdivision, unless the information is false and the person or organization giving the information knew or had reason to believe the information was false. Information obtained under this subdivision is private data under section 13.41.

HIST: 1999 c 227 s 22; 2000 c 460 s 17

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146A.09 Disciplinary actions.

Subdivision 1. Forms of disciplinary action. When the commissioner finds that an unlicensed complementary and alternative health care practitioner has violated any provision of this chapter, the commissioner may take one or more of the following actions, only against the individual practitioner:

(1) revoke the right to practice;

(2) suspend the right to practice;

(3) impose limitations or conditions on the practitioner's provision of complementary and alternative health care practices, impose rehabilitation requirements, or require practice under supervision;

(4) impose a civil penalty not exceeding \$10,000 for each separate violation, the amount of the civil penalty to be fixed so as to deprive the practitioner of any economic advantage gained by reason of the violation charged or to reimburse the office for all costs of the investigation and proceeding;

(5) censure or reprimand the practitioner;

(6) impose a fee on the practitioner to reimburse the office for all or part of the cost of the proceedings resulting in disciplinary action including, but not limited to, the amount paid by the office for services from the Office of Administrative Hearings, attorney fees, court reports, witnesses, reproduction of records, staff time, and expense incurred by the staff of the Office of Unlicensed Complementary and Alternative Health Care Practice; or

(7) any other action justified by the case.

Subd. 2. Discovery; subpoenas. In all matters relating to the lawful activities of the office, the commissioner may issue subpoenas and compel the attendance of witnesses and the production of all necessary papers, books, records, documents, and other evidentiary material. Any person failing or refusing to appear or testify regarding any matter about which the person may be lawfully questioned or failing to produce any papers, books, records, documents, or other evidentiary materials in the matter to be heard, after having been required by order of the commissioner or by a subpoena of the commissioner to do so may, upon application to the district court in any district, be ordered to comply with the order or subpoena. The commissioner may administer oaths to witnesses or take their affirmation. Depositions may be taken within or without the state in the manner provided by law for the taking of depositions in civil actions. A subpoena or other process may be served upon a person it names anywhere within the state by any officer authorized to serve subpoenas or other process in civil actions in the same manner as prescribed by law for service of process issued out of the district court of this state.

Subd. 3. **Hearings.** If the commissioner proposes to take action against the practitioner as described in subdivision 1, the commissioner must first notify the practitioner against whom the action is proposed to be taken and provide the practitioner with an opportunity to request a hearing under the contested case provisions of chapter 14. If the practitioner does not request a hearing by notifying the commissioner within 30 days after service of the notice of the proposed action, the commissioner may proceed with the action without a hearing.

Subd. 4. **Reinstatement.** The commissioner may at the commissioner's discretion reinstate the right to practice and may impose any disciplinary measure listed under subdivision 1.

Subd. 5. **Temporary suspension.** In addition to any other remedy provided by law, the commissioner may, acting through a person to whom the commissioner has delegated this authority and without a hearing, temporarily suspend the right of an unlicensed complementary and alternative health care practitioner to practice if the commissioner's delegate finds that the practitioner has violated a statute or rule that the commissioner is empowered to enforce and continued practice by the practitioner would create a serious risk of harm to others. The suspension is in effect upon service of a written order on the practitioner specifying the statute or rule violated. The order remains in effect until the commissioner issues a final order in the matter after a hearing or upon agreement between the commissioner and the practitioner. Service of the order is effective if the order is served on the practitioner or counsel of record personally or by first class mail. Within ten days of service of the order, the commissioner shall hold a hearing on the sole issue of whether there is a reasonable basis to continue, modify, or lift the suspension. Evidence presented by the office or practitioner shall be in affidavit form only. The practitioner or the counsel of record may appear for oral argument. Within five working days after the hearing, the commissioner shall issue the commissioner's order and, if the suspension is continued, schedule a contested case hearing within 45 days after issuance of the order. The administrative law judge shall issue a report within 30 days after closing of the contested case hearing record. The commissioner shall issue a final order within 30 days after receipt of that report.

Subd. 6. **Automatic suspension.** The right of an unlicensed complementary and alternative health care practitioner to practice is automatically suspended if (1) a guardian of an unlicensed complementary and alternative health care practitioner is appointed by order of a court under sections 524.5-101 to 524.5-502, or (2) the practitioner is committed by order of a court pursuant to chapter 253B. The right to practice remains suspended until the practitioner is restored to capacity by a court and, upon petition by the practitioner, the suspension is terminated by the commissioner after a hearing or upon agreement between the commissioner and the practitioner.

Subd. 7. **Licensed or regulated practitioners.** If a practitioner investigated under this section is licensed or registered by the commissioner of health or a health-related licensing board, is subject to the jurisdiction of the commissioner under section 146A.01, subdivision 6, paragraph (a), clause (1), item (ii), and the commissioner determines that the practitioner has violated any provision of this chapter, the commissioner, in addition to taking disciplinary action under

(1) may, if the practitioner is licensed or regulated in another capacity by the commissioner, take further disciplinary action against the practitioner in that capacity; or

(2) shall, if the practitioner is licensed or registered in another capacity by a health-related licensing board, report the commissioner's findings under this section, and may make a nonbinding recommendation that the board take further action against the practitioner in that capacity.

HIST: 2000 c 460 s 18; 2004 c 146 art 3 s 47

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146A.02 Office of Unlicensed Complementary and Alternative Health Care Practice.

Subdivision 1. Creation. The Office of Unlicensed Complementary and Alternative Health Care Practice is created in the Department of Health to investigate complaints and take and enforce disciplinary actions against all unlicensed complementary and alternative health care practitioners for violations of prohibited conduct, as defined in section 146A.08. The office shall also serve as a clearinghouse on complementary and alternative health care practices and unlicensed complementary and alternative health care practitioners through the dissemination of objective information to consumers and through the development and performance of public education activities, including outreach, regarding the provision of complementary and alternative health care practices and unlicensed complementary and alternative health care practitioners who provide these services.

Subd. 2. Rulemaking. The commissioner shall adopt rules necessary to implement, administer, or enforce provisions of this chapter pursuant to chapter 14.

HIST: 2000 c 460 s 10

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146A.03 Reporting obligations.

Subdivision 1. **Permission to report.** A person who has knowledge of any conduct constituting grounds for disciplinary action relating to complementary and alternative health care practices under this chapter may report the violation to the office.

Subd. 2. **Institutions.** A state agency, political subdivision, agency of a local unit of government, private agency, hospital, clinic, prepaid medical plan, or other health care institution or organization located in this state shall report to the office any action taken by the agency, institution, or organization or any of its administrators or medical or other committees to revoke, suspend, restrict, or condition an unlicensed complementary and alternative health care practitioner's privilege to practice or treat complementary and alternative health care clients in the institution or, as part of the organization, any denial of privileges or any other disciplinary action for conduct that might constitute grounds for disciplinary action by the office under this chapter. The institution, organization, or governmental entity shall also report the resignation of any unlicensed complementary and alternative health care practitioners prior to the conclusion of any disciplinary action proceeding for conduct that might constitute grounds for disciplinary action under this chapter or prior to the commencement of formal charges but after the practitioner had knowledge that formal charges were contemplated or were being prepared.

Subd. 3. **Professional societies.** A state or local professional society for unlicensed complementary and alternative health care practitioners shall report to the office any termination, revocation, or suspension of membership or any other disciplinary action taken against an unlicensed complementary and alternative health care practitioner. If the society has received a complaint that might be grounds for discipline under this chapter against a member on which it has not taken any disciplinary action, the society shall report the complaint and the reason why it has not taken action on it or shall direct the complainant to the office.

Subd. 4. **Licensed professionals.** A licensed health professional shall report to the office personal knowledge of any conduct that the licensed health professional reasonably believes constitutes grounds for disciplinary action under this chapter by any unlicensed complementary and alternative health care practitioner, including conduct indicating that the individual may be incompetent or may be mentally or physically unable to engage safely in the provision of services. If the information was obtained in the course of a client relationship, the client is an unlicensed complementary and alternative health care practitioner, and the treating individual successfully counsels the other practitioner to limit or withdraw from practice to the extent required by the impairment, the office may deem this limitation of or withdrawal from practice to be sufficient disciplinary action.

Subd. 5. Insurers. Four times each year as prescribed by the commissioner, each insurer authorized to sell insurance described in section 60A.06, subdivision 1, clause 13), and providing professional liability insurance to unlicensed complementary and alternative health care practitioners or the medical Joint Underwriting Association under chapter 62F shall submit to the office a report concerning the unlicensed complementary and alternative health care practitioners against whom malpractice settlements or awards have been made. The response must contain at least the following information:

(1) the total number of malpractice settlements or awards made;

(2) the date the malpractice settlements or awards were made;

(3) the allegations contained in the claim or complaint leading to the settlements or awards made;

(4) the dollar amount of each malpractice settlement or award;

(5) the regular address of the practice of the unlicensed complementary and alternative health care practitioner against whom an award was made or with whom a settlement was made; and

(6) the name of the unlicensed complementary and alternative health care practitioner against whom an award was made or with whom a settlement was made.

The insurance company shall, in addition to the above information, submit to the office any information, records, and files, including clients' charts and records, it possesses that tend to substantiate a charge that an unlicensed complementary and alternative health care practitioner may have engaged in conduct violating this chapter.

Subd. 6. Courts. The court administrator of district court or any other court of competent jurisdiction shall report to the office any judgment or other determination of the court that adjudges or includes a finding that an unlicensed complementary and alternative health care practitioner is mentally ill, mentally incompetent, guilty of a felony, guilty of a violation of federal or state narcotics laws or controlled substances act, or guilty of abuse or fraud under Medicare or Medicaid; or that appoints a guardian of the unlicensed complementary and alternative health care practitioner under sections 524.5-101 to 524.5-502 or commits an unlicensed complementary and alternative health care practitioner under chapter 253B.

Subd. 7. Self-reporting. An unlicensed complementary and alternative health care practitioner shall report to the office any personal action that would require that a report be filed with the office by any person, health care facility, business, or organization pursuant to subdivisions 2 to 5. The practitioner shall also report the revocation, suspension, restriction, limitation, or other disciplinary action against the practitioner's license, certificate, registration, or right of practice in another state or jurisdiction for offenses that would be subject to disciplinary action in this state and also report the filing of charges regarding the practitioner's

license, certificate, registration, or right of practice in another state or jurisdiction.

Subd. 8. **Deadlines; forms.** Reports required by subdivisions 2 to 7 must be submitted not later than 30 days after the reporter learns of the occurrence of the reportable event or transaction. The office may provide forms for the submission of reports required by this section, may require that reports be submitted on the forms provided, and may adopt rules necessary to ensure prompt and accurate reporting.

HIST: 2000 c 460 s 12; 2004 c 146 art 3 s 47

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146A.10 Additional remedies.

Subdivision 1. Cease and desist. (a) The commissioner may issue a cease and desist order to stop a person from violating or threatening to violate a statute, rule, or order which the office has issued or is empowered to enforce. The cease and desist order must state the reason for its issuance and give notice of the person's right to request a hearing under sections 14.57 to 14.62. If, within 15 days of service of the order, the subject of the order fails to request a hearing in writing, the order is the final order of the commissioner and is not reviewable by a court or agency.

(b) A hearing must be initiated by the office not later than 30 days from the date of the office's receipt of a written hearing request. Within 30 days of receipt of the administrative law judge's report, the commissioner shall issue a final order modifying, vacating, or making permanent the cease and desist order as the facts require. The final order remains in effect until modified or vacated by the commissioner.

(c) When a request for a stay accompanies a timely hearing request, the commissioner may, in the commissioner's discretion, grant the stay. If the commissioner does not grant a requested stay, the commissioner shall refer the request to the Office of Administrative Hearings within three working days of receipt of the request. Within ten days after receiving the request from the commissioner, an administrative law judge shall issue a recommendation to grant or deny the stay. The commissioner shall grant or deny the stay within five days of receiving the administrative law judge's recommendation.

(d) In the event of noncompliance with a cease and desist order, the commissioner may institute a proceeding in Hennepin County District Court to obtain injunctive relief or other appropriate relief, including a civil penalty payable to the office not exceeding \$10,000 for each separate violation.

Subd. 2. Injunctive relief. In addition to any other remedy provided by law, including the issuance of a cease and desist order under subdivision 1, the commissioner may in the commissioner's own name bring an action in Hennepin County District Court for injunctive relief to restrain an unlicensed complementary and alternative health care practitioner from a violation or threatened violation of any statute, rule, or order which the commissioner is empowered to regulate, enforce, or issue. A temporary restraining order must be granted in the proceeding if continued activity by a practitioner would create a serious risk of harm to others. The commissioner need not show irreparable harm.

Subd. 3. Additional powers. The issuance of a cease and desist order or injunctive relief granted under this section does not relieve a practitioner from criminal prosecution by a competent authority or from disciplinary action by the commissioner.

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146A.11 Complementary and alternative health care client bill of rights.

Subdivision 1. Scope. All unlicensed complementary and alternative health care practitioners shall provide to each complementary and alternative health care client prior to providing treatment a written copy of the complementary and alternative health care client bill of rights. A copy must also be posted in a prominent location in the office of the unlicensed complementary and alternative health care practitioner. Reasonable accommodations shall be made for those clients who cannot read or who have communication impairments and those who do not read or speak English. The complementary and alternative health care client bill of rights shall include the following:

(1) the name, complementary and alternative health care title, business address, and telephone number of the unlicensed complementary and alternative health care practitioner;

(2) the degrees, training, experience, or other qualifications of the practitioner regarding the complimentary and alternative health care being provided, followed by the following statement in bold print:

"THE STATE OF MINNESOTA HAS NOT ADOPTED ANY EDUCATIONAL AND TRAINING STANDARDS FOR UNLICENSED COMPLEMENTARY AND ALTERNATIVE HEALTH CARE PRACTITIONERS. THIS STATEMENT OF CREDENTIALS IS FOR INFORMATION PURPOSES ONLY.

Under Minnesota law, an unlicensed complementary and alternative health care practitioner may not provide a medical diagnosis or recommend discontinuance of medically prescribed treatments. If a client desires a diagnosis from a licensed physician, chiropractor, or acupuncture practitioner, or services from a physician, chiropractor, nurse, osteopath, physical therapist, dietitian, nutritionist, acupuncture practitioner, athletic trainer, or any other type of health care provider, the client may seek such services at any time."

(3) the name, business address, and telephone number of the practitioner's supervisor, if any;

(4) notice that a complementary and alternative health care client has the right to file a complaint with the practitioner's supervisor, if any, and the procedure for filing complaints;

(5) the name, address, and telephone number of the office of unlicensed complementary and alternative health care practice and notice that a client may file complaints with the office;

(6) the practitioner's fees per unit of service, the practitioner's method of billing for such fees, the names of any insurance companies that have agreed to reimburse the practitioner, or health maintenance organizations with whom the practitioner contracts to provide service, whether the practitioner accepts Medicare, medical assistance, or general assistance medical care, and whether the practitioner is willing

to accept partial payment, or to waive payment, and in what circumstances;

(7) a statement that the client has a right to reasonable notice of changes in services or charges;

(8) a brief summary, in plain language, of the theoretical approach used by the practitioner in providing services to clients;

(9) notice that the client has a right to complete and current information concerning the practitioner's assessment and recommended service that is to be provided, including the expected duration of the service to be provided;

(10) a statement that clients may expect courteous treatment and to be free from verbal, physical, or sexual abuse by the practitioner;

(11) a statement that client records and transactions with the practitioner are confidential, unless release of these records is authorized in writing by the client, or otherwise provided by law;

(12) a statement of the client's right to be allowed access to records and written information from records in accordance with section 144.335;

(13) a statement that other services may be available in the community, including where information concerning services is available;

(14) a statement that the client has the right to choose freely among available practitioners and to change practitioners after services have begun, within the limits of health insurance, medical assistance, or other health programs;

(15) a statement that the client has a right to coordinated transfer when there will be a change in the provider of services;

(16) a statement that the client may refuse services or treatment, unless otherwise provided by law; and

(17) a statement that the client may assert the client's rights without retaliation.

Subd. 2. Acknowledgment by client. Prior to the provision of any service, a complementary and alternative health care client must sign a written statement attesting that the client has received the complementary and alternative health care client bill of rights.

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TITLE 23

Health and Safety

CHAPTER 23-74

Unlicensed Health Care Practices

SECTION 23-74-13

§ 23-74-13 Additional remedies. – (a) *Cease and desist.* (1) The director may issue a cease and desist order to stop a person from violating or threatening to violate a statute, rule, or order which the department has issued or is empowered to enforce. The cease and desist order must state the reason for its issuance and give notice of the person's right to request a hearing under the provisions of both this chapter and chapter 1 of title 23. If, within fifteen (15) days of service of the order, the subject of the order fails to request a hearing in writing, the order is the final order of the director and is not reviewable by a court or agency.

(2) A hearing must be initiated by the department not later than thirty (30) days from the date of the department's receipt of a written hearing request. Within thirty (30) days of the hearing the director shall issue a final order modifying, vacating, or making permanent the cease and desist order, as the facts require. The final order remains in effect until modified or vacated by the director.

(3) When a request for a stay accompanies a timely hearing request, the director may, in the director's discretion, grant the stay. If the director does not grant a requested stay, the director shall refer the request to the superior court within three (3) working days of receipt of the request. Within ten (10) days after receiving the request from the director, a superior court judge shall issue an order to grant or deny the stay.

(4) In the event of noncompliance with a cease and desist order, the director may institute a proceeding in superior court to obtain injunctive relief or other appropriate relief, including a civil penalty payable to the department not exceeding ten thousand dollars (\$10,000) for each separate violation.

(b) *Injunctive relief.* In addition to any other remedy provided by law, including the issuance of a cease and desist order under subsection (a) of this section, the director may in his or her own name, bring an action in superior court for injunctive relief to restrain an unlicensed health care practitioner from a violation or threatened violation of any statute, rule, or order which the director is empowered to regulate, enforce, or issue.

(c) *Additional powers.* The issuance of a cease and desist order or injunctive relief granted under this section does not relieve a practitioner from criminal prosecution by a competent authority or from disciplinary action by the director.

TITLE 23

Health and Safety

CHAPTER 23-74

Unlicensed Health Care Practices

SECTION 23-74-14

§ 23-74-14 **Unlicensed health care client bill of rights.** – (a) *Scope.* All unlicensed health care practitioners shall provide to each unlicensed health care client prior to providing treatment a written copy of the unlicensed health care client bill of rights. A copy must also be posted in a prominent location in the office of the unlicensed health care practitioner. Reasonable accommodations shall be made for those clients who cannot read or who have communication impairments and those who do not read or speak English. The unlicensed health care client bill of rights shall include the following:

(1) The name, unlicensed health care title, business address, and telephone number of the unlicensed health care practitioner;

(2) The degrees, training, experience, or other qualifications of the practitioner regarding the unlicensed health care being provided, followed by the following statement in bold print:

"The state of Rhode Island has not adopted any educational and training standards for unlicensed health care practitioners. This statement of credentials is for information purposes only.

Under Rhode Island law, an unlicensed health care practitioner may not provide a medical diagnosis. If a client desires a diagnosis from a licensed physician, chiropractor, or acupuncture practitioner, or services from a physician, chiropractor, nurse, osteopath, physical therapist, dietician, nutritionist, acupuncture practitioner, athletic trainer, or any other type of health care provider, the client may seek such services at any time";

(3) The name, business address, and telephone number of the practitioner's supervisor, if any;

(4) Notice that an unlicensed health care client has the right to file a complaint with the practitioner's supervisor, if any, and the procedure for filing complaints;

(5) The name, address, and telephone number of the department and notice that a client may file complaints with the department;

(6) The practitioner's fees per unit of service, the practitioner's method of billing for the fees, the names of any insurance companies that agreed to reimburse the practitioner, or health maintenance organizations with whom the practitioner contracts to provide service, whether the practitioner accepts Medicare, medical assistance, or general assistance medical care, and whether the practitioner is willing to accept partial payment, or to waive payment, and in what circumstances;

(7) A statement that the client has a right to reasonable notice of changes in services or charges;

(8) A brief summary, in plain language, of the theoretical approach used by the practitioner in providing services to clients;

(9) Notice that the client has a right to complete and current information concerning the practitioner's assessment

and recommended service that is to be provided, including the expected duration of the service to be provided;

(10) A statement that clients may expect to be free from verbal, physical, or sexual abuse by the practitioner;

(11) A statement that client records and transactions with the practitioner are confidential, unless release of these records is authorized in writing by the client, or otherwise provided by law;

(12) A statement of the client's right to be allowed access to records and written information from records in accordance with the provisions of this chapter;

(13) A statement that the client has the right to choose freely among available practitioners and to change practitioners after services have begun, within the limits of health insurance, medical assistance, or other health programs;

(14) A statement that the client has a right to a coordinated transfer when there will be a change in the provider of services;

(15) A statement that the client may refuse services or treatment, unless otherwise provided by law; and

(16) A statement that the client may assert the client's rights without retaliation.

(b) Acknowledgement by client. Prior to the provision of any service, an unlicensed health care client must sign a written statement attesting that the client has received the unlicensed health care client bill of rights.

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STATE OF RHODE ISLAND

IN GENERAL ASSEMBLY

JANUARY SESSION, A.D. 2002

A N A C T

RELATING TO UNLICENSED COMPLEMENTARY AND ALTERNATIVE HEALTH CARE

Introduced By: Representative Arthur J. Corvese

Date Introduced: January 09, 2002

Referred To: House Corporations

It is enacted by the General Assembly as follows:

1-1 SECTION 1. Title 23 of the General Laws entitled "Health and Safety" is hereby
1-2 amended by adding thereto the following chapter:

1-3 CHAPTER 74

1-4 COMPLEMENTARY AND ALTERNATIVE HEALTH CARE ACT

1-5 23-74-1. Short title. -- This act may be cited as the "Complementary and Alternative
1-6 Health Care Act."

1-7 23-74-2. Definitions. -- As used in this chapter the following terms shall have the
1-8 following meanings:

1-9 (1) "Director" shall mean the director of the department of health.

1-10 (2) "Complementary and alternative health care client" means an individual who
1-11 receives services from an unlicensed complementary and alternative health care practitioner.

1-12 (3) (i) "Complementary and alternative health care practices" means the broad domain
1-13 of complementary and alternative healing methods and treatments, including, but not limited to:

1-14 (A) acupressure;

1-15 (B) anthroposophy;

1-16 (C) aroma therapy;

1-17 (D) ayurveda;

1-18 (E) culturally traditional healing practices;

- 1-19 (F) detoxification practices and therapies;
- 1-20 (G) energetic healing;
- 2-1 (H) polarity therapy;
- 2-2 (I) folk practices;
- 2-3 (J) healing practices utilizing food, food supplements, nutrients, and the physical forces
- 2-4 of heat, cold, water, touch, and light;
- 2-5 (K) Gerson therapy and colostrum therapy;
- 2-6 (L) healing touch;
- 2-7 (M) herbology or herbalism;
- 2-8 (N) homeopathy;
- 2-9 (O) nondiagnostic iridology;
- 2-10 (P) body work, massage, and massage therapy;
- 2-11 (Q) meditation;
- 2-12 (R) mind-body healing practices;
- 2-13 (S) naturopathy;
- 2-14 (T) noninvasive instrumentalities; and
- 2-15 (U) traditional Oriental practices, such as Qi Gong energy healing.
- 2-16 (ii) Complementary and alternative health care practices do not include surgery, x-ray
- 2-17 radiation, administering or dispensing legend drugs and controlled substances, providing a
- 2-18 medical diagnosis, recommending discontinuance of medically prescribed treatment(s), practices
- 2-19 that invade the human body by puncture of the skin, setting fractures, the use of medical devices
- 2-20 as defined in chapter 5-37, any practice included in the practice of dentistry as defined in chapter
- 2-21 5-31.1, or the manipulation or adjustment of articulations of joints or the spine as described in
- 2-22 chapter 5-30.
- 2-23 (iii) Complementary and alternative health care practices do not include practices that
- 2-24 are performed by nursing homes pursuant to title 23.
- 2-25 (iv) This chapter does not apply to, control, prevent, or restrict the practice, service, or
- 2-26 activity of lawfully marketing or distributing food products, including dietary supplements as
- 2-27 defined in the federal Dietary Supplement Health and Education Act, educating customers about
- 2-28 such products, or explaining the uses of such products. An unlicensed complementary and
- 2-29 alternative health care practitioner may not provide a medical diagnosis or recommend
- 2-30 discontinuance of medically prescribed treatments.
- 2-31 (4) "Department" means the department of health.

1-32 (5) “Office of unlicensed complementary and alternative health care practice” or “office”
 1-33 means the office of unlicensed complementary and alternative health care practice established in
 1-34 section 23-74-3.

-1 (6)(i) “Unlicensed complementary and alternative health care practitioner” means a
 -2 person who:

-3 (A) either: (I) is not licensed or registered by a health related licensing board or the
 -4 department of health, or;

-5 (II) is licensed or registered by the director or a health related licensing board other than
 -6 the Rhode Island board of medical licensure and discipline, Rhode Island board of examiners in
 -7 dentistry, the board of chiropractic examiners, or the Rhode Island board of examiners in
 -8 podiatry, but does not hold oneself out to the public as being licensed or registered by the director
 -9 or a health related licensing board when engaging in complementary and alternative health care;

-10 (B) has not had a license or registration issued by a health related licensing board or the
 -11 director of health revoked, unless the right to engage in complementary and alternative health
 -12 care practices has been re-established by order of the director;

-13 (C) is engaging in complementary and alternative health care practices; and

-14 (D) is providing complementary and alternative health care services for remuneration or
 -15 is holding oneself out to the public as a practitioner of complementary and alternative health care
 -16 practices.

-17 (ii) A health care practitioner licensed or registered by the director or a health related
 -18 licensing board, who engages in complementary and alternative health care while practicing
 -19 under the practitioner’s license or registration, shall be regulated by and be under the jurisdiction
 -20 of the applicable health related licensing board with regard to the complementary and alternative
 -21 health care practices.

3-22 (iii) Subject to the provisions of this chapter, persons in Rhode Island are authorized to
 3-23 practice as unlicensed complementary and alternative health care practitioners and receive
 3-24 remuneration for their services.

3-25 23-74-3. Office of unlicensed complementary and alternative health care practice. --

3-26 (a) The office of unlicensed complementary and alternative health care practice is created in the
 3-27 department of health to investigate complaints and take and enforce disciplinary actions against
 3-28 all unlicensed complementary and alternative health care practitioners for violations of prohibited
 3-29 conduct, as defined in section 23-74-10.

3-30 (b) The director shall adopt rules necessary to implement, administer, or enforce

3-31 provisions of this chapter pursuant to the administrative procedures act.

3-32 **23-74-4. Maltreatment of minors.** -- Nothing in this chapter shall restrict the ability of
3-33 the department of children, youth and families, local law enforcement agencies, or the state to
3-34 take action regarding the maltreatment of minors under chapter 40-11. A parent who obtains
4-1 complementary and alternative health care for the parent's minor child is not relieved of the duty
4-2 to seek necessary medical care consistent with the requirements of chapter 40-11.

4-3 **23-74-5. Reporting obligations.** -- (a) A person who has knowledge of any conduct
4-4 constituting grounds for disciplinary action relating to complementary and alternative health care
4-5 practices under this chapter may report the violation to the office.

4-6 (b) A state agency, political subdivision, agency of a local unit of government, private
4-7 agency, hospital, clinic, prepaid medical plan, or other health care institution or organization
4-8 located in this state shall report to the office any action taken by the agency, institution, or
4-9 organization or any of its administrators or medical or other committees to revoke, suspend,
4-10 restrict, or condition an unlicensed complementary and alternative health care practitioner's
4-11 privilege to practice or treat complementary and alternative health care clients in the institution
4-12 or, as part of the organization, any denial of privileges or any other disciplinary action for conduct
4-13 that might constitute grounds for disciplinary action by the office under this chapter. The
4-14 institution, organization, or governmental entity shall also report the resignation of any unlicensed
4-15 complementary and alternative health care practitioners prior to the conclusion of any disciplinary
4-16 action proceeding for conduct that might constitute grounds for disciplinary action

4-17 under this chapter or prior to commencement of the formal charges but after the practitioner had
4-18 knowledge that formal charges were contemplated or were being prepared.

4-19 (c) A state or local professional society for unlicensed complementary and alternative
4-20 health care practitioners shall report to the office any termination, revocation or suspension of
4-21 membership or any other disciplinary action taken against an unlicensed complementary and
4-22 alternative health care practitioner. If the society has received a complaint that might be grounds
4-23 for discipline under this chapter against a member on which it has not taken any disciplinary
4-24 action, the society shall report the complaint and the reason why it has not taken action on it or
4-25 shall direct the complainant to the office.

4-26 (d) A licensed health professional shall report to the office personal knowledge of any
4-27 conduct that the licensed health professional reasonably believes constitutes grounds for
4-28 disciplinary action under this chapter by any unlicensed complementary and alternative health
4-29 care practitioner, including conduct indicating that the individual may be incompetent or may be

4-30 mentally or physically unable to engage safely in the provision of services. If the information
 4-31 was obtained in the course of a client relationship, the client is an unlicensed complementary and
 4-32 alternative health care practitioner, and the treating individual successfully counsels the other
 4-33 practitioner to limit or withdraw from practice to the extent required by the impairment, the office
 4-34 may deem this limitation of or withdrawal from practice to be sufficient disciplinary action.

5-1 (e) Four (4) times each year as prescribed by the director, each insurer authorized to sell
 5-2 insurance, and providing professional liability insurance to unlicensed complementary and
 5-3 alternative health care practitioners or the medical joint underwriting association shall submit to
 5-4 the office a report concerning the unlicensed complementary and alternative health care
 5-5 practitioners against whom malpractice settlements or awards have been made. The response
 5-6 must contain at least the following information:

5-7 (1) the total number of malpractice settlements or awards made;

5-8 (2) the date the malpractice settlements or awards were made;

5-9 (3) the allegations contained in the claim or complaint leading to the settlements or
 5-10 awards made;

5-11 (4) the dollar amount of each malpractice settlement or award;

5-12 (5) the regular address of the practice of the unlicensed complementary and alternative
 5-13 health care practitioner against whom an award was made or with whom a settlement was made;
 5-14 and

5-15 (6) the name of the unlicensed complementary and alternative health care practitioner
 5-16 against whom an award was made or with whom a settlement was made.

5-17 The insurance company shall, in addition to the above information, submit to the office
 5-18 any information, records, and files, including client's charts and records, it possesses that tend to
 5-19 substantiate a charge that an unlicensed complementary and alternative health care practitioner
 5-20 may have engaged in conduct violating this chapter.

5-21 (f) The court administrator of the superior court or any other court of competent
 5-22 jurisdiction shall report to the office any judgment or other determination of the court that
 5-23 adjudges or includes a finding that an unlicensed complementary and alternative health care
 5-24 practitioner is mentally ill, mentally incompetent, guilty of a felony, guilty of a violation of
 5-25 federal or state narcotics laws or controlled substances act, or guilty of abuse or fraud under
 5-26 medicare or medicaid; or that appoints a guardian of the unlicensed complementary and
 5-27 alternative health care practitioner under chapter 33-15 or commits an unlicensed complementary
 5-28 and alternative health care practitioner under title 40-1

5-29 (g) An unlicensed complementary and alternative health care practitioner shall report to
5-30 the office any personal action that would require that a report be filed with the office by any
5-31 person, health care facility, business or organization pursuant to subsections 23-74-5(a) through
5-32 (e). The practitioner shall also report the revocation, suspension, restriction, limitation or other
5-33 disciplinary action against the practitioner's license, certificate, registration or right of practice in
5-34 another state or jurisdiction for offenses that would be subject to disciplinary action in this state
6-1 and also report the filing of charges regarding the practitioner's license, certificate, registration or
6-2 right of practice in another state or jurisdiction.

6-3 (h) Reports required by subsections 23-74-5 (b) through (g) must be submitted not later
6-4 than thirty (30) days after the reporter learns of the occurrence of the reportable event or
6-5 transaction. The office may provide forms for the submission of reports required by this section,
6-6 may require that reports be submitted on the forms provided, and may adopt rules necessary to
6-7 ensure prompt and accurate reporting.

6-8 **23-74-6. Immunity.** -- (a) Any person, other than the unlicensed complementary and
6-9 alternative health care practitioner who committed the violation, health care facility, business or
6-10 organization shall be immune from civil liability or criminal prosecution for submitting a report
6-11 to the office, for otherwise reporting to the office violations or alleged violations of this chapter,
6-12 or for cooperating with an investigation of a report, except as provided in this subsection. Any
6-13 person who knowingly or recklessly makes a false report is liable in a civil suit for any damages
6-14 suffered by the person or persons so reported and for any punitive damages set by the court or
6-15 jury. An action requires clear and convincing evidence that the defendant made the statement
6-16 with knowledge of falsity or with reckless disregard for its truth or falsity. The report or
6-17 statement or any statement made in cooperation with an investigation or as part of a disciplinary
6-18 proceeding is privileged except in an action brought under this subsection.

6-19 (b) The director and employees of the department of health and other persons engaged in
6-20 the investigation of violations and in preparation, presentation and management of and testimony
6-21 pertaining to charges of violations of this chapter are immune from civil liability and criminal
6-22 prosecution for any actions, transactions or publications in the execution of, or relating to, their
6-23 duties under this chapter.

6-24 **23-74-7. Disciplinary record on judicial review.** -- Upon judicial review of any
6-25 disciplinary action taken by the director under this chapter, the reviewing court shall seal the
6-26 portions of the administrative record that contain data on a complementary and alternative health
6-27 care client or a complainant under section 23-74-5, and shall not make those portions of the

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6-28 administrative record available to the public.

6-29 23-74-8. Professional cooperation – Unlicensed practitioner. -- (a) An unlicensed
 6-30 complementary and alternative health care practitioner who is the subject of an investigation, or
 6-31 who is questioned in connection with an investigation, by or on behalf of the office, shall
 6-32 cooperate fully with the investigation. Cooperation includes responding fully and promptly to
 6-33 any question raised by or on behalf of the office relating to the subject of the investigation,
 6-34 whether tape recorded or not; providing copies of client records, as reasonably requested by the
 7-1 office, to assist the office in its investigation; and appearing at conferences or hearings scheduled
 7-2 by the director. If the office does not have a written consent from a client permitting access to the
 7-3 client's records, the unlicensed complementary and alternative health care practitioner shall delete
 7-4 in the record any data that identifies the client before providing it to the office. If an unlicensed
 7-5 complementary and alternative health care practitioner refuses to give testimony or produce any
 7-6 documents, books, records or correspondence on the basis of the fifth amendment to the
 7-7 Constitution of the United States, the director may compel the unlicensed complementary and
 7-8 alternative health care practitioner to provide the testimony or information; however, the
 7-9 testimony or evidence may not be used against the practitioner in any criminal proceeding.
 7-10 Challenges to requests of the office may be brought before the appropriate agency or court.

7-11 (b) (1) Data relating to investigations of complaints and disciplinary actions involving
 7-12 unlicensed complementary and alternative health care practitioners are governed by this section.
 7-13 Except as provided in subsection 23-74-8(b)(2), data relating to investigations of complaints and
 7-14 disciplinary actions involving unlicensed complementary and alternative health care practitioners
 7-15 are public data, regardless of the outcome of any investigation, action, or proceeding.

7-16 (2) The following data are private data on individuals:

7-17 (i) data on a complementary and alternative health care client;

7-18 (ii) data on a complaint under section 23-74-5; and

7-19 (3) Data on the nature or content of unsubstantiated complaints when the information is
 7-20 not maintained in anticipation of legal action.

7-21 (c) (1) The office shall establish internal operating procedures for:

7-22 (i) exchanging information with state boards; agencies, including the department of
 7-23 mental health, health related and law enforcement facilities; departments responsible for licensing
 7-24 health related occupations, facilities, and programs; and law enforcement personnel in this and
 7-25 other states; and

7-26 (ii) coordinating investigations involving matters within the jurisdiction of more than one

7-27 (1) regulatory agency.

7-28 (2) The procedures for exchanging information must provide for the forwarding to the
7-29 organizations described in subsection 23-74-8(c)(1)(i) of information and evidence, including the
7-30 results of investigations, that are relevant to matters within the regulatory jurisdiction of such
7-31 organizations. The data shall have the same classification in the hands of the organization
7-32 receiving the data as they have in the hands of the organization providing the data.

8-1 (3) The office shall establish procedures for exchanging information with other states
8-2 regarding disciplinary action against unlicensed complementary and alternative health care
8-3 practitioners.

8-4 (4) The office shall forward to another governmental agency any complaints received by
8-5 the office that do not relate to the office's jurisdiction but that relate to matters within the
8-6 jurisdiction of the other governmental agency. The agency to which a complaint is forwarded
8-7 shall advise the office of the disposition of the complaint. A complaint or other information
8-8 received by another governmental agency relating to a statute or rule that the office is empowered
8-9 to enforce must be forwarded to the office to be processed in accordance with this section.

8-10 (5) The office shall furnish to a person who made a complaint a description of the actions
8-11 of the office relating to the complaint.

8-12 **23-74-9. Professional accountability.** -- The office shall maintain and keep current a
8-13 file containing the reports and complaints filed against unlicensed complementary and alternative
8-14 health care practitioners within the director's jurisdiction. Each complaint filed with the office
8-15 must be investigated. If the files maintained by the office show that a malpractice settlement or
8-16 award has been made against an unlicensed complementary and alternative health care
8-17 practitioner, as reported by insurers under subsection 23-74-5 (e), the director may authorize a
8-18 review of the practitioner's practice by the staff of the office.

8-19 **23-74-10. Prohibited conduct.** -- (a) The director may impose disciplinary action as
8-20 described in section 23-74-11 against any unlicensed complementary and alternative health care
8-21 practitioner. The following conduct is prohibited and is grounds for disciplinary action:

8-22 (1) Conviction of a crime, including a finding or verdict of guilt, an admission of guilt, or
8-23 plea of nolo contendere, in any court in Rhode Island or any other jurisdiction in the United
8-24 States, reasonably related to engaging in complementary and alternative health care practices.
8-25 Conviction of a crime, as used in this section, includes a conviction of an offense which, if
8-26 committed in this state, would be deemed a felony or misdemeanor, without regard to its
8-27 designation elsewhere;

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- 8-28 (2) Failure to comply with the self reporting requirements of subsection 23-74-5 (g);
- 8-29 (3) Engaging in sexual contact with a complementary and alternative health care client or
 8-30 former client, engaging in contact that may be reasonably interpreted by a client as sexual,
 8-31 engaging in any verbal behavior that is seductive or sexually demeaning to the patient, or
 8-32 engaging in sexual exploitation of a client or former client. For purposes of this clause, "former
 8-33 client" means a person who has obtained services from the unlicensed complementary and
 8-34 alternative health care practitioner within the past two (2) years;
- 9-1 (4) Advertising that is false, fraudulent, deceptive, or misleading;
- 9-2 (5) Conduct revealing a communication from, or relating to, a complementary and
 9-3 alternative health care client except when otherwise required or permitted by law;
- 9-4 (6) Failure to comply with a complementary and alternative health care client's request
 9-5 made under chapter 5-37.3 or to furnish a complementary and alternative health care client record
 9-6 or report required by law;
- 9-7 (7) Splitting fees or promising to pay a portion of a fee to any other professional other
 9-8 than for services rendered by the other professional to the complementary and alternative health
 9-9 care client;
- 9-10 (8) Failure to provide a complementary and alternative health care client with a copy of
 9-11 the client bill of rights or violation of any provision of the client bill of rights;
- 9-12 (9) Violating any order issued by the director;
- 9-13 (10) Failure to comply with any provision of this chapter and the rules adopted under this
 9-14 chapter;
- 9-15 (11) Revocation, suspension, restriction, limitation, or other disciplinary action against
 9-16 any health care license, certificate, registration, or right to practice of the unlicensed
 9-17 complementary and alternative health care practitioner in this or another state or jurisdiction for
 9-18 offenses that would be subject to disciplinary action in this state or failure to report to the office
 9-19 that charges regarding the practitioner's license, certificate, registration, or right of practice have
 9-20 been brought in this or another state or jurisdiction; and
- 9-21 (12) Failure to provide a complementary and alternative health care client with a
 9-22 recommendation that the client see a licensed health care provider, if the complementary health
 9-23 care provider determines that the client needs to be seen by a licensed health care provider.
- 9-24 (b) The fact that a complementary and alternative health care practice may be a less
 9-25 customary approach to health care shall not constitute the basis of a disciplinary action per se.
- 9-26 (c) In disciplinary actions alleging a violation of subsections 23-74-10 (A)(1) or (3), a

9-27 copy of the judgment or proceeding under the seal of the court or of the administrative agency
9-28 that entered the same is admissible into evidence without further authentication and constitutes
9-29 prima facie evidence of its contents.

9-30 **23-74-11. Disciplinary actions.** -- (a) When the director finds that an unlicensed
9-31 complementary and alternative health care practitioner has violated any provision of this chapter,
9-32 the director may take one (1) or more of the following actions, only against the individual
9-33 practitioner:

9-34 (1) revoke the right to practice;

10-1 (2) suspend the right to practice;

10-2 (3) impose limitations or conditions on the practitioner's provision of complementary and
10-3 alternative health care practices, impose rehabilitation requirements, or require practice under
10-4 supervision;

10-5 (4) impose a civil penalty not exceeding ten thousand dollars (\$10,000) for each separate
10-6 violation, the amount of the civil penalty to be fixed so as to deprive the practitioner of any
10-7 economic advantage gained by reason of the violation charged or to reimburse the office for all
10-8 costs of the investigation and proceeding;

10-9 (5) censure or reprimand the practitioner;

10-10 (6) impose a fee on the practitioner to reimburse the office for all or part of the cost of
10-11 the proceedings resulting in disciplinary action including, but not limited to, the amount paid by
10-12 the office for, attorney fees, court reports, witnesses, reproduction of records, staff time, and
10-13 expense incurred by the staff of the office of unlicensed complementary and alternative health
10-14 care practice; or

10-15 (7) any other action justified by the case.

10-16 (b) In all matters relating to the lawful activities of the office, the director may issue
10-17 subpoenas and compel the attendance of witnesses and the production of all necessary papers,
10-18 books, records, documents, and other evidentiary material. Any person failing or refusing to
10-19 appear or testify regarding any matter about which the person may be lawfully questioned or
10-20 failing to produce any papers, books, records, documents, or other evidentiary materials in the
10-21 matter to be heard, after having been required by order of the director or by a subpoena of the
10-22 director to do so may, upon application to the superior court in any county, be ordered to comply
10-23 with the order or subpoena. The director may administer oaths to witnesses or take their
10-24 affirmation. Depositions may be taken within or without the state in the manner provided by law
10-25 for the taking of depositions in civil actions. A subpoena or other process may be served upon a

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person it names anywhere within the state by any officer authorized to serve subpoenas or other process in civil actions in the same manner as prescribed by law for service of process issued out of the superior court of this state.

(c) If the director proposes to take action against the practitioner as described in subsection 23-74-11(a), the director must first notify the practitioner against whom the action is proposed to be taken and provide the practitioner with an opportunity to request a hearing under the contested case provisions. If the practitioner does not request a hearing by notifying the director within thirty (30) days after service of the notice of the proposed action, the director may proceed with the action without a hearing.

(d) The director may at the director's discretion reinstate the right to practice and may impose any disciplinary measure listed under subsection 23-74-11(a).

(e) In addition to any other remedy provided by law, the director may, acting through a person to whom the director has delegated this authority and without a hearing, temporarily suspend the right of an unlicensed complementary and alternative health care practitioner to practice if the director's delegate finds that the practitioner has violated a statute or rule that the director is empowered to enforce and continued practice by the practitioner would create a serious risk of harm to others. The suspension is in effect upon service of a written order on the practitioner specifying the statute or rule violated. The order remains in effect until the director issues a final order in the matter after a hearing or upon agreement between the director and the practitioner. Service of the order is effective if the order is served on the practitioner or counsel of record personally or by first class mail. Within ten (10) days of service of the order, the director shall hold a hearing on the sole issue of whether there is a reasonable basis to continue, modify, or lift the suspension. Evidence presented by the office or practitioner shall be in affidavit form only. The practitioner or the counsel of record may appear for oral argument. Within five (5) working days after the hearing, the director shall issue the director's order and, if the suspension is continued, schedule a contested case hearing within forty-five (45) days after issuance of the order. The hearing shall be conducted in accordance with the provisions of this chapter and chapter 23-1. The hearing officer shall issue a report within thirty (30) days after closing of the contested case hearing record. The director shall issue a final order within thirty (30) days after receipt of that report. The time limits provided for in this chapter shall control over any inconsistent or contrary provisions in chapter 23-1.

(f) The right of an unlicensed complementary and alternative health care practitioner to practice is automatically suspended if: (1) a guardian of an unlicensed complementary and

11-25 alternative health care practitioner is appointed by order of a court under chapter 33-15; or (2) the
11-26 practitioner is committed by order of a court. The right to practice remains suspended until the
11-27 practitioner is restored to capacity by a court and, upon petition by the practitioner and the
11-28 suspension is terminated by the director after a hearing or upon agreement between the director
11-29 and the practitioner.

11-30 (g) If a practitioner investigated under this section is licensed or registered by the
11-31 director of the department of health or a health related licensing board, is subject to the
11-32 jurisdiction of the director under subsection 23-74-2(6)(ii), and the director determines that the
11-33 practitioner has violated any provision of this chapter, the director, in addition to taking
11-34 disciplinary action under this section:

12-1 (1) may, if the practitioner is licensed or regulated in another capacity by the director,
12-2 take further disciplinary action against the practitioner in that capacity; or

12-3 (2) shall, if the practitioner is licensed or registered in another capacity by a health
12-4 related licensing board, report the director's findings under this section, and may make a
12-5 nonbinding recommendation that the board take further action against the practitioner in that
12-6 capacity.

12-7 **23-74-12. Additional remedies.** — (a)(1) The director may issue a cease and desist order
12-8 to stop a person from violating or threatening to violate a statute, rule, or order which the office
12-9 has issued or is empowered to enforce. The cease and desist order must state the reason for its
12-10 issuance and give notice of the person's right to request a hearing. If, within fifteen (15) days of
12-11 service of the order, the subject of the order fails to request a hearing in writing, the order is the
12-12 final order of the director and is not reviewable by a court or agency.

12-13 (2) A hearing must be initiated by the office not later than thirty (30) days from the date
12-14 of the office's receipt of a written hearing request which hearing shall be conducted in accordance
12-15 with the provisions of this chapter and chapter 23-1. Within thirty (30) days of the closing of the
12-16 hearing, the director shall issue a final order modifying, vacating, or making permanent the cease
12-17 and desist order, as the facts require. The final order remains in effect until modified or vacated
12-18 by the director.

12-19 (3) When a request for a stay accompanies a timely hearing request, the director may, in
12-20 the director's discretion, grant the stay. The decision shall be made by the director within five (5)
12-21 days of the request for a stay.

12-22 (4) In the event of noncompliance with a cease and desist order, the director may
12-23 institute a proceeding in Providence county superior court to obtain injunctive relief or other

12-24 appropriate relief, including a civil penalty payable to the office not exceeding ten thousand
12-25 dollars (\$10,000) for each separate violation.

12-26 (b) In addition to any other remedy provided by law, including the issuance of a cease
12-27 and desist order under subsection (a) of this section, the director may in the director's own name
12-28 bring an action in Providence county superior court for injunctive relief to restrain an unlicensed
12-29 complementary and alternative health care practitioner from a violation or threatened violation of
12-30 any statute, rule, or order which the director is empowered to regulate, enforce, or issue. A
12-31 temporary restraining order must be granted in the proceeding if continued activity by a
12-32 practitioner would create a serious risk of harm to others. The director need not show irreparable
12-33 harm.

13-1 (c) The issuance of a cease and desist order or injunctive relief granted under this section
13-2 does not relieve a practitioner from criminal prosecution by a competent authority or from
13-3 disciplinary action by the director.

13-4 **23-74-13. Complementary and alternative health care client bill of rights. -- (a) All**
13-5 **unlicensed complementary and alternative health care practitioners shall provide to each**
13-6 **complementary and alternative health care client prior to providing treatment a written copy of**
13-7 **the complementary and alternative health care client bill of rights. A copy must also be posted in**
13-8 **a prominent location in the office of the unlicensed complementary and alternative health care**
13-9 **practitioner. Reasonable accommodations shall be made for those clients who cannot read or**
13-10 **who have communication impairments and those who do not read or speak English. The**
13-11 **complementary and alternative health care client bill of rights shall include the following:**

13-12 (1) the name, complementary and alternative health care title, business address, and
13-13 telephone number of the unlicensed complementary and alternative health care practitioner;

13-14 (2) the degrees, training, experience, or other qualifications of the practitioner regarding
13-15 the complementary and alternative health care being provided, followed by the following
13-16 statement in bold print:

13-17 **"THE STATE OF RHODE ISLAND HAS NOT ADOPTED ANY EDUCATIONAL**
13-18 **OR TRAINING STANDARDS FOR UNLICENSED COMPLEMENTARY AND**
13-19 **ALTERNATIVE HEALTHCARE PRACTITIONERS. THIS STATEMENT OF**
13-20 **CREDENTIALS IS FOR INFORMATION PURPOSES ONLY.**

13-21 Under Rhode Island law, an unlicensed complementary and alternative health care
13-22 practitioner may not provide a medical diagnosis or recommend discontinuance of
13-23 medically prescribed treatments. If a client desires a diagnosis from a licensed physician,

13-24 chiropractor, or any other licensed health care provider authorized to diagnose, or services
13-25 from a physician, chiropractor, nurse, osteopath, physical therapist, dietitian, nutritionist,
13-26 acupuncture practitioner, or any other type of health care provider, the client may seek
13-27 such services at any time;”

13-28 (3) the name, business address, and telephone number of the practitioner’s supervisor, if
13-29 any;

13-30 (4) notice that a complementary and alternative health care client has the right to file a
13-31 complaint with the practitioner’s supervisor, if any, and the procedure for filing complaints;

13-32 (5) the name, address, and telephone number of the office of unlicensed complementary
13-33 and alternative health care practice and notice that a client may file complaints with the office;

14-1 (6) the practitioner’s fees per unit of service, the practitioner’s method of billing for such
14-2 fees, the names of any insurance companies that have agreed to reimburse the practitioner, or the
14-3 names of any health maintenance organizations with whom the practitioner contracts to provide
14-4 service, whether the practitioner accepts medicare, medical assistance, or general assistance
14-5 medical care, and whether the practitioner is willing to accept partial payment, or to waive
14-6 payment, and in what circumstances;

14-7 (7) a statement that the client has a right to reasonable notice of changes in services or
14-8 charges;

14-9 (8) notice that the client has a right to complete and current information concerning the
14-10 practitioner’s assessment and recommended service that is to be provided, including the expected
14-11 duration of the service to be provided;

14-12 (9) a statement that clients may expect to be treated courteously at all times;

14-13 (10) a statement that client records are confidential, unless release of these records is
14-14 authorized in writing by the client, or otherwise provided by law;

14-15 (11) a statement of the client’s right to be allowed access to records and written
14-16 information from records in accordance with chapter 5-37.3;

14-17 (12) a statement that the client has the right to choose freely among available
14-18 practitioners and to change practitioners after services have begun, within the limits of health
14-19 insurance, medical assistance, or other health programs; and

14-20 (13) a statement that the client has a right to a coordinated transfer when there will be a
14-21 change in the provider of services.

14-22 (b) Prior to the provision of any service, a complementary and alternative health care
14-23 client must sign a written statement attesting that the client has received the complementary and

14-24 alternative health care client bill rights.

14-25 23-74-14. Severability. - - The provisions of this act are severable. If any part of this

14-26 act is declared invalid or unconstitutional, such declaration shall not affect the part that remains.

14-27 SECTION 2. This act shall take effect upon passage.

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EXPLANATION
BY THE LEGISLATIVE COUNCIL
OF

A N A C T
RELATING TO UNLICENSED COMPLEMENTARY AND ALTERNATIVE HEALTH CARE

15-1 This act would establish the complementary and alternative health care act.

15-2 This act would take effect upon passage.

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TITLE 23

Health and Safety

CHAPTER 23-74

Unlicensed Health Care Practices

SECTION 23-74-1

§ 23-74-1 **Definitions and applicability.** – (a) As used in this chapter, the following terms have the following meanings:

- (1) "Director" or "director of health" means the director of the department of health or the director's designee;
 - (2) "Unlicensed health care client" means an individual who receives services from an unlicensed health care practitioner;
 - (3) "Unlicensed health care practices" means the broad domain of unlicensed healing methods and treatments, including, but not limited to: (i) acupressure; (ii) Alexander technique; (iii) aroma therapy; (iv) ayurveda; (v) cranial sacral therapy; (vi) crystal therapy; (vii) detoxification practices and therapies; (viii) energetic healing; (ix) rolfing; (x) Gerson therapy and colostrum therapy; (xi) therapeutic touch; (xii) herbology or herbalism; (xiii) polarity therapy; (xiv) homeopathy; (xv) nondiagnostic iridology; (xvi) body work; (xvii) reiki; (xviii) mind-body healing practices; (ixx) naturopathy; and (xx) Qi Gong energy healing. "Unlicensed health care practices" do not include surgery, x-ray radiation, prescribing, administering, or dispensing legend drugs and controlled substances, practices that invade the human body by puncture of the skin, setting fractures, any practice included in the practice of dentistry, the manipulation or adjustment of articulations of joints, or the spine, also known as chiropractic medicine as defined in chapter 30 of title 5, the healing art of acupuncture as defined in chapter 37.2 of title 5, or practices that are permitted under § 5-37-15 or § 5-34-31(6).
 - (4) "Unlicensed health care practitioner" means a person who:
 - (i) Is not licensed by a health-related licensing board or the director of health; or holds a license issued by a health-related licensing board or the department of health in this state, but does not hold oneself out to the public as being licensed or registered by the director or a health-related licensing board when engaging in unlicensed health care;
 - (ii) Has not had a license issued by a health-related licensing board or the director of health revoked or suspended without reinstatement unless the right to engage in unlicensed health care practices has been established by order of the director of health;
 - (iii) Is engaging in unlicensed health care practices; and
 - (iv) Is providing unlicensed health care services for remuneration or is holding oneself out to the public as a practitioner of unlicensed health care practices.
- (b) This chapter does not apply to, control, prevent, or restrict the practice, service, or activity of lawfully marketing or distributing food products, including dietary supplements as defined in the federal Dietary Supplement Health and Education Act [see 21 U.S.C. § 321(ff)], educating customers about those products, or explaining the uses of those products. Under Rhode Island law, an unlicensed health care practitioner may not provide a medical diagnosis.

(c) A health care practitioner, licensed or registered by the director or a health-related licensing board, who engages in unlicensed health care while practicing under the practitioner's license or registration, shall be regulated by and be under the jurisdiction of the applicable health-related licensing board with regard to the unlicensed health care practices.

(d) Subject to the provisions of this chapter, persons in Rhode Island are authorized to practice as unlicensed health care practitioners and receive remuneration for their services.

TITLE 23

Health and Safety

CHAPTER 23-74

Unlicensed Health Care Practices

SECTION 23-74-3

§ 23-74-3 **Professional accountability.** – The department shall maintain and keep current a file containing the reports and complaints filed against unlicensed health care practitioners within the director's jurisdiction. Each complaint filed with the department must be investigated.

TITLE 23

Health and Safety

CHAPTER 23-74

Unlicensed Health Care Practices

SECTION 23-74-4

§ 23-74-4 **Prohibited conduct.** – The director may impose disciplinary action as described in this chapter against any unlicensed health care practitioner. The following conduct is prohibited and is grounds for disciplinary action:

- (1) Conviction of a crime, including a finding or verdict of guilt, and admission of guilt, or a no contest plea, in any court in Rhode Island or any other jurisdiction in the United States, reasonably related to engaging in health care practices. Conviction, as used in this subdivision, includes a conviction of an offense which, if committed in this state, would be deemed a felony or misdemeanor, without regard to its designation elsewhere, or a criminal proceeding where a finding or verdict of guilty is made or returned, but the adjudication of guilt is either withheld or not entered.
- (2) Engaging in sexual contact with an unlicensed health care client, engaging in contact that may be reasonably interpreted by a client as sexual or engaging in sexual exploitation of a client.
- (3) Advertising that is false, fraudulent, deceptive, or misleading.
- (4) Conduct likely to deceive, defraud, or harm the public or demonstrating a willful or careless disregard for the health or safety of an unlicensed health care client in which case, proof of actual injury need not be established.
- (5) Adjudication as mentally incompetent or as a person who is dangerous to self or adjudicated as any of the following: chemically dependent, mentally ill, mentally retarded, mentally ill and dangerous to the public, or as a sexual psychopathic personality or sexually dangerous person.
- (6) Inability to engage in unlicensed health care practices with reasonable safety to unlicensed health care clients.
- (7) Dependence upon controlled substances, habitual drunkenness or engaging in unlicensed health care practices while intoxicated or incapacitated by the use of drugs.
- (8) Revealing a communication from, or relating to, an unlicensed health care client except when otherwise required or permitted by law.
- (9) Failure to comply with an unlicensed health care client's request to furnish a unlicensed health care client record or report required by law.
- (10) Splitting fees or promising to pay a portion of a fee to any other professional other than for services rendered by the other professional to the unlicensed health care client.
- (11) Engaging in abusive or fraudulent billing practices, including violations of the federal Medicare and Medicaid laws or state medical assistance laws.
- (12) Obtaining money, property, or services from an unlicensed health care client, other than reasonable fees for services provided to the client, through the use of undue influence, harassment, duress, deception, or fraud.

(13) Failure to provide an unlicensed health care client with a copy of the client bill of rights or violation of any provision of the client bill of rights.

(14) Violating any order issued by the director.

(15) Failure to comply with any provision of any rules adopted by the director.

(16) Failure to comply with any additional disciplinary grounds established by the director by rule.

(17) Revocation, suspension, restriction, limitation, or other disciplinary action against any health care license, certificate, registration, or right to practice of the unlicensed health care practitioner in this or another state or jurisdiction for offenses that would be subject to disciplinary action in this state or failure to report to the department that charges regarding the practitioner's license, certificate, registration, or right of practice have been brought in this or another state or jurisdiction.

(18) False or misleading use of the title "doctor," "Dr.," "physician" alone or in combination with any other words, letters, or insignia to describe the unlicensed health care practices the practitioner provides.

TITLE 23

Health and Safety

CHAPTER 23-74

Unlicensed Health Care Practices

SECTION 23-74-8

§ 23-74-8 **Disciplinary actions.** – *Forms of disciplinary action.* When the director finds that an unlicensed health care practitioner has violated any provision of this chapter, the director may take one or more of the following actions, only against the individual practitioner:

- (1) Revoke the right to practice;
- (2) Suspend the right to practice;
- (3) Impose limitations or conditions on the practitioner's provision of unlicensed health care practices, impose rehabilitation requirements, or require practice under supervision;
- (4) Assess against the practitioner the administrative costs of the proceedings instituted against him or her under this chapter; provided, that this assessment does not exceed ten thousand dollars (\$10,000);
- (5) Censure or reprimand the practitioner;
- (6) Any other action justified by the case.

TITLE 23

Health and Safety

CHAPTER 23-74

Unlicensed Health Care Practices

SECTION 23-74-9

§ 23-74-9 **Discovery – Subpoenas.** – In all matters relating to the lawful activities of the department, the director may issue subpoenas and compel the attendance of witnesses and the production of all necessary papers, books, records, documents, and other evidentiary material. Any person failing or refusing to appear or testify regarding any matter about which the person may be lawfully questioned or failing to produce any papers, books, records, documents or other evidentiary materials in the matter to be heard, after having been required by order of the director or by a subpoena of the director to do so may, upon application to the district court in any district, be ordered to comply with the order or subpoena. The director may administer oaths to witnesses or take their affirmation. Depositions may be taken within or without the state in the manner provided by law for the taking of depositions in civil actions. A subpoena or other process may be served upon a person it names anywhere within the state by any officer authorized to serve subpoenas or other process in civil actions in the same manner as prescribed by law for service of process issued out of the district court of this state.

APPENDIX 3

The Criteria

APPENDIX 3

VIRGINIA BOARD OF HEALTH PROFESSIONS CRITERIA FOR EVALUATING THE NEED FOR REGULATION

Initially Adopted October, 1991

Readopted February, 1998

Criterion One: Risk for Harm to the Consumer

The unregulated practice of the health occupation will harm or endanger the public health, safety or welfare. The harm is recognizable and not remote or dependent on tenuous argument. The harm results from: (a) practices inherent in the occupation, (b) characteristics of the clients served, (c) the setting or supervisory arrangements for the delivery of health services, or (d) from any combination of these factors.

Criterion Two: Specialized Skills and Training

The practice of the health occupation requires specialized education and training, and the public needs to have benefits by assurance of initial and continuing occupational competence.

Criterion Three: Autonomous Practice

The functions and responsibilities of the practitioner require independent judgment and the members of the occupational group practice autonomously.

Criterion Four: Scope of Practice

The scope of practice is distinguishable from other licensed, certified and registered occupations, in spite of possible overlapping of professional duties, methods of examination, instrumentation, or therapeutic modalities.

Criterion Five: Economic Impact

The economic costs to the public of regulating the occupational group are justified. These costs result from restriction of the supply of practitioner, and the cost of operation of regulatory boards and agencies.

Criterion Six: Alternatives to Regulation There are no alternatives to State regulation of the occupation which adequately protect the public. Inspections and injunctions, disclosure requirements, and the strengthening of consumer protection laws and regulations are examples of methods of addressing the risk for public harm that do not require regulation of the occupation or profession.

Criterion Seven: Least Restrictive Regulation

When it is determined that the State regulation of the occupation or profession is necessary, the least restrictive level of occupational regulation consistent with public protection will be recommended to the Governor, the General Assembly and the Director of the Department of Health Professions.

Licensure. Licensure confers a monopoly upon a specific profession whose practice is well defined. It is the most restrictive level of occupational regulation. It generally involves the delineation in statute of a scope of practice which is reserved to a select group based upon their possession of unique, identifiable, minimal competencies for safe practice. In this sense, state licensure typically endows a particular occupation or profession with a monopoly in a specified scope of practice.

RISK: High potential, attributable to the nature of the practice.

SKILL & TRAINING: Highly specialized accredited post-secondary education required; clinical proficiency is certified by an accredited body.

AUTONOMY: Practices independently with a high degree of autonomy; little or no direct supervision.

SCOPE OF PRACTICE: Definable in enforceable legal terms.

COST: High

APPLICATION OF THE CRITERIA: When applying for licensure, the profession must demonstrate that Criteria 1 - 6 are met.

Statutory Certification. Certification by the state is also known as "title protection." No scope of practice is reserved to a particular group, but only those individuals who meet certification standards (defined in terms of education and minimum competencies which can be measured) may title or call themselves by the protected title.

RISK: Moderate potential, attributable to the nature of the practice, client vulnerability, or practice setting and level of supervision.

SKILL & TRAINING: Specialized; can be differentiated from ordinary work. Candidate must complete education or experience requirements that are certified by a recognized accrediting body.

AUTONOMY: Variable; some independent decision-making; majority of practice actions directed or supervised by others.

SCOPE OF PRACTICE: Definable, but not stipulated in law.

COST: Variable, depending upon level of restriction of supply of practitioners.

APPLICATION OF CRITERIA: When applying for statutory certification, a group must satisfy Criterion 1, 2, 4, 5, and 6.

Registration. Registration requires only that an individual file his name, location, and possibly background information with the State. No entry standard is typically established for a registration program.

RISK: Low potential, but consumers need to know that redress is possible.

SKILL & TRAINING: Variable, but can be differentiated for ordinary work and labor.

AUTONOMY: Variable.

APPLICATION OF CRITERIA: When applying for registration, Criteria 1, 4, 5, and 6 must be met.

APPENDIX 4

Information on Faculty at Naturopathy Programs

Summary of Faculty Credentials

NOTE: Data has been drawn from the respective program's website on August 19, 2005. No further verification of individual faculty members' credentials has been done.

Note further: When a faculty member is a graduate of the same program for which he serves as faculty, the program title is highlighted.

BASTYR UNIVERSITY

Basic Sciences

Kent Littleton, ND - BS in Chemistry from Randolph-Macon College in Virginia in 1976; MS in Organic Chemistry from UW in 1985; ND from Bastyr in 2003

Nutrition

Debra A. Boutin, MS, RD - BS in Dietetics from Bowling Green State University, Ohio in 1988; MS in Nutrition from Case Western Reserve University, Ohio in 1990

Jeanne M. Cullen, MS, RD, CD - BA in Fine Arts from Indiana University in 1983; AOS in Culinary Arts from the Culinary Institute of America in 1989; MS in Nutrition from Bastyr University in 1998

Mark Kestin, PhD, MPH - BS in nutrition and Graduate Diploma of Dietetics from Deakin University, Geelong, Australia in 1983; PhD in Nutrition from Flinders University in Adelaide, Australia in 1989; MPH from the Harvard School of Public Health, Boston, MA 1990

Beverly Kindblade, MS, RD, CD - BS in nutrition from Oregon State University in 1987; dietetic internship at Harborview Medical Center, Seattle, from 1989-1990; MS in nutritional sciences from University of Washington in 1993

Samer Koutoubi, MD, PhD - MD from Cluj-Napoca University in Romania in 1988; PhD from Florida International University in 2001

Buck Levin, PhD, RD - BS in psychology from Yale University, New Haven, CT, in 1975; MA in psychology from Duquesne University, Pittsburgh, PA, in 1976; PhD in food and nutrition from University of North Carolina, Greensboro, NC, in 1987; Registered dietitian since 1987

Jennifer Lovejoy, PhD - PhD in Physiological Psychology from Emory University, Atlanta, GA in 1988; MS in Physiological Psychology from Emory University in 1986; BS in Zoology from Duke University, Durham, NC in 1982

Scott Murdoch, PhD, MS, RD - BS in Health Fitness/Employee Wellness Programming from Springfield College, MA; MS in exercise physiology from the University of South Carolina, Columbia, SC, in 1986; PhD in Nutrition & Human Performance from the University of North Carolina, Greensboro, NC, in 1991; RD certificate from Kettering Medical Center

Suzanne Nelson Myer, MS, RD - BS in Nutrition from University of Washington, Seattle in 1978; RD program at University of Washington; MS in Nutrition from University of Washington in 1993

Tiffany M. Reiss, MS, PhD - BS in Exercise Science, Didactic Program in Dietetics, MS in Exercise Science from Appalachian State University in NC; PhD in Health and Wellness from Virginia Tech in 2001

Mary Shaw, M. Ed. - University of Oregon, B.Ed., M.Ed.

Psychology

John A. DeNinno, PhD - BS in psychology at University of Washington, Seattle, WA, 1969, MS in psychology at Purdue University, West Lafayette, IN, 1972, PhD in psychology at Purdue University, West Lafayette, IN, 1975

Rachel Diaz, LAc, MSW - BSW from NM State University in Las Cruces, NM, 1975, MSW from University of Washington, Seattle, WA, 1978, LAc from NW Institute of Acupuncture and Oriental Medicine, Seattle, WA, 1990

Sibel Golden, MA - MA in counseling/psychology from Goddard College in Plainfield, VT, in 1991

Keith Grienecks, PhD - PhD from Washington State University, Pullman, WA

Steven R. Kubacki, PhD - BA in German Studies from Hope College, Holland, MI in 1979; MA in Linguistics from Ohio University, Athens, OH in 1985; PhD in Psychology from University of New Mexico, Albuquerque, NM in 1992; Psychology degree from University of Freiburg (Germany) in 1975; Philosophy/Psychology degree from University of Frankfurt (Germany) in 1999

Naomi Lester, PhD - PhD in Medical Psychology from the Uniformed Services University of the Health Sciences, Bethesda, Maryland in 1992

Craig Matsu-Pissot, PhD - BS in Psychology from Weber State University in Ogden, UT, in 1985; PhD in East/West Psychology from California Institute of Integral Studies in San Francisco, CA, in 1995

Lauren M. Montgomery, PhD - BS in Zoology and Psychology from the University of Wisconsin, Madison in 1983; PhD in Developmental Psychology from the University of Washington, Seattle, in 1988; clinical training in Marriage and Family Therapy at Presbyterian Counseling Services, Seattle, in 1995

Monica Pilarc, PhD - Texas Women's University: PhD in 1997; MA in 1993 in Counseling Psychology; University of Texas: BS in 1990 in Psychology

John Postima, MA - BS in experimental psychology from Carroll College, 1996. BS in business management from Carroll College, 1996, MA in counseling psychology with an emphasis on wilderness therapy and ecopsychology from Antioch University, Seattle, WA, 2000.

William Roedel, PhD, MS - MS from the Catholic University of America, Washington DC, in 1988; MS and PhD from Loyola College, Baltimore, MD, in 1996

Robert B. Speigel, MSW - BS in psychology from Wright State University, Dayton, OH, 1970. MS in clinical social work from University of Michigan, Ann Arbor, MI, 1973

John Yurich, PhD - BS in Sociology from Montana State University, Bozeman, MT, 1979, M Ed in Guidance & Counseling from Montana State University, Bozeman, MT, 1981, PhD in Counseling Psychology from Texas A&M University, College Station, TX, 1992, Post-Doctoral training and supervision at University of CA, Davis

Acupuncture and Oriental Medicine

Benjamin Apichai, MS, MD (China), LAc - MD (China) from Jinan University Medical School in China in 1993, completed several medical internships in China, MS in acupuncture from Bastyr University in 1997

Qiang Cao, ND, MD (China), LAc - MD from Shanghai Traditional Chinese Medicine (TCM) University, Shanghai, P.R. China, in 1977; ND from Bastyr University in 1989

Terry Courtney, MPH, LAc - Diploma from New England School of Acupuncture, Watertown, MA, in 1983; MPH from the School of Public Health at Boston University, Boston, MA, in 1996

Weiyi Ding, RN, MD (China), LAc - MD and MS from Shanghai University of Traditional Chinese Medicine, Shanghai, P.R. China, in 1976 and 1986, respectively; RN from Indiana University of Pennsylvania in 1993

James L. Dowling, RN, LAc - RN from University of Toledo and Mercy Hospital in Toledo, OH, in 1980; graduated from the Northwest Institute of Acupuncture and Oriental Medicine (NIAOM) in 1992

Matt Ferguson, MS, LAc - BS in computer science and mathematics from S.U.N.Y. Maritime College in 1984, MS in acupuncture from Bastyr University in 1996, Chinese herbal certificate from Bastyr University in 1997

Steve Given, LAc, Dipl.Ac. - BS in biology with an emphasis in microbiology from Portland State University, 1987, master's degree in traditional Oriental medicine from Emperor's College of Traditional Oriental Medicine, Santa Monica, CA, completed graduate work in microbiology at Montana State University

Kayo King, LAc - Graduated from the Northwest Institute of Acupuncture and Oriental Medicine (NIAOM), Seattle, WA, in 1990.

Chongyun Liu, MD (China), LAc - MD from Luzhou Medical School, China, in 1982, master's degree in acupuncture and traditional Chinese medicine from Chengdu University of Chinese Medicine, Sichuan, P.R. China, in 1985; also a resident at the teaching hospitals of both medical schools

Tong Lu, MD (China), LAc - MD from Harbin Medical University, China, in 1982, MS in acupuncture from Bastyr University in 1997; previously worked as both an intern and a doctor in hospitals in China.

Yuanming Lu, MS, MD (China), LAc - MD from Qinghai Medical College, Qinghai, P.R. China, in 1976; MS in acupuncture from Bastyr University in 1995.

Elizabeth Marazita, LAc - B.A. in International Affairs from Michigan State University in 1984; Masters in International Business/Affairs from Columbia University, NY, NY in 1988; Masters of Science in Acupuncture & Oriental Medicine from Bastyr University, Kenmore, WA in 2003.

Andrew McIntyre, MS, LAc - BA from Harvard University, Cambridge, MA, in 1988; MS in acupuncture from Bastyr University in 1994; Chinese herbal medicine certificate from Bastyr.

Richard "Kyo" Mitchell, MPH, MS, LAc - BS in psychology from Northern Illinois University in 1988; master's in public health (MPH) from Northern Illinois University in 1994; MS in acupuncture and Oriental medicine from Bastyr University in 1999

Kelly Neu, LAc - BS from Bastyr University in 1998; MSAOM from Bastyr University in 2000

Jasmine Patel, LAc - BA in biology from the College of Notre Dame, Baltimore, MD in 1996; MS in acupuncture and Oriental medicine from Bastyr University in 2001; obtained advanced training in traditional Chinese medicine at Shanghai University of Traditional Chinese Medicine in 2001; also worked at an integrative medical clinic in India for one month.

Joseph Perlmutter, MS, LAc - BS in natural health sciences and MS in acupuncture from Bastyr University in 1993.

Janna Rome, MS, LAc - MS in acupuncture from Bastyr University in 1996

Debra Rusenko, LAc - BS in Chemistry with a dual major in Biology from Moravian College, Bethlehem, PA, 1996; MS in Acupuncture and Oriental Medicine from Bastyr University in 2002; obtained advanced training in traditional Chinese medicine at Shanghai University of Traditional Chinese Medicine in 2002.

Michael Spano, LAc - BA in Interpersonal Communications from William Paterson University in 1993; MS in Acupuncture and Oriental Medicine from Bastyr in 2003

Angela Tseng, MS, LAc - MS in Acupuncture from **Bastyr University** in 1999; certificate in Chinese herbal medicine from **Bastyr University** in 2000

Jianli Wang, ND, LAc - Certificate of acupuncture from Beijing University of Traditional Chinese Medicine, P.R. China, in 1988; MS in acupuncture from **Bastyr University** in 1997; ND from **Bastyr University** in 1999

Ying Wang, MS, MD (China), LAc - Oriental medicine doctor from Heilongjiang University of Traditional Chinese Medicine, China, in 1983; MS in TCM from Heilongjiang University of TCM, China, in 1988

Sue Yang, MS, LAc - BA in Asian languages and literature in 1997; MS in acupuncture and Oriental medicine from **Bastyr University** in 2000

Naturopathic Medicine

Karim T. Abdullah, ND - BA in biology from Boston University, Boston, MA, in 1985; ND from **Bastyr University** in 1994; MS in acupuncture and Oriental medicine from **Bastyr**

Robert Anderson, MD - BA from Willamette University in Salem, OR in 1954; MD from University of Washington in 1957

Michelle Antonich, ND, LM - BS in biochemistry from University of Washington, Seattle, WA, in 1996; ND and naturopathic midwifery certificate from **Bastyr University** in 2000

Sheryl Berman, MS, PhD - MS in Microbiology and PhD in Immunology from Wayne State University

Christine Bickson, ND, DHANP - ND from **Bastyr University** in 1999

Cristopher Bosted, ND, RN - AA in nursing from Columbia Basin College, Pasco, WA; BS in botany from University of Washington, Seattle, WA; ND from **Bastyr University** in 2002

Ryan Bradley, ND - BS in Chemical Engineering from North Carolina State University in 1997; ND from **Bastyr** in 2003

Letitia Cain, ND - BA from University of Michigan in 1994; ND from **Bastyr University** 2001

Kevin Connor, ND - BS in ecology from University of Michigan in 1992; ND from **Bastyr University** 2001

Kevin Conroy, ND - BS in electrical engineering from the US Coast Guard Academy, New London, CT, in 1985; ND from **Bastyr University** in 1999

Laurie Cullen, ND - BS in Exercise Science from Montana State University in Bozeman, MT in 1987; MS in Exercise Physiology from Eastern Illinois University in Charleston, IL in 1989; ND from **Bastyr** in 1998

David Demos, ND - BS in Biology from University of Oregon in 1991; ND from **Bastyr** in 2003

Robin Dipasquale, ND - Undergraduate work at Frostburg State College, Frostburg, MD, and Montgomery College, Tacoma Park, MD; BS in Natural Health Sciences with major in Human Sciences from **Bastyr University** in 1992; ND from **Bastyr University** in 1995

Christian Dodge, ND - BS in biological sciences and BA in psychology from Stanford University, Stanford, CA, in 1997; MA in psychology from Stanford University in 1998; ND from **Bastyr University** in 2002

Jill Fresonke, ND - BS in biology from the University of Washington, Seattle, WA, in 1986; ND from **Bastyr University** in 1997; completed two years of residency at **Bastyr Center for Natural Health**

Nathaniel P. Gibson, ND - BA from Evergreen State College in 1992; ND from **Bastyr University** in 1999

Alicia González, ND - BA in Spanish from University of Washington in 1992; Doctorate in Naturopathic Medicine from **Bastyr University** Kenmore, WA in 2002

Jane Gultinan, ND - BS in medical technology from Ohio State University, Columbus, OH, in 1974; ND from **Bastyr University** in 1986; Completed a two-year residency at **Bastyr Center for Natural Health**

John Hibbs, ND - BA in art with minor in pre-medical sciences from Colorado College, Colorado Springs, CO, in 1975; ND from **Bastyr University** in 1983

MaryAnn Ivons, ND, RN - RN from College of San Mateo, San Mateo, CA, in 1978; ND from **Bastyr University** in 1987

Catherine Jones, ND, LAc - BA in Philosophy and French from College of Charleston in 1987; MS in Acupuncture from **Bastyr** in 2003; ND from **Bastyr** in 2003

Eric Jones, ND - BA from United States International University, San Diego, CA, in 1972; ND from **Bastyr University** in 1983

Sheila Kingsbury, ND - ND from **Bastyr University** in 2003; Higher Educ. Administration/Pre-Med at Seattle University; BA/Sociology-Anthropology/American Studies from Knox College, Galesburg, IL in 1990

Mark Lamden, ND - ND from **Bastyr University** in 1986; BS in biology from NY State University 1982

Douglas Lewis, ND - ND from **Bastyr University** in 1987

Morgan Martin, ND - ND from **Bastyr University** in 1989; Midwifery Specialty Certificate from **Bastyr University** in 1991

Robert May, ND - BA in Human Ecology from the College of the Atlantic, Bar Harbor, ME, in 1981; ND from **Bastyr University** in 1988

Melissa McClintock, ND - BS in biopsychology from University of California in 1988; MS in Acupuncture; ND from **National College of Naturopathic Medicine**, Portland, OR, in 1996; completed two years of residency at **Bastyr Center for Natural Health**

Steve Milkis, ND - BA in physical anthropology from University of California at Santa Barbara in 1978; ND from Bastyr University in 2000; 2 years of residency at **Bastyr Center for Natural Health**

W. Bruce Milliman, ND - BA in Zoology from University of Washington in 1978; BS in Microbiology/Immunology from University of Washington in 1978; ND from Bastyr University in 1982

William Mitchell, ND - BA in history from University of Washington in Seattle, WA in 1971; ND from National College of Naturopathic medicine in Portland, OR, in 1976

Harold Modell, PhD - BA from University of Minnesota in Minneapolis in 1966; MS from Iowa State University in 1969; PhD from University of Mississippi Medical Center, Jackson, MS in 1971

Jana Nalbandian, ND - AA in medical technology from Glendale College, Glendale, AZ, in 1980; BS in chemistry from Angelo State University, San Angelo, TX, in 1982; certified medical technologist by ASCP; ND from Bastyr University in 1989

Dean E. Neary, Jr., ND - BS in natural health sciences from Bastyr University in 1993; ND from Bastyr University in 1996

Jeff Novack, PhD - PhD from University of Washington, Dept. of Pharmacology, School of Medicine; BS in Biology from the University of Michigan.

Erica Oberg, ND - ND from Bastyr University in 2003; BA in Anthropology from Univ of Colorado 1995

Andrew J. Parkinson, ND - BA from Clark University in 1988; BS from Bastyr University in 1992; ND from Bastyr University in 1994; completed one year of residency at **Bastyr Center for Natural Health** in 1995

Brian Peters, ND - BS from University of Washington, Seattle, WA, in 1990; ND from Bastyr University in 1995; completed 15 months of residency at the Ballard Wellness Clinic

Joseph E. Pizzomo, Jr., ND - BS in Chemistry from Harvey Mudd College in Claremont, CA in 1969; National College Naturopathic Medicine in Portland, OR in 1975

Dirk Powell, ND - BS in psychology from the University of Washington, Seattle, WA, in 1965; ND from National College of Naturopathic Medicine, Portland, OR, in 1976; study of Zen practices in San Francisco, CA; study of Oriental medicine in Kyoto, Japan; traveled through Europe in the quest for more knowledge of naturopathic medical practices

Thomas Rogers, ND - BA in Health Psychology/International Economics from Rutgers University in 1994; ND from Bastyr University in 2000

Maide Romero, ND, MS, LAc - BS in nursing from Antioquia in 1982; ND from Bastyr University in 2000; MS in acupuncture from Bastyr University in 2001

Parisa Saeedi-Mepham, ND - BS in Pharmacology and Therapeutics from University of British Columbia (Vancouver, BC) in 1999; ND from Bastyr University in 2003

Sean Sapunar, ND - BA in psychology from University of California, Berkeley, in 1988; ND from Bastyr University in 2001

Michael Slezak, ND - BA in biology from University of California, Santa Cruz, in 1994; ND from Bastyr University in 2001; also worked as an Emergency Medical Technician (EMT) for six years

Jamey Wallace, ND - BA in anthropology from the University of Pennsylvania, Philadelphia, PA, in 1982; MS in electrical engineering from Boston University, Boston, MA, in 1985; ND from Bastyr University in 1996; completed two years of residency at **Bastyr Center for Natural Health**

Wendy Weber, ND - BA from Wesleyan University in psychology/neuroscience and behavior in 1994; ND from Bastyr University in 2001; MPH from the University of Washington in 2003; currently in the PhD program in epidemiology at the University of Washington

Douglas K. White, ND - BS in Psychology/counseling from Willamette University, Salem, OR, in 1985; BS in Biology from Western Washington University, Bellingham, WA, in 1991; ND from Bastyr University in 1996

Herbal Sciences

Glen Nagel, ND - BS in Biology/ Outdoor from Northland College in Ashland, WI in 1980; ND from National College of Naturopathic Medicine in 1993

NATIONAL COLLEGE OF NATUROPATHIC MEDICINE

Department of Naturopathic Medicine Full Time Faculty

Richard Barrett, Associate Professor; ND, National College of Naturopathic Medicine, 1986

Audrey Bergsma, Instructor; ND, National College of Naturopathic Medicine, 1996

Rita Bettenburg, Associate Professor; ND, National College of Naturopathic Medicine, 1989

John Brons, Associate Professor; PhD, UCLA, 1978; MAcOM, Oregon College of Oriental Medicine, 1993

Gregory Garcia, Assistant Professor; ND, National College of Naturopathic Medicine, 1988; MAcOM, Oregon College of Oriental Medicine, 2000

William J. Keppler, Professor; PhD, University of Illinois, 1965

Dohn Kruschwitz, Associate Professor; MD, University of Iowa College of Medicine, 1966; ND, National College of Naturopathic Medicine, 1997

Andrew McPheeters, Assistant Professor; MA, Gonzaga University, 1990

David R. Odiome, Professor; MS, University of Maine, 1976; DC, Palmer College of Chiropractic, 1981

Judy Peabody, Assistant Professor; ND, National College of Naturopathic Medicine, 1988

Michelle Salob, Instructor; ND, National College of Naturopathic Medicine, 2001

Steven Sandberg-Lewis, Professor; ND, National College of Naturopathic Medicine, 1978

Nancy A. Scarlett, Assistant Professor; ND, National College of Naturopathic Medicine, 1997

Richard J. Severson, Associate Professor; PhD, MLS, University of Iowa, 1990, 1992

Will Taylor, Associate Professor; MD, University of Vermont College of Medicine, 1983.

Dickson Thom, Professor; DDS, University of Toronto, 1974; ND, National College of Naturopathic Medicine, 1989

Robert Wilson, Assistant Professor; MS, Michigan Technological University, 1972; ND, National College of Naturopathic Medicine, 1993

Kimberly Windstar, Assistant Professor; MEd, California State College, 1982; ND, National College of Naturopathic Medicine, 1991

Heather Zwickey, Assistant Professor; PhD, University of Colorado Health Sciences Center, 1998

Department of Naturopathic Medicine Adjunct Faculty

Joel Agresta, DC, Western States Chiropractic College, 1983

Hillary Andrews, ND, National College of Naturopathic Medicine, 2000

Sharleen Andrews-Miller, Instructor [no information on education]

Diipali Barrett, ND, National College of Naturopathic Medicine, 1990

Wayne Centrone, ND, National College of Naturopathic Medicine; MPH, Portland State University, 2004

Frederick Colley, Professor; PhD, Arizona State, 1965; MPH, University of California at Berkeley, 1973

Eric Blake, ND, National College of Naturopathic Medicine, 2004

Bill Borman, Associate Professor; PhD, Medical College of Wisconsin, 1994

Elizabeth Collins, ND, National College of Naturopathic Medicine, 1996

Walter J. Crinnion, Associate Professor; ND, Bastyr University, 1982

Bracey Dangerfield, PhD, Maharishi International University, 1992

Daniel DeLapp, Associate Professor; DC, Los Angeles College of Chiropractic, 1986; MAcOM, Oregon College of Oriental Medicine, 1996; ND, National College of Naturopathic Medicine, 1997

Robert Ellis, Assistant Professor; PhD, Microbiology, University of Health Sciences/Chicago Medical School, 1983

Durr Elmore, Associate Professor; DC, Western States Chiropractic College, 1982; ND, National College of Naturopathic Medicine, 1984; MSOM, National College of Naturopathic Medicine, 2003

Kelly Fitzpatrick, ND, Bastyr University, 1999

Karen Frangos, ND, National College of Naturopathic Medicine, 1997

Steve Gardner, Assistant Professor; DC, Western States Chiropractic College, 1977; ND, National College of Naturopathic Medicine, 1994

James M. Gerber, Associate Professor; DC, Western States Chiropractic College, 1981; MS, University of Bridgeport, 1987

Jennifer Gibbons, ND, National College of Naturopathic Medicine, 1998

Ken Goldberg, MD, Wayne State University, School of Medicine, 1988

Mary Grabowska, ND, National College of Naturopathic Medicine, 1993; MAcOM, Oregon College of Oriental Medicine, 1994

Victoria Hudson, Professor; ND, National College of Naturopathic Medicine, 1984

Pamela Jeanne, ND, National College of Naturopathic Medicine, 1990

Keivan Jinnah, ND, MSOM, National College of Naturopathic Medicine, 1998

Mark Kaminski, Professor; MS, Northwestern University, 1979

Rosetta Koach, ND, National College of Naturopathic Medicine, 1999

Leslie Korn, PhD, The Union Institute, 1996

Janis M. LaRue, JD, University of Detroit Mercy, 1980

Russell Marz, ND, National College of Naturopathic Medicine, 1979; MAcOM, Oregon College of Oriental Medicine, 1994

Susan Gaia Mather, ND, National College of Naturopathic Medicine, 1990

Don McBride, ND, National College of Naturopathic Medicine, 2000

Jennifer Means, ND, National College of Naturopathic Medicine, 1995; MAcOM Oregon College of Oriental Medicine, 1995

Marcus N. Miller, MD, Louisiana State University Medical School, 1982; ND, National College of Naturopathic Medicine, 2001

Martin Milner, Associate Professor; MA, University of Rhode Island, 1975; ND, National College of Naturopathic Medicine, 1983
 Virginia G. Osborne, ND, National College of Naturopathic Medicine, 1995
 Heidi Peterson, ND, National College of Naturopathic Medicine, 1999
 Susan M. Roberts, ND, National College of Naturopathic Medicine, 1989
 Ingrid Rose, PhD, University of Western Sydney, 2001
 Phyllecia Rommel [no information on education]
 Suzanne Scopes, ND, National College of Naturopathic Medicine, 1985
 Dan Sims, ND, National College of Naturopathic Medicine, 2000
 Jill Stansbury, Assistant Professor; ND, National College of Naturopathic Medicine, 1988
 Timothy D. Stecher, DC, Western States Chiropractic College, 1996
 Eric Stroud, DC, Western States Chiropractic College, 1995
 Sally Swan [no information on education]
 Sandra Szabat, MPH, University of California, Berkeley, 1983; ND, National College of Naturopathic Medicine, 1998
 Ken Weizer, ND, National College of Naturopathic Medicine, 1999
 Kate Wiggin, ND, National College of Naturopathic Medicine, 2004
 Katherine Ziemann, ND, National College of Naturopathic Medicine, 1993

SOUTHWEST COLLEGE OF NATUROPATHIC MEDICINE

FULL-TIME FACULTY

Paul Anderson, N.D., National College of Naturopathic Medicine, 1997
 Lexslie Axelrod, B.S. University of Massachusetts; N.D., Bastyr, 1987; and Dipl. Ac, Southwest College of Naturopathic Medicine, 1998
 Debra Brammer, B.S. Idaho State University, 1976; N.D., Bastyr University, 1992
 Nick Buratovich, B.S. in Biology Saint Mary's College, 1973; N.D. National College of Naturopathic Medicine, 1983
 Peter Burkholder, B.S. Yale University, 1955; M.D. Cornell University Medical College, 1959; N.D. (Hon) Southwest College of Naturopathic Medicine
 Boyd Campbell, B.S. University of Illinois, 1955; M.S., 1957; M.D., 1963; and Ph.D. 1965.
 Walter Crinion, B.S. University of San Francisco, 1975; B.Th., Way College of Biblical Research, 1978; Bastyr University, 1982
 Yong Deng, M.D., China, L.Ac., Chengdu College of Traditional Chinese Medicine, 1983
 John Dye B.A. Whittier College, 1974; N.D. National College of Naturopathic Medicine, 1979
 Paul Farnsworth, B.Sc. in Microbiology, Queen Elizabeth College, University of London, 1969; Ph.D. in Developmental Biology, Middlesex Hospital Medical School, University of London, 1972
 Kail Konrad, B.S. University of Houston, 1974; B.S. Baylor College of Medicine, 1976; N.D. National College of Naturopathic Medicine, 1983
 Linda Kim, B.S. University of California, 1993; N.D. Southwest College of Naturopathic Medicine, 1997
 Richard Laherty, B.S. in Biology University of San Francisco, 1970; M.S. in Biology University of San Francisco, 1973; Ph.D. Anatomy, University of California, Berkeley, 1978
 Joel Lanphear, B.A. Western Washington State University, 1964; M.Ed. University of Hawaii, Manoa, 1969; Ph.D. in Education Michigan State University, 1977
 Arben Lasku, M.D., University of Tirana, Albania, 1985; M.S. in Chemical Pathology, University of Tirana, Albania, 1988; Ph.D. in 1994
 Stephen Messer, B.S., City College of the City University of New York, 1973; M.S.Ed., University of Pennsylvania, 1974; N.D., National College of Naturopathic Medicine, 1979
 Paul Mittman, B.A. State University of New York at Buffalo, 1978; N.D. National College of Naturopathic Medicine, 1985
 Mona Morstein, B.S. Arizona State University, 1984; N.D. National College of Naturopathic Medicine, 1988
 Kareen O'Brien, B.S. University of Witwatersrand, 1981; N.D. Bastyr University, 1993
 Tim Schwaiger, B.A. Grand Canyon University, 1977; M.A. Weber University, 1987; N.D. Southwest College of Naturopathic Medicine, 1999
 Debi Smolinski B.S. Arizona State University, 1992; N.D. Southwest College of Naturopathic Medicine, 1997
 Eric Udell, B.A. University of Texas, Austin, 1989; M.Ed. University of Houston, 1997; N.D. Southwest College of Naturopathic Medicine, 2002.
 Robert Waters, B.A. Carroll College of Montana, 1971; Ph.D. Biochemical Genetics Montana State University, 1975
 S. A. Decker Weiss, B.D. Western Illinois University, 1987; N.M.D., Southwest College of Naturopathic Medicine, 1997

Debra Wollner B.A. Revelle College University of California, San Diego, 1982; Ph.D. University of Washington, 1987.

ADJUNCT FACULTY

- James B. Adams, B.S. Duke University, 1984; M.S. University of Wisconsin, Madison, 1986; Ph.D. 1987
Carol Mary Baldwin, B.A. Mount Mary College, Milwaukee, 1982; M.A. Marquette University, Milwaukee, 1983; Ph.D. University of Arizona, Tucson, 1988
Matthew Baral, B.A. Castleton State College, 1994; N.D. Bastyr University, 2000
Iris Bell, A.B. Harvard University, 1972; M.D. Stanford University, 1980; Ph.D. 1997
Janice Benjamin, B.S. Georgetown University, 1983; M.A. Institute of Transpersonal Psychology, 1992; M.S. Bastyr, 1997
James J. Bradstreet, B.A. University of South Florida, 1979; Residency in Aerospace Medicine, 1981
Damien Brandeis, N.D., **Southwest College of Naturopathic Medicine**, 2002
Peter "Bigfoot" Busnack, [degree not provided] Southwest University of Natural Therapeutics, 1978
David George Capeo, B.S., Edinboro State University, 1975; M.S. University of Houston, 1977; Ph.D. University of Texas, Austin, 1980
Rebecca Carpenter, B.S. VCU/Medical College of Virginia, 1983; N.D. **Southwest College of Naturopathic Medicine**, 2001
Michael Chung, B.S. University of California, Irvine; D.C. Western States Chiropractic College; N.D. National College of Naturopathic Medicine [no years of graduation given]
Dennis W. Clark, Ph.D. University of Texas at Austin, 1976
Daniel Conner, B.S. Western Illinois University, 1973; M.S. 1974; D.C. Cleveland College of Chiropractic, 1980
Kimbal Cooper, B.S. University of Illinois, 1975; M.S. 1987; Ph.D. 1983
Diana D'Andrea B.S. Widener College, 1977; N.D. **Southwest College of Naturopathic Medicine**, 1999
Lee Birks Dexter, B.S. Whittier College, 1970; M.S. Bradley University, 1981
Bruce Dickson, B.A. Wake Forest University, 1973; N.D. National College of Naturopathic Medicine, 1979
Chance Diebold, B.S. Arizona State University, 1997; N.D. **Southwest College of Naturopathic Medicine**, 2002
Tim Dooley, N.D. National College of Naturopathic Medicine, 1978; M.D. Oregon Health Sciences University School of Medicine, 1989
Steven Ehrlich, B.A. Pace University, 1993; N.D. **Southwest College of Naturopathic Medicine**, 1999
Hope Farner, B.A. Southern Illinois University, Carbondale, no year given; M.S. 1979; N.D. **Southwest College of Naturopathic Medicine**, 1997
Michael Goul, B.S. College of Business, Oregon State University, 1978; M.B.A. 1979; Ph.D. College of Engineering, Oregon State University, 1985
Janis Gruska, E.M.T. Paramedic Certification, Washnetaw Community College; B.S. Eastern Michigan University, 1979; N.D. National College of Naturopathic Medicine, 1991
Leslie Guanatilaka, B.S. University of Ceylon, 1968; Ph.D. University of London, England, 1974
Joanna Hagan, B.A. University of Connecticut, 1973.
Myra Harris, B.A. New York University, 1967; M.A. Arizona State University, 1974; J.D., 1976
Lisa Hilli, B.A. Ithaca College, 1979; M.S. Southern Connecticut State University, 1984; M.E. S. Yale University, 1987; N.D. **Southwest College of Naturopathic Medicine**
Dana Keaton, B.S. Pacific Lutheran University, 1974; N.D. National College of Naturopathic Medicine, 1989
Julie Kieffer, B.A. University of Michigan, 1993; N.D. **Southwest College of Naturopathic Medicine**
Edward C. Kondrot M.D. Hahnemann Medical College in Philadelphia, 1977; Doctor of Homeopathic Therapeutics (DHT), 2002
Gregory Loeben, B.A. Philosophy and Environmental Studies University of Vermont, 1990; M.S. University of Arizona, 1994; Ph.D., 1997
Susan Luo M.D. Beijing University of Traditional Chinese Medical Sciences (China), 1993; L.Ac. Dipl. Ac., C.H.
Pamela Martin, B.S. West Texas State University, 1985; M.D. Texas Tech Medical School, 1989
Russell Marz, B.S. Food and Nutrition, Buffalo State University, 1979; N.D. National College of Naturopathic Medicine
Robert W. McGaughey, B.A. Augustana College, 1963; M.A. University of Colorado, 1965; Ph.D. Boston University, 1968
Lewis Mehl-Madrona, B.A. Indiana University, 1972; M.D. Stanford University, 1975; Ph.D. Psychological Studies Institute, 1980
Janet Messer, Ph.D. in Counseling Psychology, University of Oregon, 1991
Rosemarie Mike, V.N. Glendale Community College, 1987; B.S. Francisco Moraizan Institute, 1988, L.P.N., Glendale Community College, 2001
Melville Moore, B.A. Arizona State University, 1956; M.D. University of Kansas, 1960
Paige A. Munro, B.S., Oregon State University, 1996; M.A. Pepperdine University, California, 1997; M.S. California School of Professional Psychology, 1999; Ph.D. 2001

Veronique Pangia, B.A. Wellesley College, 1993; N.D. Bastyr University, 2000
 Timothy Peace, B.S. Arizona State University, 1995; N.D. Southwest College of Naturopathic Medicine, 2001
 Erik Pendersen, B.A. Saint John's University, 1995; M.D. Creighton University School of Medicine, 1999
 Kenneth Proefrock, B.S. Northern Arizona University, 1992; N.M.D., Southwest College of Naturopathic
 Medicine & Health Sciences, 1996
 Randall Robinson, B.A. University of South Alabama-Mobile, 1989; Dipl. Journalism University of the West Indies,
 1992; N.D. Southwest College of Naturopathic Medicine, 1997
 JoAnn Sanchez, B.S. University of Rhode Island, 1987
 James Sensenig, B.S. National College of Naturopathic Medicine, 1976; N.D. 1978
 Kimberly Slagel, B.S. Southern Connecticut State University, 1992; M.S., 1994; N.D., Southwest College of
 Naturopathic Medicine, 2000
 Bradley Smith, B.A. Anderson University, 1983; N.D., Southwest College of Naturopathic Medicine, 2001
 Christine Sorensen, R.N., Arizona State University, 1980; N.D. Southwest College of Naturopathic Medicine,
 2001
 Kevin Spelman, B.S. New Mexico Herbal Institute, 1998; Graduate Studies, University of New Mexico, 1999
 Farra Swan, B.S. Tufts University, 1969; M.S., 1971; N.D. Bastyr, 1982
 Karen Van der Veer, B.S. James Madison University, 1989; N.D. Southwest College of Naturopathic Medicine,
 1998
 Andrea Wincer, B.A. University of Maryland, Baltimore County, 1981; Certificate of Massage Therapy and
 Bodywork, Baltimore School of Massage, 1989; N.D. Southwest College of Naturopathic Medicine, 2001.
 Orville Weyich, B.A. Union College of Kentucky, 1973; M.S. Duke University, 1976; Ph.D., University of
 Tennessee, 1982
 Lloyd Wright, B.A. San Francisco State University, 1981; Traditional Chinese Medicine, American College of
 Traditional Chinese Medicine, San Francisco, 1984
 Eric L. Yarnell, B.S. Bastyr University, 1994; N.D., 1996
 NOTE: A listing of off-site clinical faculty for Southwest is available for reference.

UNIVERSITY OF BRIDGEPORT

FACULTY

Debra Anastasio N.D., Southwest College of Naturopathic Medicine
 Iscela Bernal N.D., University of Bridgeport, College of Naturopathic Medicine
 David M. Brady, N.D., University of Bridgeport College of Naturopathic Medicine
 D.C., Texas Chiropractic College, M.S., Nutrition Institute, University of Bridgeport, Diplomate, American Board of
 Chiropractic Nutrition; Certified Clinical Nutritionist
 Jennifer Brett, Director of the Acupuncture Institute N.D., National College of Naturopathic Medicine
 Diploma, Tri-State Institute of Traditional Chinese Acupuncture
 Richard Brodie, Ph.D., Yeshiva University
 Mikyle Byrd, N.D., University of Bridgeport, College of Naturopathic Medicine
 Judson D. Chaney, N.D., University of Bridgeport, College of Naturopathic Medicine
 William F. Clark, D.C., University of Bridgeport College Of Chiropractic
 Philip Cohen, N.D., University of Bridgeport College of Naturopathic Medicine, M.D., New Jersey Medical
 School
 Walter J. Crinnion N.D., Bastyr University
 Kathleen Dale, N.D., Canadian College of Naturopathic Medicine
 Kristine M. DeMarco, D.C., University of Bridgeport College of Chiropractic, M.S., Nutrition Institute, University
 of Bridgeport
 Douglas J. DeMassa, D.C., University of Bridgeport College of Chiropractic
 Rodney Erickson D.C., Palmer College of Chiropractic
 Howard Fine, N.D. National College of Naturopathic Medicine, M.S. California State, Northridge
 Diplomatic Homeopathic Academy of Naturopathic Medicine
 Rose Galiger, Ph.D., Rutgers University
 Peter M. Galton, D.Sc., University of London, London, England, Ph.D., University of London, London, England
 Research Affiliate Yale University
 Mark W. Garber, M.D., Universidad Autonoma de Ciudad Juarez
 Lisa Gengo, N.D. University of Bridgeport, College of Naturopathic Medicine
 Jonathan Goodman, N.D., Bastyr University
 Babatunde O. Green, M.S., University of Bridgeport
 Margo Gross, M.S., University of Bridgeport
 Bronner Handwerker, N.D., University of Bridgeport College of Naturopathic Medicine

Douglas J. Hanlon, Ph.D., SUNY Health Science Center, Syracuse, NY
 Brian Henninger, N.D., University of Bridgeport College of Naturopathic Medicine
 Reynold Jagal, P.A., Long Island University
 Barry Kendler, Ph.D., Penn State
 Robert Marino, Ph.D. University of Michigan Ann Arbor
 Russell Bennett Marz, N.D., National College of Naturopathic Medicine
 Mark Edward Mattic, M.D./Ph.D., Georgetown University, Principal Research Scientist Yale University
 Joanna McGary, N.D., University of Bridgeport College of Naturopathic Medicine
 Larry Phillips, Ph.D., Ball State University
 Helene Pulnik, N.D., University of Bridgeport College of Naturopathic Medicine
 Jinnque Rho, Ph.D., University of Massachusetts, M.S., Clark University
 Anthony Ross Jr., Ph.D., SUNY at Stonybrook
 James Sensenig, N.D. National College of Naturopathic Medicine
 Rudolph Sommer, M.I.S. C.W. Post, Long Island University, J.D. Brooklyn Law School
 Kengo Ueda, N.D., University of Bridgeport College Naturopathic Medicine
 Eugene Zampieron, N.D., Bastyr University

CLAYTON COLLEGE OF NATURAL HEALTH

FACULTY

Delsey Austin, M.S., University of South Alabama
 Anne Barnhill, L.M.T., B.A., University of Alabama at Birmingham
 Holly Cowan, M.A., University of Alabama at Birmingham
 Bree Garrett, B.S., University of North Alabama
 Aimee Lanier, N.D., Trinity College of Natural Health, B.A., University of Alabama
 Christine Picior, N.C.T.M.B., N.D., Clayton College of Natural Health
 Angela Vail, D.C., Life University
 Karen Bishop, R.D., L.D., B.S., University of Alabama at Birmingham
 Jeanne Chabot, D.C., *Palmer College of Chiropractic Herbalist, Australasian School of Herbal Studies*
 James Edward Harvey, M.A., Biological Sciences, San Jose State University, Ph.D., Clayton College of Natural Health
 L. Quinn Head, Ph.D., Educational Psychology/Research, University of Alabama
 Martha Ivey, L.Ac., O.M.D., SAMRA University of Oriental Medicine
 Irving Jabitsky, M.D., Howard University, N.D., Ph.D., Clayton College of Natural Health
 Ellen Tart-Jensen, Ph.D., Appalachian State University, University of New Mexico, Westbrook University, and the Open International University
 Tom Massey, M.B.A., Oklahoma City University N.D., Ph.D., Clayton College of Natural Health
 Groesbeck Parham, M.D., University of Alabama at Birmingham
 Terri Schroedermeier, Ph.D., Clayton College of Natural Health
 Ted Spence, D.D.S., Medical College of Virginia School of Dentistry, N.D., Clayton College of Natural Health
 Alan Swindall, M.A., Div., Southern Baptist Theological Seminary
 Ann E. Wade, M.D., University of Alabama at Birmingham
 Caroline Walrad, Ph.D., Homeopathic Philosophy—Curentur University, D. Hom., British Institute of Homeopathy

TRINITY COLLEGE OF NATURAL HEALTH

No listing of faculty members provided on their website.

APPENDIX 5

Solicitation for Comment

Oral Comment from July 14, 2005 Public Hearing

Written Comment Received from June 27, 2005 until August 10, 2005

REGULATORY RESEARCH COMMITTEE
VIRGINIA BOARD OF HEALTH PROFESSIONS
VIRGINIA DEPARTMENT OF HEALTH PROFESSIONS

INVITATION TO COMMENT
ON THE NEED TO REGULATE NATUROPATHS IN VIRGINIA

The Virginia Board of Health Professions is authorized by statute to advise the Governor, the General Assembly, and the Department of Health Professions' Director on matters related to the regulation or deregulation of health care professions and occupations (see §54.1-2510 of the *Code of Virginia*). In response to a request from Delegate J. Chapman Peterson, the Board has undertaken an evaluation of the need to regulate naturopaths in Virginia. The study's aim is to determine answers relating to the practice of naturopathy in Virginia which address the Board's standard seven "Criteria" for evaluating the need to regulate any health profession:

- (1) The risk of harm posed by the unregulated practice of the profession is identifiable;
- (2) Specialized skills and training are required which require assurance of initial and continued competency;
- (3) Autonomous practice exists for the profession which requires independent judgment and functioning;
- (4) Scope of practice is distinguishable from other regulated professions, despite possible overlapping professional duties, method of examination, instrumentation, or therapeutic modality;
- (5) The economic cost to the public of restricting the supply of practitioners and cost of board and agency operations to regulate the profession are outweighed by the benefit to the public;
- (6) There are no alternatives to regulation which adequately protect the public; and
- (7) If regulation is required, the least burdensome level of regulation which will protect the public is to be recommended.

As part of the study, a public hearing to receive comment on the need to regulate naturopaths in Virginia will be held on July 14, 2005 beginning at 8:30 a.m. at the following address:

Virginia Department of Health Professions
ALCOA, Classrooms B & C
6603 West Broad Street
Richmond, VA 23230-1712

For map and directions the following link is provided: <http://www.dhp.virginia.gov/credits.htm>
Comments should be framed so as to respond to the issues described in the Criteria. The workplan, evaluative criteria, and an initial draft report of the study, to date are available for reference and are posted on the Board's website: <http://www.dhp.virginia.gov/bhp/default.htm>. Copies are also available by calling (804) 662-9910 or faxing a request to (804) 662-7098. Please e-mail Carol Stamey at Carol.Stamey@dhp.virginia.gov or call at (804) 662-9910 if you have questions or wish to sign up to speak at the public hearing. Speakers will be heard in the order in which they sign up.

Written comment will be accepted until 5:00 p.m. on August 10, 2005 and should be sent to Elizabeth A. Carter, Ph.D. at the Virginia Board of Health Professions, 6603 West Broad Street, Fifth Floor; Richmond, VA 23230-1712. Comments may also be sent via e-mail to Elizabeth.Carter@dhp.virginia.gov or faxed to (804) 662-7098 in advance of the written comment deadline.

ORIGINAL

VIRGINIA BOARD OF HEALTH PROFESSIONS VIRGINIA
DEPARTMENT OF HEALTH PROFESSIONS

Public Hearing of
Naturopathy Regulatory Research Committee

How to License Naturopathy

July 14, 2005

When: 9:00 AM
Time: 9:00 AM - 11:00 AM
Department of Health Professions
Classroom A
6602 West Broad Street
Richmond, Virginia 23230-1717
Richmond, Virginia

CRANE-SNEAL & ASSOCIATES, INC.
4914 Fitzhugh Avenue - Suite 202
Richmond, Virginia 23230
Tel. No. (804) 355-6335

APPEARANCES

- Dr. Richard Prochnow, Chair
- Dr. Gary E. Smith, Vice-Chair, Building Room Administration
- Dr. David P. Booms, Licensed Clinical Social Worker, Board of Social Work
- Dr. David H. Bellier, Optometry
- Dr. Daniel T. Howell, D.D., Board of Physical Therapy
- Dr. Rebecca Ward
- Dr. Lisa Royce, Board Chair, Chiropractic Board

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I N D E X

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Barry Howard	5
Boys Landry	23
Dr. Rebecca Banks	41

July 14, 2005

NOTE: The following matter was called to be heard at 9:30 a.m., 2005:

CHAIRMAN RICHENBACH: Good morning. I am Michael Richenbach, Chairman of the Regulatory Research Committee.

This is a public hearing to receive public comment on the Board's study of the need to regulate the practice of Naturopathy.

The Code of Virginia authorizes the board of Health Professions to advise the Governor and the General Assembly, as well as the Director, on matters relating to the regulation of health care occupations and professions. Accordingly, the board is conducting this study and they will provide recommendations on whether there is a need for regulation.

At this time, I will call on persons who have signed up to comment. As I call your name, please come forward over to the public comment table. I'm going to call your name and when you come forward, I'm going to call your name. Everyone please turn off your cell phone. Thank you.

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1 We will not appreciate having cell phones ring during
2 this proceeding.

3 I have a cell phone here which is
4 set on silent because we have no clock in here, so we
5 like to keep some record of what the time is.

6 We have several people here. I'll
7 have Karen Howard come forward, please.

8 Good morning.

9 MS. HOWARD: Good morning. My
10 name is Karen Howard, I am the Executive Director for
11 the American Association of Naturopathic Physicians.
12 I'm also the Executive Director for the Association of
13 Accredited Naturopathic Medical Colleges.

14 Thank you very much for offering
15 us the opportunity to testify today. The AANP is the
16 national professional organization that represents
17 license or licensable Naturopaths in the United
18 States. All of our members are physician members and
19 have graduated from a (four-year) postgraduate
20 residential doctoral program that are accredited
21 through institutions recognized by the Department of
22 Education.

23 As you know, NDs are doctors who
24 specialize in the natural medicine and the medicinal
25 use of herbs. The approach, the Naturopathic approach

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1 Virginia being one of the newest ones.

2 Each of those jurisdictions
3 requires that the Naturopathic doctor graduate from
4 institutions that are accredited by authorities
5 recognized by the Department of Education. All of our
6 four U.S.-based schools are either accredited or
7 candidates for accreditation by our programmatic
8 accreditor, CNNE. CNNE is the only programmatic
9 accreditor for Naturopathic medicine that the
10 Department recognizes. They are also all recognized
11 by regionally-accredited programs, two of them just
12 received five-year accreditations, which is the
13 maximum that is allowable.

14 I want to be clear that our
15 objective is not to restrict the process of natural
16 medicine -- natural health modalities to Naturopathic
17 physicians. It's not our objective to restrict the
18 use of natural therapies to natural physicians, and
19 it's certainly not our desire to restrict the use of
20 homeopathy to Naturopathic physicians. We recognize
21 that many of the natural modalities that are used by
22 naturopathic doctors are not the exclusive right of
23 privilege of our association and its members. And we
24 do not support prohibiting or restricting the use to
25 licensed naturopathic doctors.

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1 and staying well requires a partnership between the
2 doctor and the patient. And treat the whole person,
3 not just site specific or for particular complaints.
4 Listening is a key to understanding the whole person
5 and oftentimes you'll hear our physicians referred to
6 as physicians who listen.

7 The demand for that type of
8 medicine is very much on the rise. Every month to our
9 office we receive 30,000 hits to our web page, people
10 looking for naturopathic doctors in their geographic
11 area. Hundreds or more calls every week. All of them
12 ask the same question: What is the educational
13 background of your physician and are these legitimate
14 institutions that they have graduated from? And they
15 call for a variety of reasons, many of which are
16 chronic illnesses.

17 Our goal as an emerging profession
18 is to ensure that consumers in all 50 states have
19 access to natural healthcare and to ensure that these
20 consumers are diagnosed and treated by people with the
21 appropriate training and experience. Right now 14
22 states, the District of Columbia, Puerto Rico, and the
23 United States Virgin Islands are the licensed
24 jurisdictions; probably ten more in the works with
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1 I think it's also important to
2 know that it's not the intent of the Association or
3 the physicians that are promoting licensure in
4 Virginia to expand the scope of what the practice
5 should be for naturopathic doctors beyond what the
6 appropriate level of training is. Our doctors go to
7 school to learn how to be naturopathic doctors, and
8 accrediting institutions recognize that. They are not
9 interested in becoming Doctors of Osteopathic, Doctors
10 of Medicine or Doctors of Chiropractic.

11 It is our goal that licensure in
12 Virginia will essentially protect all consumers from
13 being harmed by untrained practitioners who have
14 received their degrees from diploma mills and have no
15 clinical training. Without the ability to diagnose
16 and treat appropriately, you are jeopardizing the
17 health and welfare of the citizenry.

18 Licensure with the defined scope
19 of practice and entitled protection, will ensure that
20 everyone is held accountable to the highest
21 educational standard and practice standard available.

22 CHAIRMAN RIDENHOUR: May I ask a
23 question?

24 MS. HOWARD: Please.

25 CHAIRMAN RIDENHOUR: What are the

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1 provide with that produce Naturopathic physicians
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MS. HOWARD: They're generally offered through online coursework so they're all based in Virginia, but they are generally scattered throughout the country and they offer degrees for around \$5,000. I might not count roughly the equivalent of an allopathic degree, which is around \$100,000 from one of our schools.

CHARBONNE EIDERBROU: How many certification agencies are there or how many colleges are there, universities that offer Naturopathic medicine?

MS. HOWARD: Right now there are four in the U.S. and two in Canada and there are three under development.

CHARBONNE EIDERBROU: Questions?

MR. HOWARD: How about the accreditation standards in terms of clinical training for the program?

MS. HOWARD: All of our schools require around 2,100 hours of clinical training out of the roughly 4,500 hours of coursework. The first two years are basically rooted in the conventional diagnostic tools, much like what an allopathic

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1 physician would do in terms of basic biomedical
 2 sciences. Anatomy is an example
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So, after that, an MD candidate would go into a two-year clinical rotation learning the alternative modalities that are associated with naturopathic medicine; that is, herbal, botanical, nutrition, physical medicine.

MR. HOWARD: I'm uncertain of the distinctions between, I think you used the term allopath, naturopath and homeopath.

MS. HOWARD: Homeopath is a modality that is utilized by naturopathic physicians. It's considered to be not harmful, and it is just one of the tools that Naturopathic physicians use. You will also see in your community, the people who practice homeopathy exclusively, or do without any required regulation.

Allopaths are what we would consider our conventional medical doctors, whether you go to an internist or a general practitioner, and naturopathic physicians are specialists in natural medicine using conventional diagnostics. So you could go to a naturopathic doctor, and they would provide, they would do many of the same diagnostic tools that you would use if you went to a conventional medical

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1 provide, but then they would treat with alternative
 2 modalities.

MR. HOWARD: And there are schools that graduate homeopaths?

MS. HOWARD: I'm not familiar with the homeopathic practice enough to comment.

MR. HOWARD: In the curriculum for naturopath, there's course content or courses dealing with ethics?

MS. HOWARD: Yes.

MR. BETTLER: I have a question for you. Could you describe what the practice setting would be for a naturopathic physician in a state that's regulated or licensed versus a state that's not regulated?

MS. HOWARD: Sure. What differences occur in a licensed state, based on the defined scope of practice, which does vary from state to state. Physicians operate much like they would if they were at all, in that they could be in a standalone facility practicing with other naturopathic modalities or as a provider and as a provider it's integrated with other modalities. And as a provider you're actually working with different types of alternative modalities and conventional modalities as well. So, in some states

1 working in hospital settings, but we are not
 2 recognized by Medicare, so it is more difficult in
 3 terms of getting reimbursed for that setting, but we
 4 do have several physicians working in hospital
 5 settings, and you will also see physicians working in
 6 some of the public health sectors. We are very
 7 actively engaged in the public health centers in
 8 Portland and Washington -- two of our oldest licensed
 9 states -- where we have been able to demonstrate that
 10 naturopathic medicine is a cost saver to those public
 11 health care facilities, in federally qualified
 12 healthcare facilities, which has enabled those states
 13 to be able to expand access to care.

In an unlicensed state, what you will find is that our physicians are not able to practice to the scope of their training. So they are restricted to much more of a consultative role, and an issue of basically being able to diagnose and treat as a physician, which is not allowed if you don't have that license.

CHARBONNE EIDERBROU: Are you a naturopath?

MS. HOWARD: No, I'm not.

MR. BETTLER: So how would you feel about naturopaths to be working in a setting like

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1 themselves.

2 MS. HOWARD: Very, especially in a
3 licensed state, less so in an unlicensed state. They
4 generally will work in a collaborative environment
5 with people who can order tests and X-rays and things
6 of that nature. I would say the preponderance of our
7 membership probably practices independently. And they
8 collaborate with the attending M.D.

9 CHAIRMAN RIDENHOUR: Any other
10 committee members have questions?

11 MR. MAYER: How many naturopaths
12 are there in Virginia?

13 MS. HOWARD: I don't have a
14 complete count, because they're not all members of the
15 ANMP, but I am guessing around 10 to 12.

16 MR. MAYER: Ten to twelve?

17 MS. HOWARD: Yes.

18 MR. MAYER: Are they all members
19 of your organization?

20 MS. HOWARD: Not all, but most
21 are.

22 MR. MAYER: How many are members
23 of your organization?

24 MS. HOWARD: Eight.

25 MR. MAYER: Eight?

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2 MR. MAYER: Right out of twelve?

3 MS. HOWARD: Yes.

4 MR. MAYER: And, in order to be a
5 member of good standing, you have to be -- are you
6 certified in some way?

7 MS. HOWARD: Yes. We require that
8 you demonstrate that you have graduated from one of
9 the institutions that's accredited through the
10 Department of Education. We also require that you
11 either demonstrate you have a license or that you are
12 a member of a state association.

13 Many of the state associations, on
14 the other hand, are requiring licensure. So, the vast
15 majority of our membership carries licenses from other
16 states, which means that they've taken the boards,
17 passed, and are practicing under --

18 MR. MAYER: What is your estimate
19 of the number of citizens in Virginia who are treated
20 by your eight naturopaths?

21 MS. HOWARD: I would, if I had to
22 just use a general kind of standard, say somewhere
23 around the 10,000 mark, but I could be low.

24 MR. MAYER: 10,000?

25 THE WITNESS: Probably. If we

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1 average -- yes.

2 MR. MAYER: That's for these eight
3 naturopaths?

4 MS. HOWARD: I might be a little
5 high. We have a couple of physicians in the room that
6 practice here that would know better.

7 MR. MAYER: That's, what, 1,200
8 apiece?

9 MS. HOWARD: Christy? Does
10 anybody -- You know, I don't live and work here, but
11 we do have three Virginia naturopathic doctors in the
12 room.

13 MR. MAYER: Can you cite any
14 instances where the absence of licensure has
15 endangered the citizens of Virginia?

16 MS. HOWARD: No, not in Virginia.
17 We have cases of harm that we keep a record of across
18 the country. The most notable of which right now is
19 in Colorado, with a gentleman who has not gone to any
20 particular school, calls himself a naturopathic
21 doctor, and is under -- is actually facing trial on
22 criminal charges in the next couple of weeks. Two
23 people have died under his care.

24 MR. MAYER: But none in Virginia?

25 MS. HOWARD: Not to my knowledge.

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1 MS. CARTER: Do you have any
2 malpractice insurance data? That was one of the
3 things I was having difficulty finding. Anything
4 on --

5 MS. HOWARD: I can get you
6 additional data. I know that most of the states, if
7 not all, require that malpractice insurance is
8 provided.

9 MS. CARTER: Right.

10 MS. HOWARD: The other interesting
11 thing that's happened with malpractice, much to the
12 chagrin of our doctors, is when it was originally
13 written, it was written based on the chiropractic
14 model, and the rates have basically gone up tenfold
15 for our naturopaths.

16 Now, in perspective to what's
17 happened with the conventional medical community, it's
18 pennies on the dollar. The average charge for a
19 general practice naturopathic doctor is around \$3,000
20 a year, but it used to be \$300 a year. And much of
21 that is because of the scope of the training and the
22 scope of practice and the expansion of that scope of
23 practice in particular states. So, not to mention
24 that with people's chronic illnesses and the
25 complications associated with allopathic and

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conventional care and being tested appropriately with
naturopathic care, they are finding that, just as
everyone else, the rates are going up.

It's kind of a Catch 22. It's a
very safe medicine, but, at the same time, you have to
know what you're doing or you can really hurt people.

MS. CARTER: Are you aware of any
payments from malpractice insurance carriers?

MS. HOWARD: No. I have heard of
settlements, but there's nothing in the public records
that I'm aware of.

MS. CARTER: I couldn't find it.

MS. HOWARD: I can't find it, but
we have very good relationships. There are three
carriers for naturopathic medicine now, and they have
told me that there are no public cases yet.

MR. BAYLER: May I have some
further questions?

CHAIRMAN RIDENHOUGH: Sure.

MR. BAYLER: In the absence of a
state licensure program, is there any way that you can
regulate the professional behavior of these eight
members or the twelve members, total?

MS. HOWARD: We do have an
internal process for the Association.

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MR. BAYLER: You have an internal
process?

MS. HOWARD: We do. It is not as
formal or regulated, obviously, as an official board
is in any of our licensed states. If we do receive a
complaint from any citizen in the state, such as
Virginia that's unlicensed, it goes to our
Professional Affairs Committee for review.

But it is not rooted in any kind
of legal obligations or regulatory process, which,
basically means that in states like Colorado,
Virginia, wherever, that people are left to the court
system to be able to achieve any restitution or --

MR. BAYLER: Well, then, if, in
fact, Virginia was to adopt a licensure procedure and
a separate board of whatever, what, in your mind,
would be the advantage of that to the profession?

MS. HOWARD: We are adamant about
being accountable to the public for the care that they
receive. I think it's fair to say that in every
profession there are people who do not do their job to
the standard that we expect people to perform. And we
have had situations where our own physicians have been
called upon by the boards in their licensed states,
and have been held accountable for whatever the charge

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may be. And we believe that that is the way to go
when you're dealing with the health and welfare of
people in diagnosis and treatment of illness and
disease.

So that is, to me, that is the most
important thing that can happen with the board is that
they are holding our physicians accountable to the
standards as defined by the state.

MR. BAYLER: Thank you.

CHAIRMAN RIDENHOUGH: I don't
believe that a naturopathic physician in the
Commonwealth of Virginia may refer to themselves as a
physician, because I believe "physician" is a term
that is under the purview of the Board of Medicine, at
this point, or -- (him) the position, particularly of
excluding from other use other than by someone who is
licensed by that board.

So, none of these practitioners in
Virginia, I presume, are calling themselves
naturopathic physicians?

MS. HOWARD: We're not aware of
whether they are or not. I do know that from the
public's perspective it's understood, particularly
because when you see that you see a notice of
naturopathic medicine, that it's not that you are a

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physician.

I, myself, live in the District of
Columbia, and we have already grappled with that issue
in our recent licensing effort in terms of who gets to
be called what.

I think the real critical issue
for consideration in Virginia is that when an
institution that's not accredited issues a degree
that's a doctorate in naturopathic medicine, those
people are promoting themselves as physicians, and
that's where the public safety issue and education,
just awareness so that people know and can have an
appropriate choice: the freedom to either accept
someone who is a doctor or not. But, you know, my
ability to comment on your statute is limited.

CHAIRMAN RIDENHOUGH: Sure. Any
other comments from the boards?

MR. BAYLER: I just have a
comment. So, from what you're describing, you're in
favor of having licensure and a board regulate the
profession. Do you have any ideas in Virginia how we
could set up a board, because it seems like a majority
of the naturopathic physicians in Virginia would not
up their board members? How would you or they be
able to have the protection of the public when,

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1 basically, all of the naturopaths in the state would
2 be on the board?

3 MS. HOWARD: The problem with
4 being an emerging profession is just that, until you
5 have the licensure, the people won't come to practice
6 in your state.

7 Now, what we haven't done, yet, is
8 ascertain from our student population how many people
9 do want to come back home to Virginia. But what we
10 have seen is that as soon as licensure is enacted,
11 then you have more and more physicians come in.

12 We also, obviously, recognize that
13 the board, while we would always promote that the
14 majority of the board members be naturopathic doctors,
15 it is common and general practice for our boards to
16 also include medical doctors who are familiar with the
17 practice of naturopathic medicine and people from the
18 general public.

19 CHAIRMAN RIDENHOUR: In the past,
20 naturopathy was a subsection of the board of medicine.
21 Would you be in favor of that?

22 MS. HOWARD: I certainly would not
23 be opposed to that in terms of the concept. We are in
24 D.C. which that bill includes an Advisory Board, and
25 there are a few other pieces of legislation that are

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2 with how the state perceives its needs and its
3 financial abilities, as well.

4 So, as long as the naturopathic
5 representation is fair and reasonable, I can't imagine
6 that we would oppose anything like that. We've been
7 known to support it in the past.

8 CHAIRMAN RIDENHOUR: I'm not
9 talking about advisory boards. I'm talking about
10 being a subsection of the board of medicine.

11 MS. HOWARD: Is that how
12 chiropractors are handled?

13 CHAIRMAN RIDENHOUR: Yes.

14 MS. HOWARD: You know, to be
15 honest with you, when there's precedent that
16 alternative medical providers work well and
17 cooperative with the board, that's a good thing. We
18 actually have the support of the medical society in
19 the District of Columbia.

20 CHAIRMAN RIDENHOUR: What if there
21 isn't the synchronicity between the medical
22 profession? You would stand for a separate board?

23 MS. HOWARD: As long as we felt
24 like the naturopathic component of the board was well
25 represented and wasn't -- we would be okay. I would.

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1 you know, I would have to see -- I'd have to
2 understand more about how your boards work.

3 CHAIRMAN RIDENHOUR: What do you
4 mean by "well represented"?

5 MS. HOWARD: I don't know. I mean
6 I would have to understand more about the composition
7 of the board, the voting privileges, before I could
8 actually comment. But right now I could not say that
9 we would be opposed to it at all.

10 CHAIRMAN RIDENHOUR: Okay. Any
11 other questions?

12 NOTE: (No response.)

13 CHAIRMAN RIDENHOUR: Thank you
14 very much, Ms. Howard, for your presentation.

15 MS. HOWARD: Thank you.

16 * * * * *

17 MS. HOWARD STOOD ASIDE

18 CHAIRMAN RIDENHOUR: Boyd Landry.
19 You never know these days whether it is a man or woman.

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1 by the first name.

2 MR. LANDRY: Good morning. Sorry
3 I'm late. I had quite a few issues this morning, and
4 I don't have handouts. I planned to have them, but
5 I'll have them sent over for you. I had computer
6 problems -- power failure in the hotel last night. I
7 came down last night, so it was quite an issue.

8 But, anyway, my name is Boyd
9 Landry, and I'm the Executive Director of the
10 Coalition for Natural Health in Washington, D.C., and
11 I come here today to provide some information in
12 opposition to the licensing of naturopathic physicians
13 in the State of Virginia.

14 Virtually everywhere, whether it's
15 here in this venue or in the state legislators or
16 whatever the case may be, it's never the public that
17 comes and asks for licensure, it's always the
18 professions that come. And that's something that we
19 always have to keep in mind, that you can't talk about
20 public protection when it's the professions asking for
21 the protection and not the public.

22 That's a little difficult to take
23 sometimes, but all the language, all the studies out
24 there and all the data out there show that it's almost
25 always the professions that come and ask for licensure

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of regulations, whatever the case may be.

And your job is to look at the criteria and see whether the licensing or the regulation of this practice meets the criteria. And I've taken and I've got -- I've got some documents and over, where we look at the individual criterion, I guess is the right word. I'm sorry I'm a little hazy, but the traffic are all -- but, anyway, one thing I want to make clear is there's a difference between naturopathy and naturopathic medicine. And, in a draft report, it sort of goes into that to some extent, but I think what needs to be understood and several states in recent years have expressed that there is a difference, and they are distinct from each other.

I guess the best way to describe the two, or the differences, is naturopathic medicine contains, as part of its scope of practice or its standards of care, if you will, cutting, prescribing, and delivering, for lack of a better way of saying it, whereas traditional naturopaths do not employ any of the, what we call, allopathic modalities of surgery, prescribing and delivering.

MS. CARTER: When you say delivery, you mean childbirth delivery?

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DR. DARDY: Correct. Correct.

Correct. It's a good cut, prescribe, delivery.

And the history of naturopathy, going back to Benedict Lust who sort of coined the term around the turn of the century, and there's some mention of it just in the draft report, in his testimony in talks about the members of the American Naturopathic Association do not believe in drug treatments, medicinal remedies or vivisection, which is the old test for cut and research. You all obviously understand it.

And, if you look up naturopathy in the dictionary and what a reasonable person would do, whether they go to the internet or whether they go to the dictionary, at least when I took this job eight years ago, I was a real estate professional and worked in real estate associations. So going from that world to this world is just dramatically different. So the first time I did was looked it up in the dictionary, and I've always kept that definition with me because it sort of describes what naturopathy is and that is it's a system of therapy that relies on natural remedies, such as sunlight supplemented with diet and massage.

It doesn't talk about prescribing

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drugs. It doesn't talk about delivering babies. It doesn't talk about surgery. Yet, when you look at scopes of practice in the states that license naturopathic physicians, it contains those elements. So, it's important to keep that in mind. And the reason why that's important is because there are other professions that offer those same services. So, you'd have one of the criterion deal with duplication of services. So it's important to keep that in mind.

And then when you look at why it is that they need to be regulated. I think that's a fundamental question is why. Well, first of all, Dr. Ken Froom, who is a naturopathic physician in Denver, she stated in an article in the Colorado Daily several years ago. She said, to need that bill, means the licensing bill, because, at this point we're illegal as we're practicing medicine without a license. So, in essence, they admit that they are already breaking the law by not it is that they are -- always say, my grandfather always told me, be sure when you break the law, you tend to break it all the time. So making the practice legal does not necessarily mean that they're all of a sudden become good people. It's not.

In addition Barry Keeneth, who is

the former President of the American Association of Naturopathic Physicians, she said, in 1996: Nonetheless a student coming out of our schools, uncertain and anxious anyway often simply will not practice in an unlicensed state. If enough of us default on our loans, a major source of income for our schools is cut off.

Now what that tells me is that another reason why they have to have states like Virginia and other states is because they don't have enough places to send people to practices. And, if they don't have enough places to send people to practice, they can't pay off their loans. If they can't pay off their loans, the federal government will cut off their Title IV funding, and, therefore, their schools will fold. That was, you know, that was a pretty poignant statement that was made by her, and it really describes, fundamentally, one of the primary reasons why they want licensure.

Another reason has to do with the liability reimbursement, which is something licensed professions deal with on a daily basis. And Bruce Elliman, who's a faculty member of Berlin, who's at one of the schools that trains naturopathic physicians, said, in 2004: Failure to provide the

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1 securing of our role in reimbursement and preservation,
2 and advancement of our role in primary care will
3 result in: Graduates unable to earn a living; loan
4 default; loss of our schools accreditation; failure of
5 educational institutions; and, extinction of
6 naturopathic medicine.

7 So, again, we have this bootstrap
8 argument that keeps coming back around of why it is
9 necessary for licensure has nothing to do, and let me
10 say this. Never did I mention anywhere in any of
11 these quotes just mentioned that it's about protecting
12 the public. It's about saving the schools; it's about
13 third-party reimbursement; it's about paying back
14 their student loans.

15 Now, the University of California
16 at San Francisco did a study on "Profiling the
17 Professions" in 2001, and they stated: Although
18 regulation is the legislature's decision, legislatures
19 virtually never seek to regulate a profession on their
20 own. When regulation is sought, it is always at the
21 behest of members of the profession. When it is
22 enacted, it is almost always after long and
23 contentious battles between competing or would-be
24 competing professions. Therefore, though informative,
25 the existence of regulation may or may not mean much

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2 profession to garner sufficient political power."

3 Now, if I go too fast, please let
4 me know. So, again, it's about wanting to have their
5 own piece of the pie, if you will. In 1996, Tom
6 Kruse, who is the chief former Chief Medical Officer
7 at Southwest College, again, one of the schools that
8 trains naturopathic physicians. He said:
9 "Naturopathic physicians are primary care, family
10 practice physicians, and as such are gatekeepers to
11 the medical system, along with family practice MDs and
12 DOs." Again, inflating their resistance by saying that
13 they are the gatekeepers to the medical system.

14 Now, looking at the individual
15 criteria -- criterion I should say -- first of which
16 is: The risk of harm posed by the unregulated
17 practice of the profession is identifiable. Well,
18 first of all, proponents of licensure state that only
19 through licensure can the public be protected from
20 incompetent natural health practitioners. However,
21 licensure does not guarantee that the quality of the
22 profession would be better than it is unlicensed. The
23 only guarantee is that the cost of services will go up
24 due to the cost of licensure being passed on to
25 customers and consumers.

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1 The local district attorney or the
2 state attorney general can prosecute anyone who
3 practices any profession without a license -- that
4 exists today. The Board can take action and forward
5 it on to the courts and that can be taken care of.
6 So, as to the argument that harm must occur before
7 legal action can be taken, this is true whether or not
8 licensure is an effect or not.

9 The second criterion is:
10 Specialized skills and training are required which
11 require assurance of initial and continued competency.
12 The key component to this is, and I guess the way I
13 read this, is that the education and training that
14 they receive is deemed competent, if you will. That
15 was my reading and take of the way that was worded.

16 The CNME, which is the accrediting
17 agency for the schools, has lost their standing with
18 the Department of Education twice in the last 14
19 years. The most recent loss of recognition and
20 standing had to do with Southwest College in 200-- Let
21 me find that here. Here it is right here: Failure to
22 demonstrate that they enforced its own standards and
23 criteria for institutions that it oversees. They've
24 been cited twice and possibly a third time over the
25 last 14 years for failure to follow their own policies

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1 and their own procedures.

2 In addition, I encourage you, as
3 you go through this process, to evaluate each of the
4 individual schools and use a number of criteria. One
5 of which is take a look at whether or not there is an
6 entrance exam. I think most medical schools you've
7 got to take an entrance exam in order to enter into a
8 medical school. The second thing is you want to look
9 at their faculty make up. You want to make sure that
10 they have a broad-ranging faculty; that they're just
11 not made up of their own graduates; that they're just
12 not made up of their own profession. I think that's
13 important, because you want to look at, when you look
14 at higher education institutions, you want to make
15 sure that they have broad-ranging faculties from a
16 wide variety of places, teaching a wide variety of
17 courses that compose the curriculum.

18 You want to look at the physical
19 plant. You want to look at how students are selected
20 and criteria for admission. Because that's important
21 to know whether or not there is enough support for
22 that proposed scope of practice. Medical schools
23 utilize national examination, examinations and the
24 most stringent admissions criteria to ensure that only
25 the best and brightest are admitted and eventually

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become medical doctors.

By contrast, the naturopathic medical schools have no standardized entrance exam and do not require even a completion of a bachelor's degree.

In the name of public safety, the State of Virginia should determine for itself that naturopathic practitioners are qualified to perform minor surgery, prescribe legend drugs, and deliver babies. Just to give you some examples about faculty and the make up of faculty, Barry University has a total of 57 faculty members in their naturopathic medicine program, with 47 of those listing the degree of Naturopathic Doctor as their primary qualification. Of the four non-naturopathic doctors, degreed professionals, there is only one medical doctor. Forty-three of the 47 Barry faculty members holding an MD degree from Barry itself, at their primary qualification -- in other words they got their degree from the school that they're teaching at -- 23 of the 47, almost 50 percent, have had their degree for five years or less. Three of them hold naturopathic doctor degrees from National College in Portland.

So, as you can see, just looking at one of the schools, there's a couple of things that

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come to mind. One, the majority of their faculty are their own graduates, almost 50 percent of their faculty have had their degrees for less than five years. So that tells me, one important thing is that they, that those people could not go out and practice. And I think it's important to go back and practice before you go into the classroom and teach, because those are the people -- you know, you have to come in with some real world experience. I'll move on next.

Scope of practice is

indistinguishable from other regulated professions, despite possible overlapping professional duties, method of examination, instrumentation, or therapeutic modality.

Propensity of licensure absent

that for individuals can reasonably be expected to differentiate between trained Naturopathic physicians and other practitioners. However, if confusion to the public is the concern, the fair greater danger will be created by licensing naturopathic physicians, as the public will not be able to differentiate between medical doctors and naturopathic physicians, who will both be holding themselves out as primary care providers. It's important to remember, because the public will have a difficult time differentiating

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between those that are trained as medical doctors, and those that are trained as naturopathic physicians.

Now, another important criteria that you have in your list is that there are no alternatives to regulations which adequately protect the public. And I think there is a speaker that may address this a little bit more, but I will try to touch on it briefly. And that is that there are, in four states in this country, and a number of other states have entertained this type of legislation, what we call health freedom legislation.

Essentially how that works is, it sets up an exemption for practitioners who don't or certain things that rise to the level of the police -- the need of the police power of the state. In other words, the way the constitution was set up, it said that the states can, you know, deal with health care, or safety, or safety, and, in essence, if you don't do anything that rises to the level of the need of protecting the safety and public welfare, you should be allowed to do what you need to be able to do. Four states have adopted that, and that's Colorado, Rhode Island, Louisiana, and Idaho. It's important that you look at that as an alternative, because, as I said, it's not the same thing as

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because I fish a lot -- when you go to catch bait, you use a cast net, and you want to make sure you get a big enough cast net so you can catch as much bait as you can. And, in essence, you want to do the same thing when you want to pass policy, and that is, you want to try to protect the most people without hurting, you know, a bunch of people.

So, in essence, you can do or recommend a health freedom type legislation, and it gets everybody in a place where they can have an affirmative right to practice, so long as they don't do those things like prescribing, delivering, and surgery. And they disclose to the public, which is important, their education and training, their services to be provided, phone number of where you know, a consumer can file a complaint, and it takes care of the largest amount of people. And, so, when we look at recommending legislation or recommendations to the legislators, we want to make sure we benefit the most and hurt the least.

And I think as you evaluate the criteria and you look at what other states have adopted and will go into what other states have done and they've done that same process. And when you get any information, I can get that same information about

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1 Minnesota, Rhode Island, California, and Idaho, but
2 it's important to remember that these are recent, with
3 the exception of Idaho, which passed in the '80s, the
4 other three are very recent and it's setting up a
5 trend where states are looking at that as an
6 alternative to licensure and regulations. Because the
7 number one reason groups come to the legislature
8 besides -- because they want to be licensed in
9 protection from some other licensed group. I mean the
10 chiropractors back in the '60s, the optometrists and
11 the ophthalmologists, I mean, there are these constant
12 battles that exist among the professions. We can say
13 that; we all know that.

14 So the number one reason they come
15 is to get some protection from the state. So, if you
16 recommend or if Virginia is fortunate enough to adopt
17 something like that, then you take the protection
18 component out of the equation. In other words,
19 they've got, everybody has got an affirmative right to
20 practice. They don't have to worry about somebody
21 attacking them and beating them up, if you will. So,
22 keep that in mind as you evaluate the criteria and you
23 look at a wide variety of things.

24 Now, here's something that
25 naturopathic physicians have said about themselves,

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2 as you evaluate what it is as you go through this
3 process. Tom Kruzel, remember we talked about him a
4 minute ago, he was in a deposition in a civil case --
5 managed to get a copy of it -- where he was discussing
6 the definition of minor surgery. And I'll just read
7 you sort of the question and answer. You mentioned
8 that you could do vasectomies on male gonads; is that
9 correct?

10 Dr. Kruzel says: That's correct.

11 Question: You don't consider that
12 to be an invasive procedure?

13 Answer: Certainly it's an
14 invasive procedure, but it doesn't invade a body
15 cavity; the scrotum is considered an appendage.

16 Question: And is this procedure
17 taught at Rational College; one of the schools that
18 teaches naturopathic physicians?

19 Answer: I don't know if it is or
20 not. I'm saying that it is within the scope of
21 naturopathic medical practice, and I believe that it
22 probably is taught in school.

23 Question: How many vasectomy
24 operations did you do in school?

25 Answer: I did no vasectomies.

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1 Question: Do you feel that the
2 fact that you did no vasectomies in school qualifies
3 you to do them in the scope of practice out here with
4 the public?

5 Answer: Yes. It's a relatively
6 simple procedure to do.

7 Question: Could you learn this
8 procedure by a videotape?

9 Answer: Possibly.

10 I don't know about you, but I've
11 watched the video as my wife has made me look at the
12 video of what a vasectomy procedure is, and I was a
13 little squeamish watching it, and I could just about
14 imagine someone who is not qualified performing that,
15 what harm that would bring to the public.

16 Anyway. Now, in looking at what
17 other states have said as they've gone through this
18 process of sunrise, which is the common process that
19 we call this. The Colorado -- in 1993 -- The Colorado
20 Association of Naturopathic Physicians has not shown
21 that the public is being substantially harmed by the
22 unregulated practice of naturopathic physicians. In
23 addition, the number of naturopathic physicians in
24 Colorado comprises such a small number that a
25 regulatory program is not appropriate at this time.

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1 And why that's important is I went looking for the
2 number. I think the report shows that there were nine
3 people practicing in the state. I came up with seven.
4 So I don't know what the average cost of running a
5 regulatory program is, but I'm pretty sure seven
6 people can't support a regulatory program.

7 By licensing naturopaths, the
8 State would be giving recognition to the profession.
9 This may mislead the public about effectiveness of
10 certain naturopathic services, which may have no
11 clinically proven value. The department has not found
12 any significant harm to the public resulting from the
13 unregulated practice of naturopathic physicians that
14 could be effectively addressed by the proposed
15 regulatory scheme.

16 Florida, which is the most recent
17 state to go through this process in January of 2004,
18 had the following conclusions: One, the proponents of
19 regulation did not provide evidence that there is
20 substantial harm or that the public is endangered from
21 the unregulated practice of the profession; two, the
22 department and other sources indicate there is a risk
23 of harm to the public from licensing naturopathic
24 physicians with an expanded scope of practice; three,
25 licensure of naturopathic physicians would negatively

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impact practitioners of traditional and alternative
healing techniques that currently do not have to be
licensed, and, four, the broad scope of naturopathic
physicians will overlap and compete with related
licensed health professionals, including chiropractic
physicians, acupuncturists, massage therapists, and
nurses.

Now, I believe that their
conclusion addressed all levels of the criteria that
you are faced with as you go through this process.
One like statement from the Florida Sunrise Report
summed it up best: Potential risk from licensing
naturopathic physicians to allow them to provide a
broad range of primary care services. Finally, this
attempt at regulation is driven not by the need to
protect the public, but by the naturopathic
physicians' own desire to protect their newly-created
profession from competition, to legalize their
unlawful and unvarnished scope of practice, and to
secure third-party reimbursement. Because proponents
have absolutely failed to meet the criteria for
licensing of a new profession called for in the
Sunrise criteria, I ask the Department and this
committee to recommend against licensing. With that,
I'm finished.

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CHAIRMAN EIDERHOFF: Mr. Landry,
are you representing anyone?

MR. LANDRY: The Coalition for
Natural Health.

CHAIRMAN EIDERHOFF: Coalition for
Natural Health.

MR. CARTER: Is that a national
body?

MR. LANDRY: Yes, sir.

CHAIRMAN EIDERHOFF: Does any of
the board members have any questions for Mr. Landry?

MR. BETTERLE: I have a question.
Who are the members of the Coalition for Natural
Health?

MR. LANDRY: We have a wide
variety of members, mostly natural health
practitioners of a wide variety of modalities around
the country.

MR. BETTERLE: Give me an example
of some of that wide variety.

MR. LANDRY: Traditional
naturopaths, which it talks about in your draft
report. We don't -- they don't purport to eat,
prescribe, and deliver, to be simple about it.
Herbalists, homeopaths, stuff like that, curanderos,

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Native American healers.

CHAIRMAN EIDERHOFF: Chinese
medicine?

MR. LANDRY: Not so much because
they're more into oriental medicine and acupuncture so
those are more regulated professions. We deal with
mostly unregulated professions. We have some -- we
have a couple of chiropractors who are members, but
for the most part, most of the people are unregulated.

MR. BOENE: About how many
members?

MR. LANDRY: 1,500-2,000 across
the country.

CHAIRMAN EIDERHOFF: Other
questions from the board members?

MR. LANDRY: I'll have to look
at that as well. I'll be back to the board and
they'll have to read the documents, and I'll have them
sent over, so you can have the written part of it.
Yes, sir.

MR. CARTER: Are there
representatives of traditional naturopathy in Virginia?

MR. LANDRY: Yes.

MR. CARTER: About 100,000?

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MR. LANDRY: I didn't check before
I left. I think we have a couple hundred members here
in Virginia, mostly in Northern Virginia.

MR. CARTER: Are they practicing
as a profession or is it something that's sort of a
personal interest?

MR. LANDRY: I think people
practice openly to the best that they can. I mean,
unfortunately, you know, regulated situations
sometimes make it difficult and it ends up being, you
know, sort of a private situation, but you don't see
much advertising, because it's not really needed.
Word of mouth is what drives the industry. And it's
one of the fastest growing industries in America is
the natural health industry, dietary supplements, the
whole nine yards.

In fact, and this happened to me
last week I fly -- I was down South, and so I flew in
last night and a lobbyist for GSI was sitting next to
me, and so we got to talking about the G. I. centers,
and so forth and so on. And they actively, actively
me as they actively want the natural health industry
and the dietary supplement industry to stay strong and
to flourish because they have values that they
recognize, and I understand that company they recognize

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the voters, because they know that there are things that they can't deal with.

CHAIRMAN RIDENHOUR: Do any other Board members have any questions for Mr. Landry?

NOTE: (No response.)

CHAIRMAN RIDENHOUR: Thank you, Mr. Landry.

MR. LANDRY: Thank you.

MR. LANDRY STOOD ASIDE

CHAIRMAN RIDENHOUR: Rebecca Banks.

DR. BANKS: Hi. I'm Becky Banks, and I'd like to thank you for this opportunity to come before you today.

I am the President of the Virginia Chapter of Certified Natural Health Professionals. I am also a natural herbalist and naturopathic doctor, and I have been for ten years. I am here today to express to you our objections to the licensure of

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CHAIRMAN RIDENHOUR: Christie Fleetwood.

DR. FLEETWOOD: Hi. Thank you for this welcomed opportunity to talk about naturopathic medicine. My name is Christie Fleetwood. I'm the Vice-President of the Virginia Association of Naturopathic Physicians, which is a state affiliate of the American of Naturopathic Physicians. I'm a Virginia native, graduated from Prince George High School, and got my Bachelor's of Science degree in Pharmacy at Virginia Commonwealth University's Medical College of Virginia here in Richmond.

During the ten years that I practiced as a retail pharmacist in the greater Richmond area, I saw firsthand how very personal healthcare is. Also I saw a void in the healthcare system. People coming into my pharmacy had needs that weren't being met. After investigating those needs, I decided to go back to school to study naturopathic medicine. I could have gone to conventional medical school, instead I chose naturopathic medicine school, hoping to find those answers to fill the void in healthcare. I studied at Bastyr University in Seattle, Washington. Bastyr is one of four naturopathic medicine schools in the United States

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We are in the process of getting a bill introduced, The Healthcare Consumer Choice Protection Act, to protect the consumer, without the expense of licensure, without all of this. Please leave the insurance, the hospitals, the diagnosis to the medical community and let us keep ours. That's all I have to say.

CHAIRMAN RIDENHOUR: Any questions from Board members?

NOTE: (No response.)

CHAIRMAN RIDENHOUR: Thank you.

DR. BANKS: No questions.

CHAIRMAN RIDENHOUR: Very brief. That would be Dr. Banks?

DR. BANKS: Yes. Well, I like to be called Becky.

DR. BANKS STOOD ASIDE

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that has been accredited by the Council on Naturopathic Medical Education, which is the only naturopathic medical education accredited body recognized by the Department of Education.

These schools require an undergraduate degree, including prerequisites typical of premedical studies prior to entry. A minimum four-year course of study is offered. Three if the student already holds a doctorate in a related healthcare profession, MD, DO, and DC. The student body is quite varied with students right out of undergraduate school, older professionals, international students ranging from concert pianists to surgeons.

At Bastyr students of naturopathic medicine complete a minimum of 319 credits of medical study over about 4,500 hours of class time, and 1,100 hours of supervised patient contact in clinic and preceptorships. The graduate is then allowed to sit for the Boards known as the Naturopathic Physicians Licensing Examination.

I hold the license to practice medicine as a general practitioner of family medicine in the State of Washington. Had I chosen to stay in Washington, I would be considered a primary care

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doctor with the ability to perform complete physical examinations, order lab and diagnostic imaging, prescribe certain legend substances, administer IV therapy, and perform minor surgery. Best naturopathic doctors, NDs, in Washington, with whom I have worked utilize prescription drugs and minor surgery, judiciously.

Frankly, there are many other traits in the naturopathic physician: not that preclude the use of prescription drugs, and the collaboration enjoyed by NDs with MDs to treat acute minor surgery to the most superficial removal of foreign bodies or lancing a boil, with very few exceptions. Because an ND's modalities and philosophies differ from those MDs, utilizing such methods as homeopathy, IV therapy using high-dose vitamins, minerals, and other nutrient counseling, botanical medicine, nutrition, hydrotherapy, physical medicine and others, an ND's practice is quite autonomous.

Education is of great importance as are the other principles of naturopathic medicine and these all require time. A first office visit with an ND commonly runs 90 minutes. NDs do use diagnostic criteria and will rely on lab work and

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physical exam as well as clinical presentation and history to determine a working diagnosis or differential diagnosis. NDs also help track the progression of treatment modalities and determine, in part, the aggressiveness of the therapy chosen.

The ND is recognized by the MDDS to meet the requirements as stated above. Reducibly trained from an accredited school and, you, holding a license in a state, province, or territory that licenses naturopathic physicians. These NDs have earned the right to be called doctor and naturopathic physician. There is not a correspondence course offered to anyone who put a few thousand dollars and access to the Internet. Rather, these are NDs who have been trained as general practitioners of family medicine. As such, these NDs want licensure. We want to be regulated. We want to have mandatory continuing educational requirements and minimal competency exams before being allowed to work for the public at such an intimate level. Simply because an item is natural does not make it safe.

We want the public to be protected and to know that we are held to a higher standard. The public wants access to naturopathic medicine. They want their MDs working together with the NDs.

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providing the life-style counseling, therapeutic herbs, the body massage, the prescriptions, as appropriate, for the individual.

With collaboration comes safety. What we have to offer is of great value and benefit, both to the individual and the public at large. The growing cost of health care and the current void in the healthcare system can be addressed, in part, by licensing naturopathic physicians. NDs are uniquely positioned to bridge the gap between conventional medicine and centuries old traditional forms of healing in a safe, collaborative fashion, offering the best of both medical paradigms to the person seeking care.

On behalf of Virginia Association of Naturopathic Physicians, I thank you for your time and for your consideration.

Question for me: Yes, yes?

DR. HOWELL: What is considered physical medicine?

DR. FLEETWOOD: Physical medicine would be a massage, what we're talking about, the Swedish massage technique. Other physical medicine would include hydrotherapy, use of contrast heat and cold, cranial sacral, chiropractic, therapy, osteopathy.

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freedom technique might be considered physical medicine because that is tapping on acupuncture meridians channels.

DR. HOWELL: I have a couple of questions. Can you describe your practice or what you're doing now in Virginia?

DR. FLEETWOOD: Here in Virginia I act as a naturopath medicine consultant. I work out of a compounding pharmacy where I have consultation with clients seeking alternative care, if you will. I don't particularly like that term as it applies to naturopathic doctors.

DR. HOWELL: Are they paying you?

DR. FLEETWOOD: Yes, that's right.

DR. HOWELL: Are you one of the nine people in the state that's considered a naturopathic physician?

DR. FLEETWOOD: Yes, that's right. There will be more. We have made a few Virginia meetings and are in naturopathic medical centers, now, and they're hoping to come home. That's about the best I probably really to play that level, because I see that as so important. This is what we're looking for, we're promoting. People want to know about us. They want to know if this will be safe with their kids. And

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2 you're combining it with cardiac meds, it's not so
3 fine.
4 CHAIRMAN RIDENHOOR: Any other
5 board members have questions?
6
7 NOTE: (No response.)
8
9 DR. FLEETWOOD: I should probably
10 rephrase. Yes, I am paid, but I am -- I am paid --
11 I'm a payroll person. I'm a salaried individual. So
12 people coming in for consults are not writing me a
13 check.
14 MR. HOWELL: That's what I was
15 asking. You're not getting paid a fee for service,
16 for your work now? You're getting paid as a salaried
17 employee?
18 DR. FLEETWOOD: As a salaried
19 employee.
20 CHAIRMAN RIDENHOOR: Thank you for
21 appearing.
22 DR. FLEETWOOD: Thank you. May I
23 point out one thing? The person who spoke prior to
24 me, I don't believe she has gone through training.
25 May I ask that question?

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55

1 We'll consider all of the comments
2 prior to adoption of the final report. A written
3 comment will be accepted for those of you who have
4 other things to give the Board by 5:00 p.m. on
5 August 10, 2005.
6 The Board intends to review the
7 recommendations and take final action on the record at
8 its meeting on September 8, 2005.
9 Again, thank you for taking the
10 time to participate, and this concludes our hearing.
11
12 NOTE: The meeting was adjourned
13 at 9:36 a.m.
14
15 * * * * *
16 MEETING ADJOURNED
17
18
19
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21
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25

CRANE-SNEAD & ASSOCIATES, INC.

3 DR. FLEETWOOD: All right. Thank
4 you, sir.
5 CHAIRMAN RIDENHOOR: All right.
6
7
8 * * * * *
9 DR. FLEETWOOD STOOD ASIDE
10
11
12 CHAIRMAN RIDENHOOR: Bruce
13 Silverman.
14 MR. SILVERMAN: I'm speaking on a
15 different topic. I might have signed the wrong sheet.
16 CHAIRMAN RIDENHOOR: All right.
17 Is there anyone else who would
18 like to address the board, the committee, on this
19 issue?
20
21 NOTE: (No response.)
22
23 CHAIRMAN RIDENHOOR: I'd like to
24 thank all of those who came today. We will then close
25 this public meeting.

CRANE-SNEAD & ASSOCIATES, INC.

56

1
2 CERTIFICATE OF COURT REPORTER
3
4
5 I, PATRICIA PRICE WHITE, hereby certify that
6 I was the Court Reporter in the Public Hearing as
7 captioned on Page 1 hereof, when heard on the 14th day
8 of July, 2005, at the time of the Public Hearing
9 herein.
10 I further certify that the foregoing
11 transcript is a true and accurate record of the
12 testimony and other incidents of the Public Hearing
13 herein.
14 Given under my hand this 21st day of July,
15 2005.
16
17 
18 PATRICIA PRICE WHITE, RPR, CCR
19
20
21
22
23
24
25

CRANE-SNEAD & ASSOCIATES, INC.

APPENDIX 5

➤ Written Comment Received as of August 10, 2005

- American Association of Naturopathic Physicians
- The Coalition for Natural Health
- American Academy of Pediatrics, Virginia Chapter
- Virginia Acupuncture Society
- Medical Society of Virginia
- Dawn Coffelt
- Jim Custard
- Mildred S. Deviers
- Daniel Etlin
- Grace Galliano
- Albert Galliano
- Francine Kapur
- Sara Grob
- Hallion (presumed last name, e-mail address only)
- Joy Halstead
- Beck Hanks. Va. Chap. Certified Natural Health Professionals
- J. L. Hill (?)
- Julia Hill
- Joyce Jenkins
- Linda King
- Steve and Kay King
- Donna W. Lewis
- Gayle Lilley
- Chuck Morris
- Margaret Morris
- Anthony Newler (?)
- Richard G. Pogdgorny
- Rachel Robinson
- Bonnie Sophia Rose
- Larry Sanders
- Terri L. Saunders
- Debbie Troxell
- Janet Vailes
- Philip L. Weaver
- Renee Wiest
- Sally C. Whitaker
- Barbara Justine Brown & Ayuko Colleen White
- Eileen Sullivan Williams

➤ Additional Comment from AANP



RECEIVED

AUG 10 2005

Dept of Geometry

Dear Elizabeth,

Please accept these materials as part of the formal submission on licensing naturopathic medicine. I will be sending a submission electronically as well.

Karen Hammond
Executive Director
AARN

Statement of
Christie F. Fleetwood, ND, RPh
Public Hearing
Virginia Board of Health Professions
Virginia Department of Health Professions
Invitation to Comment on the Need to Regulate Naturopaths in
Virginia
14 July 2005

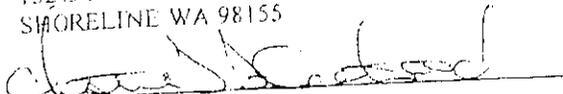
Thank you for this welcomed opportunity to talk about naturopathic medicine. My name is Christie Fleetwood; I'm the vice-president of the Virginia Association of Naturopathic physicians (VAANP), a state affiliate of the American Association of Naturopathic Physicians.

I'm a Virginia native—graduated from Prince George high school, earned my bachelor's of science degree in pharmacy at Virginia Commonwealth University's Medical College of Virginia here in Richmond.

During the 10 years that I practiced as a retail pharmacist in the greater Richmond area, I saw first hand how very personal healthcare is. Also, I saw a void in the healthcare system. People coming into my pharmacy had needs that weren't being met. After investigating those needs, I decided to go back to school to study naturopathic medicine. I could have gone to conventional medical school; instead, I chose naturopathic medical school—hoping to find those answers to fill the void in healthcare.

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF HEALTH PROFESSIONS

Pharmacist
Number 0202009377
Expires 12/31/2005
CHRISTIE F. FLEETWOOD
15243 6TH AVE, N.E.
SHORELINE WA 98155


Signature

Naturopathic Medical Education Comparative Curricula
Comparing Curricula Naturopathic Med Schools with Conventional Med Schools

Key:

- NCNM = National College of Naturopathic Medicine
- BASTYR = Bastyr University (Naturopathic Medicine)
- SWC = Southwest College of Naturopathic Medicine
- JH = Johns Hopkins
- YL = Yale
- ST = Stanford

Source:

Curriculum Directory of the Association of American Medical Colleges

NCNM	BASTYR	SWC	JH	YL	ST
Basic and Clinical Sciences: Anatomy, Cell biology, Physiology, Histology, Pathology, Biochemistry, Pharmacology, Lab diagnosis, Neurosciences, Clinical physical diagnosis, Genetics, Pharmacognosy, Bio- statistics, Epidemiology, Public Health, History and philosophy, Ethics, and other coursework.					
1548	1639	1419	1771	1420	1383
Clerkships and Allopathic Therapeutics: including lecture and clinical instruction in Dermatology, Family Medicine, Psychiatry, Medicine, Radiology, Pediatrics, Obstetrics, Gynecology, Neurology, Surgery, Ophthalmology, and clinical electives.					
2244	1925	1920	3391	2891(+thesis)	3897
Naturopathic Therapeutics: Including Botanical medicine, Homeopathy, Oriental medicine, Hydrotherapy, Naturopathic manipulative therapy, Ayurvedic medicine, Naturopathic Case Analysis/Management, Naturopathic Philosophy, Advanced Naturopathic Therapeutics.					
588	633	900	0	0	0
Therapeutic Nutrition					
144	132	130	0	0	0
Counseling					
144	143	100	included under psychiatry (see above)	included under psychiatry (see above)	included under psychiatry (see above)
TOTALS					
NCNM: 4668	BASTYR: 4472	SWC: 4469	JH: 5162	YL: 4311+thesis	ST: 5280

Recent Job Analysis

The two national examinations are known to exist as of this writing: the Naturopathic Physicians Licensing Examinations (NPLEX) and the American Naturopathic Certification Board's Certified Traditional Naturopath (CTN).

NPLEX

In 1986, NPLEX was created based upon a job analysis of practitioners in five states conducted that year. Prior to 1986, each regulating state created its own licensure examination. A subsequent job analysis for NPLEX was conducted in 1996. In 1999, the North American Board of Naturopathic Examiners was formed to oversee NPLEX. They are currently conducting an update to the 1996 job analysis.

NPLEX is comprised of two parts, Part I, the Basic Science Examinations, and Part II the Clinical Science Examinations. There is also a Clinical Add-On Series as may be required by certain licensing/regulatory authorities. The following details the titles of each set of examinations:

BASIC SCIENCE	CLINICAL SCIENCE
<ul style="list-style-type: none"> ➤ Anatomy ➤ Physiology ➤ Biochemistry ➤ Microbiology & Immunology ➤ Pathology 	<ul style="list-style-type: none"> ➤ Physical & Clinical Diagnosis ➤ Lab Diagnosis & Diagnostic Imaging ➤ Emergency Medicine & Public Health ➤ Pharmacology ➤ Botanical Medicine ➤ Nutrition ➤ Physical Medicine ➤ Counseling, Behavioral Medicine & Health Psychology <p>ADD-ON SERIES:</p> <ul style="list-style-type: none"> ➤ Homeopathy ➤ Minor Surgery ➤ Acupuncture



STATE OF WASHINGTON
 DEPARTMENT OF HEALTH
 Olympia, Washington 98504

March 18, 2005

Christie F. Fleetwood, ND
~~15243 6th Avenue Northeast~~ 12248 Percival St
~~Shoreline, Washington 98155~~ Chester, VA 23831
 (804) 706-5950

Dear Dr. Fleetwood:

Congratulations! I am pleased to inform you that your license to practice as a naturopathic physician in Washington State has been issued. Your license number is NT-1374 and it will expire on 12/14/2005. Thereafter, your license will expire annually on your birthday. Your license document will be sent under separate cover. You will receive your wall certificate in approximately four to six weeks. For licensure verifications, please see our Credential Look-up System at https://fortress.wa.gov/doh/hpqa1/Application/Credential_Search/profile.asp.

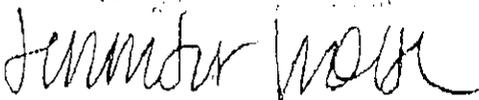
Please note the following about your naturopathic physician license:

Continuing Education Requirement

New licensees are not required to obtain the full 20 hours of continuing education (CE) for their first renewal cycle. Beginning after the first renewal cycle, all licensees must obtain the required 20 hours of continuing education in the areas of diagnosis and therapeutics in accordance with RCW 18.36A.040.

Copies of certificates of completion are needed for all CE hours claimed. Please retain all documents in the event you are audited. Documentation of attendance should include a signed verification by the course organizers/presenters describing the course offering and listing the number of CE hours along with the date given.

If you have any questions, please call me at (360) 238-4943.

Sincerely,

 Jennifer Wolfe, Program Representative
 Naturopathy Program





It is hereby certified that Christie F. Fleetwood has satisfactorily complied with and completed the statutory requirements set forth in title 18 revised code of Washington to engage in the practice of

Naturopathic Physician

and is hereby authorized, empowered and granted the right to engage in that practice within the State of Washington subject to the state laws.



*Given under the hand and seal of the
Director this 18th Day of March, 2005*

Bonnie L. King

DIRECTOR, HEALTH PROFESSIONS QUALITY ASSURANCE

The Principles of Naturopathic Medicine

- 1. First Do No Harm** *primum non nocere*
This is more involved than it first appears. It means utilizing methods and substances which minimize the risk of harmful side effects, avoiding the suppression of symptoms, and acknowledging and respecting the individual's healing process.
- 2. Identify and Treat the Cause** *tolle causam*
Identify and remedy the underlying cause of illness, using the presenting symptoms as a guide.
- 3. The Healing Power of Nature** *vis medicatrix naturae*
Recognition of the inherent wisdom and healing force within the body.
- 4. Doctor as Teacher** *docere*
Education and self-responsibility are essential components to optimizing health. There is also therapeutic value in the doctor-patient relationship.
- 5. Treat the Whole Person** *tolle totum*
Individualized treatment takes into account the physical, mental, emotional, genetic, spiritual, environmental, and social facets of the person.
- 6. Prevention**
Emphasis is placed on disease prevention, assessment of risk factors and genetic susceptibility to disease with appropriate interventions to prevent illness. This principle extends to the community at large.
- 7. Wellness**
Wellness follows the establishment and maintenance of optimum health and balance. Wellness is a state of being healthy, characterized by positive emotions, thoughts and actions. This principle also extends to the community at large, as one moves outside of oneself to offer assistance to others and the planet as a whole.

The Therapeutic Order

The therapeutic order is the basic approach taken by naturopathic physicians to guide patients to wellness. The design begins with the least force, moving to more invasive means as necessary.

- 1. Re-establish the basis for health**
Remove obstacles to cure by establishing a healthy regimen
- 2. Stimulate the healing power of nature**
Use various modalities and systems of health—botanicals, homeopathy, nutrition, hydrotherapy, touch, counseling, Emotional Freedom Technique; Ayurvedic medicine, Chinese medicine—to potentiate the inherent healing power of the body
- 3. Tonify weakened systems**
Use of modalities to strengthen the immune system, decrease inflammation, optimize metabolic functioning, release toxins, balance regulatory systems, enhance regeneration, harmonize life forces
- 4. Correct structural integrity**
Correction of physical imbalances by use of exercise, osseous manipulation, craniosacral therapy, massage, targeted nutrition
- 5. Prescribe specific natural substances for pathology**
Vitamins, minerals, herbs, breathing techniques, hydrotherapies to target specific disease progression
- 6. Prescribe pharmacological substances for pathology**
Pharmaceutical intervention to halt or palliate disease process
- 7. Prescribe surgery, suppressive measures, radiation, and chemotherapy**
Use of aggressive therapies for palliation, disruption of disease process, potential restoration of health

U.S. Department of Education



**Staff Analysis
of the
Petition for Continued Recognition
Submitted by**

Council on Naturopathic Medical Education

June 13, 2005

EXECUTIVE SUMMARY

The Council on Naturopathic Medical Education (CNME) substantially complies with the Criteria for Recognition. There are, however, two issues of partial compliance that require immediate action, pertaining to Department criteria §602.15(a)(4) and (5), and §602.19(b).

- CNME needs to revise its Policy on Council Membership, review the Council's current membership and take action, expeditiously, to ensure the Council's composition is compliant with the requirements of this section. [§602.15(a)(4) and (5)]
- CNME needs to strengthen its policies regarding monitoring of programs in order to ensure programs remain in compliance with agency standards. [§602.19(b)]

In addition, Department staff request that CNME report on the final outcomes of proposed changes to its policies and procedures, with respect to continued compliance with Department criteria §602.15(a)(6) and §602.28(d).

- CNME needs to report on any changes to its Conflict of Interest policy as it affects the Department's Criteria for Recognition. [§602.15(a)(6)]
- CNME needs to report on its progress and decisions regarding changes to its Eligibility Requirements as it affects the Department's Criteria for Recognition. [§602.28(d)]

U.S. Department of Education
Staff Report
to the
National Advisory Committee
on Institutional Quality and Integrity

RECOMMENDATION PAGE

1. Agency: The Council on Naturopathic Medical Education (CNME) (2003)¹
2. Action Item: Petition for continued recognition.
3. Scope of Recognition: The accreditation and preaccreditation throughout the United States of graduate-level, four-year naturopathic medical education programs leading to the Doctor of Naturopathic Medicine (N.M.D.) or Doctor of Naturopathy (N.D.) degree.
4. Date of Advisory Committee Meeting: June 13, 2005
5. Staff Recommendation: That the agency's recognition be renewed for a period of five years and that it submit an interim report by June 13, 2006, on the issues identified under the DISCUSSION OF FINDINGS in the analysis.
6. Issues or Problems: There are two compliance issues summarized in the EXECUTIVE SUMMARY and discussed in detail in the DISCUSSION OF FINDINGS section.

¹ The date provided is the date of the initial listing as a recognized accrediting agency.

PETITION FOR CONTINUED RECOGNITION
submitted by the
Council on Naturopathic Medical Education

PART I: GENERAL INFORMATION ABOUT THE AGENCY

Introduction

The Council on Naturopathic Medical Education (CNME or the agency) is a programmatic accrediting agency. The mission of CNME is Quality Assurance, serving the public by accrediting naturopathic medical education programs that voluntarily seek recognition and that meet or exceed CNME's standards. CNME's current scope of recognition is the accreditation and preaccreditation throughout the United States of graduate-level, four-year programs leading to the Doctor of Naturopathic Medicine (N.M.D.) or Doctor of Naturopathy (N.D.) degree.¹

Currently, CNME accredits three U.S. naturopathic medical education programs and preaccredits one U.S. program. These four programs are located in institutions of higher education that are accredited by the appropriate recognized regional accrediting agencies. CNME also certifies two residency programs within the United States. CNME accredits one and preaccredits one naturopathic medical education program in Canada. However, the U.S. Secretary of Education's authority for recognizing accreditors extends only to those institutions and programs CNME accredits that are located in the United States.

Accreditation by CNME is not a required element for participation in title IV Higher Education Act (HEA) programs and, therefore, the agency does not have to meet the separate and independent criteria. However, the agency's accreditation or preaccreditation is a required element in enabling students and graduates of the programs it accredits or preaccredits to participate in certain federal non-HEA programs. Specifically, CNME accreditation or preaccreditation is linked to two federal non-HEA programs within the National Institutes of Health (NIH).

The first federal link is the Academic Research Enhancement Award (AREA), offered through NIH's National Center for Complementary Alternative Medicine. The AREA

¹ The two degrees awarded by programs accredited by CNME, the N.D. and N.M.D. degrees, are identical; they are different names for the same degree. The N.D. abbreviation is generally used, and is used throughout this analysis, although all references to the N.D. degree apply to the N.M.D. degree also.

grant requires eligible applicants to hold a degree (MD, DDS, MPT, DC, ND or equivalent degree) from a program accredited by a body recognized by the Secretary of Education.

The second federal link, also an NIH program, is the Extramural Loan Repayment Program (LRP) authorized by the Public Health Assistance Act. Eligible applicants must have an equivalent doctoral degree (including a specific reference to the N.D.) from an accredited institution. According to Public Health Service Code these schools must be accredited by a body recognized for accreditation purposes by the Secretary of Education.

As part of its evaluation of CNME, Department staff reviewed the agency's petition and supporting documentation and observed a decision-making meeting and an on-site evaluation.

Accreditation/Recognition History

The Council on Naturopathic Medical Education (CNME) developed its accrediting body in 1953. In 2003, the Secretary granted initial recognition to CNME, as a programmatic accreditor, for a period of two years, the maximum period of time granted for initial recognition.

Prior to 2003, CNME had been recognized by the Secretary from 1987 until 2000 as an institutional accreditor. In 2000, the National Advisory Committee on Institutional Quality and Integrity recommended that the Secretary not continue CNME's recognition. The Secretary concurred with this recommendation, principally due to the agency's inability to demonstrate that its actions as an institutional accreditor and title IV gatekeeper complied with the Criteria for Recognition.

Specifically, CNME did not comply with criteria requiring it to adhere to and enforce its published standards, policies, and procedures. While the agency's failure was with respect to one institution, that institution served as CNME's only "Federal link" for recognition purposes. The Department's staff recommendation at that time noted that:

"Department staff believes that the agency has demonstrated effectiveness and reliability as a programmatic accrediting agency. However, the agency is eligible to seek renewal of recognition only because its pre-accreditation of one institution enables that institution to establish eligibility to participate in Title IV programs. Consequently, its failure to demonstrate that it meets the Criteria for Recognition in its capacity as an institutional accreditor necessitates a recommendation to deny recognition."

Acceptance of the Agency

Educators and educational institutions have accepted CNME's standards, policies and procedures. CNME is consistently able to recruit naturopathic educators and educators not affiliated with CNME's programs or the naturopathic profession as institutional and public members and on-site evaluators. In September 2004, CNME invited all members of the Council who do not currently have an institutional representative serving on the Board of Directors to provide one representative to serve on the agency's Committee on Standards on Policies and Procedures (COSPP). This change took place for the first time at the March 2005 COSPP meeting. This inclusive process will continue to ensure acceptance of CNME standards and policies among educators and education institutions in the field.

Employers, licensing bodies and practitioners have also accepted CNME's standards, policies and procedures. Eight states mention CNME directly in the naturopathic licensing requirements, five other states, as well as the District of Columbia, Puerto Rico and the U.S. Virgin Islands require completion of an approved educational program and passage of the Naturopathic Physicians Licensing Examinations (NPLEX).

The North American Board of Naturopathic Examiners (NABNE) administers the NPLEX, a set of postdoctoral board examinations. NABNE defines an approved naturopathic medical education program as a program that has accreditation or preaccreditation status from CNME and offers a minimum four-year curriculum in the basic sciences, clinical didactic studies, and clinical training leading to an N.D. degree. Licensure candidates are only eligible to sit for the NPLEX after successful completion of the required subjects at an accredited naturopathic medical education program.

Roughly 3,000 to 4,000 graduates of CNME-affiliated programs are licensed naturopathic physicians. Most of these physicians practice within the U.S. jurisdictions that regulate naturopathic medicine: Alaska, Arizona, Connecticut, the District of Columbia, Hawaii, Kansas, Maine, Montana, New Hampshire, Oregon, Puerto Rico, the U.S. Virgin Islands, Utah, Vermont, and Washington.

It is clear that licensed naturopathic physicians accept CNME's policies, evaluative criteria, procedures and decisions as evidenced by: letters of support from practitioners, educators and professional associations; the voluntary participation of six naturopathic practitioners on the CNME Board; the fact that a number of naturopathic physicians have participated in evaluation teams for on-site visits; and the financial support CNME receives from national and state professional associations of naturopathic physicians as well as individual donors.

Agency Organization and Structure

Policy and Decision-Making

CNME's Board of Directors (Board) is both the agency's policy-making and decision-making body. In compliance with the Secretary's criteria, CNME's policies require educators and practitioners on its Board. The Board can have between nine and twelve members, and must consist of three institutional member representatives, four to six professional members, and two or three public members. The Executive Director is a non-voting *ex officio* member. (See DISCUSSION OF FINDINGS.)

All members of the Board serve three-year terms, the public and professional members are able to serve two consecutive terms. The institutional member representatives may serve only one three-year term. The Board presently has eleven members, two of whom are public members.

CNME requires new members to participate in an orientation and training session before they attend their first Board meeting as a member. The training of prospective new Board members begins with the members' attendance as observers at a meeting just prior to the beginning of their terms. Between that meeting and the first meeting they attend as members, the agency's Executive Director ensures that the new members become well-informed on the agency's evaluative criteria, policies, procedures, and governing documents. All Board members must participate in a CNME workshop for evaluators.

Seven committees serve CNME:

Audit Committee – Acts on behalf of the Board to evaluate all material aspects of the CNME's financial reporting, internal control and audit functions.

Executive Committee – Serves the Board in a planning and advisory role. Annually reviews the performance of the independent contractors and makes recommendations to the Board regarding renewal of contracts.

Finance and Development Committee – Responsible for studying and making recommendations to the Board relating to the financial planning, budgeting and review of financial activities.

Membership and Nominations Committee – Recommends policies defining the number and role of members, expense reimbursement, training, duties, attendance and conflicts of interest.

Committee on Postdoctoral Medical Education – Annually reviews the evaluative criteria for residencies. Recommends to the Board revisions to the certification standards, policies and procedures. Reviews and evaluates residency programs for initial and continued certification.

accreditation. Adverse actions take place when CNME discovers, during its monitoring activities, that a program is not in compliance with one or more of the CNME eligibility requirements, standards, or policies.

Standards

Success with respect to student achievement in relation to the institution's mission, including, as appropriate, consideration of course completion, State licensing examination, and job placement rates

CNME has several evaluative criteria that address a program's success with respect to student achievement in relation to the program's mission. The agency's Standard on Mission and Objectives requires:

1. Consideration of the program's completion rates in light of completion rates at other accredited programs, with, consistently, at least 75 percent of the students who enter the program eventually graduating.
2. Consideration of the overall pass rate of students and graduates on licensing examinations in light of pass rates at other accredited programs, with, consistently, students and graduates having an overall pass rate of 70 percent.

This means that an accredited program that does not consistently maintain a completion rate of 75 percent would come under sanction and an accredited program that does not consistently have an overall pass rate of at least 70 percent would also come under sanction.

CNME also requires their accredited programs to survey graduates, in order to assess the effectiveness in meeting their mission. In its self-study guide, CNME requires programs to assess how satisfied alumni are with their education one, five, and ten years after graduation. CNME mandates that each program effectively track its graduates through this survey requirement, as well as the Clinical Education standard requiring programs to evaluate program quality by checking on postdoctoral performance and the percentage of graduates who become licensed.

The evaluation of student achievement incorporates a variety of measures of knowledge, competence, and performance. The clinical education program's administrators and faculty apply the student achievement standards consistently for all students. The program's educational quality is periodically evaluated using multiple outcome measurements, such as student and faculty evaluations, the performance and academic progress of students, completion rates, postdoctoral performance, performance on licensing examinations, and the percentage of graduates who become licensed.

Curricula

The agency has two standards for curricula, one for the naturopathic medicine program's core curriculum (the required basic and clinical science courses that students take during their first two years) and one for the clinical education curriculum (the clinical practicum of years three and four). The program of study in a naturopathic medicine program is typically presented over a period of 12 quarters and requires a minimum of 4,100 total clock hours.

The Standard on Core Curriculum covers design and evaluation, length of study, competencies, and required courses. The standard lists required subjects sequentially. It also requires that a program have an assessment scheme, and sets course objectives and competencies. A program must have a committee that reviews and evaluates the core curriculum on a regular basis.

The Clinical Education standard has criteria for the design and evaluation of the clinical practicum; administration, resources, and facilities; program length and content; competencies students must acquire; faculty; evaluation of student achievement; and external training sites that a program may utilize.

Faculty

CNME's Standard on Faculty includes provisions on faculty sufficiency, conditions of employment, performance evaluation, participation in institutional governance, and professional development.

Faculty sufficiency requires that faculty be appropriately qualified in terms of education and experience for their teaching positions. They must possess an advanced or professional degree, and have other evidence demonstrating competence to teach in a subject area at the doctoral level. CNME obtains complete faculty rosters, which include the credentials of each faculty member and the subject area(s) taught.

The Faculty standard also requires a program to have an adequate core group of faculty that are full-time, or near full-time, whose primary professional commitments are to the program to provide for coherent academic planning and curricular development. Programs must have clearly defined and published policies regarding faculty rank and promotion, salary and benefits, performance evaluation, tenure, teaching loads, non-instructional responsibilities, and the resolution of grievances.

Programs must include the faculty in the development of its policies, and there must be a faculty organization appropriate to the size of the program and representative of the faculty as a whole. The Standard on Faculty also requires the continued professional development of the faculty, requiring them to participate in a process of continuous professional growth to enhance their effectiveness in serving the missions and objectives of the naturopathic medicine program.

Facilities, equipment, and supplies

CNME requires each of its accredited programs to have "... sufficient physical resources, including instructional and research facilities, equipment and materials to achieve its mission and objectives." The agency also requires that: "Physical resources for the naturopathic medicine program are planned and developed in line with a campus master plan ..."

The Standard on Physical Resources includes the appropriate design and maintenance of instructional, clinical, and research facilities; faculty offices, furnishings and equipment, and other amenities needed by faculty, staff, and students to work and study effectively (e.g., supplies); maintenance of a program's facilities and grounds; health and safety; access to disabled persons; and the protection of vital records.

Fiscal and administrative capacity as appropriate to the specified scale of operations

The agency's Standard on Financial Resources mandates adequate and stable funding sources, sound financial management, and planning and development. The Standard also states that an external audit of financial records be conducted annually by a certified public accountant not directly connected with the institution and who uses the *Audits of Colleges and Universities* as a guide. (The American Institute of Certified Public Accountants publish the guide.) The audit report must include an opinion on the fiscal integrity of the program's financial statement and on the fiscal integrity of the institution offering the program.

CNME also requires that its programs be able to document a funding base and plans for financial development adequate to carry out its mission and objectives within a balanced and safe level of debt. The Standard on Financial Resources places most of its emphasis on making certain that a program's financial resources are adequate for it to continue to operate for the foreseeable future as an ongoing, economically viable entity. A program's financial resources must be sufficient to meet its planning requirements and satisfactory to cover any needed improvements and contingencies.

Additionally, the agency has two eligibility requirements related to fiscal capacity. The first requires the program to document a funding base, financial resources, and plans for financial developments adequate to carry out its mission and objectives with a balanced budget and safe level of debt. The second eligibility requirement states that the program be located at an institution that has its financial records externally audited annually by a certified public accountant or an authorized state or provincial auditing agency.

CNME's Standard on Organization and Administration sets forth criteria for the system of governance, the governing board, the chief executive officer (the institution's president), the chief administrative officer (the program's dean), and administrative staff members. The agency also addresses administrative capability in several of its other standards. These include its standards on: Financial Resources (with regard to the qualifications of the chief financial officer); Student Services (with regard to the allocation of human, physical, financial, and equipment resources); Continuing

Education and Certificate Programs (with regard to program coordination and staff support); Library and Information Resources (with regard to governance, personnel, finance, and planning and evaluation), and Research (with regard to oversight)

Student Support Services

CNME's Handbook on Accreditation has an extensive section on "student services." The student services standard first provides a short list of four principles that govern what a program must provide as student services. The four are: access (availability and equity), quality (resources and qualifications); due process (rights and responsibilities); and accountability/effectiveness (organization and documentation). The agency then lists essential and optional services, describes structure characteristics, and sets forth the required characteristics of the policies and procedures related to an effective student support services program. CNME's self-study guide requires programs to provide documentation, descriptive information, analyses, and appraisals of their support services for students.

Programs must provide student services to all on an equal basis and must have the resources and qualified personnel to provide the services offered. The standard requires that programs have admissions services, student records maintenance, orientation sessions, academic advisement, counseling and testing, and financial aid services. CNME encourages its accredited programs to have or assist their students in obtaining the following services: housing, health care, extracurricular activities, bookstore, placement, food service, and childcare.

Recruiting and admissions practices, academic calendars, catalogs, publications, grading, and advertising

In order for a program to be eligible for accreditation, CNME requires an admissions policy specifying the student characteristics and qualifications appropriate for naturopathic medical education. Additionally, the program must demonstrate that its admissions practices satisfy this admission policy. CNME's eligibility requirements also require a program to have a current and accurate catalog setting forth the program's mission and objectives, admission requirements and procedures, rules and regulations of conduct, academic regulations, completion of requirements for the N.D., tuition fees and other costs, and refund policies and other information regarding attending, transferring and withdrawing from the program.

The agency's related Standard on Student Services requires the following. "The institution's and program's student recruiting publications and advertising, catalog or academic calendar, and other publications are accurate and consistent with actual practice and with all standards and policies of the Council. The information in the catalog is complete, with clear statements of tuition and fees." A catalog or academic calendar is a required basic service as is a student handbook that contains the program's prescribed policies and procedures.

The core curriculum standard also includes a provision on grading. This provision requires a program to have core competencies in place for all courses, with outcome assessments to document each student's comprehension of the subject matter. Outcome assessments include grades, grade-point averages, and student theses and portfolios. The Standard on the Core Curriculum also explicitly states that a program must develop and adhere to a published grading system.

Measures of program length and the objectives of the degrees or credentials offered
CNME is not required to have accreditation standards for this area because the agency accredits only programs within institutions that are accredited by a nationally recognized institutional accrediting agency.

Record of student complaints received by, or available to, the agency
The agency's published "complaint" policy requires that its accredited and pre-accredited programs maintain a complete record of the student complaints they receive from their last comprehensive or focused CNME evaluation visit to the present time. Programs must make this record available to CNME evaluators at the onset of their next comprehensive or focused evaluation visit.

The "complaint" record includes the complaints and a description of the actions the program has taken to resolve them. Programs must have written procedures for receiving student complaints and must respond to them in a timely manner.

Record of compliance with the institution's program responsibilities under Title IV of the Act, based on the most recent student loan default rate data provided by the Secretary, the results of financial or compliance audits, program reviews, and any other information that the Secretary may provide to the agency
CNME is not required to have accreditation standards for this area because the agency accredits only programs within institutions that are accredited by a nationally recognized institutional accrediting agency.

Review of Standards

Development of a review program for CNME's evaluative criteria began in 1998 with the adoption of a document called, "Validity and Reliability Reviews for the Standards and Procedures of CNME on Naturopathic Medical Education." Today, the standing Committee on Standards, Policies and Procedures (COSPP) engages in an ongoing program for the systematic review of the appropriateness and effectiveness of CNME's eleven published standards. COSPP's responsibilities are detailed in the "Workplan for the Committee on Standards, Policies and Procedures." The workplan established an eight-year cycle for the comprehensive review of CNME's standards. The next comprehensive review of standards will begin in 2006, revisions will be adopted no later than mid-2008. In addition to the comprehensive review every eight years, CNME reviews individual standards, policies and procedures when the need arises. Whenever CNME receives a proposal from outside sources to consider a change to its evaluative

A program was initially granted candidacy in March 2001. During the 2003 reaffirmation process CNME found several areas of concern and required several changes be made. Department staff recently observed a site visit of that program, during which it became evident that the program had not addressed recommendations made during a previous site visit. Many of the recommendations made, or requirements for change, were not followed through on from 2003 to 2005. This compels Department staff to question how well CNME follows up on recommendations made during on-site evaluations.

In January 2005, separate from the reaffirmation process, the program was also cited for its students' suboptimal performance on August 2004 licensing exams, which CNME routinely reviews. CNME requested that the program report on the problem. The program responded with a letter detailing significant problems found within the program, including problems with faculty and administration, students and most importantly curriculum. The letter stated: "The curriculum of the College has not been reviewed in an ongoing or systematic fashion for several years."

CNME needs to provide greater oversight for its preaccredited programs, especially as it pertains to areas such as curricula, student achievement and faculty. CNME needs to develop more effective mechanisms for following through on the recommendations made during the reaffirmation processes. Though monitoring procedures are in place, they are not sufficient nor are they being followed efficiently. The lack of follow through would allow programs with significant problems to persist over time and possibly fall out of compliance with agency standards.

Staff Determination

The agency partially meets the requirements of §602.19(b). The agency needs to strengthen its policies regarding monitoring of programs in order to ensure programs remain in compliance with agency standards.

.....

While the agency is found to comply with the following criteria, Department staff request that the agency in its interim report address the final outcome of proposed changes to its policies and procedures with respect to its continued compliance with Department criteria §602.15 (a)(6) and §602.28 (d).

§602.15 Administrative and Fiscal Responsibilities

The agency must have the administrative and fiscal capability to carry out its accreditation activities in light of its requested scope of recognition. The agency meets this requirement if the agency demonstrates that

(a) The agency has

--

(6) Clear and effective controls against conflicts of interest, or the appearance of conflicts of interest.

Currently, CNME complies with §602.15(a)(6). The agency has a strongly worded Conflict-of-Interest policy that requires any "affiliated" Council or evaluation team member to disclose a potential conflict of interest and remove his or herself from any and all discussion, evaluation and votes concerning the program with which they are "affiliated." "For the purposes of this policy, a person is 'affiliated' with a naturopathic medicine program if he or she, or a member of his or her immediate family (spouse, parent, child, brother, or sister): (1) Is or ever has been an officer, director, trustee, employee, contractor or student of the institution where the naturopathic medicine program is located; (2) Has or ever had any other dealings with the institution at which the program is located from which he or she has or will receive cash or property."

At the March semi-annual meeting CNME voted to draft, for review, a revised Conflict-of-Interest policy. This action was taken due to the limiting nature of the current Conflict-of-Interest Policy. CNME currently very narrowly defines "affiliated" in its policy, substantially limiting many Council members from pertinent discussions. The naturopathic medicine field is currently so small that maintaining the narrow definition may be hindering the work of the Council. CNME needs to maintain the standards required by the Department's Criteria for Recognition in its Conflict-of-Interest policy. The Department has offered to provide technical assistance to CNME for any changes to this policy. CNME needs to keep the Department apprised of changes made to this policy.

Staff Determination

The agency meets the requirements of section §602.15 (a)(6). However, the agency needs to report on any changes to its Conflict-of-Interest policy as it affects the Department's Criteria for Recognition.

§602.28 Regard for decisions of States and other accrediting agencies

(d) If the agency learns that an institution it accredits or preaccredits, or an institution that offers a program it accredits or preaccredits, is the subject of an adverse action by another recognized accrediting agency or has been placed on probation or an equivalent status by another recognized agency, the agency must promptly review its accreditation or preaccreditation of the institution or program to determine if it should also take adverse action or place the institution or program on probation or show cause.

CNME currently complies with §602.28. In its eligibility requirements CNME requires that an eligible naturopathic medical education program be "located at an institution that has authorization from the appropriate state or provincial agency to grant the Doctor of Naturopathic Medicine degree at which: (a) If in the United States, is accredited or pre-accredited by an institutional accrediting agency recognized by the U.S. Secretary of Education, or has an application accepted for consideration by a recognized institutional accrediting agency." CNME's Handbook on Accreditation details how the Council will react to information that a program currently accredited by a recognized institutional accreditor has been denied, withdrawn, suspended, or terminated by that accreditor.

In March 2005 at CNME's semi-annual meeting, the Council voted to change its current eligibility requirement so that "a program in the U.S. is not eligible for initial accreditation by CNME unless it first achieves candidacy status with an institutional accrediting agency recognized by the U.S. Dept. of Education." The changes were accepted and will be going out for public comment. Department staff feel that this change needs to be monitored for its effect on §602.28 of the Criteria for Recognition. CNME needs to evaluate how it will handle a program's accreditation if the status granted by an institutional accreditor is changed after CNME's initial accreditation.

Staff Determination

The agency currently meets the requirements of §602.28. The agency needs to report on its progress and decisions regarding changes to its Eligibility Requirements as they affect the Department's Criteria for Recognition.

Standards of Naturopathic Medicine

I. Introduction

A.) The purpose for standards of practice is to:

- 1.) Provide criteria which act as guidelines for the daily practice of naturopathic medicine.
- 2.) Identify the responsibilities of the naturopathic physician to the public and to maintain public safety.
- 3.) Ensure that the interests of public health are maintained.
- 4.) Provide state boards, licensing and federal agencies guidelines with which to evaluate professional actions.
- 5.) Provide a template for newly licensed states to develop standards criteria based on licensing laws.
- 6.) Provide assurance of uniform agreement among the naturopathic profession as to the principles and practice of naturopathic medicine.
- 7.) Periodically review and, where necessary, modify standards of practice and care in order to assure public safety, compliance with public health standards and accommodate the ongoing advances in medical thought.

B. Definition of terms:

- 1.) Standards - that which is established by custom or authority as a model, criterion, or rule for comparison of measurement.
- 2.) Care - supervision, charge; in the care of a doctor.
- 3.) Practice - the use by a health care professional of knowledge and skill to provide a service in the:
 - a.) Prevention of illness.
 - b.) Diagnosis and treatment of disease.
 - c.) Maintenance of health.
- 4.) Service - to be of assistance, to render aid.
- 5.) Standards of Practice - the established authority, custom or model by which the health care is delivered by the naturopathic physician shall include, but not be limited to:
 - a.) Prevention of illness/disease.
 - b.) Diagnosis and treatment of illness/disease.
 - c.) Maintenance of health.
- 6.) Standards of Care - the established model, criterion or rule by which the physician undertakes their supervision or care of the individual patient.

C. Naturopathic medicine is defined as follows:

- 1.) See Definition of Naturopathic Medicine

D. Scope of practice:

1.) The scope of a naturopathic physicians practice is eclectic and dynamic in nature.

2.) The naturopathic physician is trained to understand and utilize a wide variety of therapeutic modalities and selects the treatment that in their opinion, best serves the patient's condition.

3.) The types of therapeutics a physician may choose from but are not limited to:

- a.) Acupuncture
- b.) Botanical medicine
- c.) Clinical nutrition & nutritional counseling
- d.) Electrotherapy
- e.) Homeopathy
- f.) Hydrotherapy
- g.) Light and air therapy
- h.) Massage therapy / neuro-muscular technique
- i.) Natural childbirth
- j.) Naturopathic manipulative technique
- k.) Orthopedics
- l.) Physical medicine
- m.) Psychotherapy and counseling
- n.) Soft tissue manipulation
- o.) Surgery
- p.) Use of appropriate pharmacological agents

4.) The naturopathic physician is obligated to keep up with the changes in medicine; this may be accomplished through:

a.) Continuing education seminars, preceptorships, post graduate study, internships or residency programs, (see education section VII A).

b.) In the event the physician belongs to a specialty society, they are obligated to maintain the standards of education set by the society.

5.) The naturopathic physician has an obligation to critically and without bias evaluate new therapeutic agents and methods which may be of benefit to their patients.

6.) The naturopathic physician is encouraged to continually evolve his or her manner of practice of health care to provide increased benefit to his or her patients.

E. A naturopathic physician is trained to be a primary care family practice physician. Individual physicians may choose to specialize in certain methods, modalities or areas of practice within the scope of a general practice. In those instances the physician is obligated to:

1.) Notify the patient and their colleagues of the nature of any such limitations.

a.) This may be accomplished by notification at the time of first visit; on the physicians letterhead or business card; or by advertisement.

2.) Any physician who has a limited practice is obligated to make appropriate referrals if requested by the patient or deemed necessary by the physician.

3.) A naturopathic physician trained as a primary care, family practice physician may choose to emphasize or specialize in a specific area either singly or within the scope of a general practice.

F. Code of ethics:

1.) see guidelines

G. Naturopathic physicians are trained as primary care, family practice physicians and have a responsibility to the patient to provide the best health care available. The patient can expect his or her health care to include some or all of the following:

- 1.) Diet and nutrition analysis and counseling.
- 2.) Lifestyle and risk assessment.
- 3.) Preventive medicine programs.
- 4.) Appropriate physical examination.
- 5.) Appropriate laboratory and radiographic analysis.
- 6.) Appropriate referral when necessary.
- 7.) Thorough history.
- 8.) Appropriate follow up.
- 9.) Accurate diagnosis.

H. Patients are entitled to:

- 1.) Compliance with state, local and public health guidelines by naturopathic physicians.
- 2.) Treatment with respect and dignity.
- 3.) Respect for privacy.
- 4.) Honest and ethical treatment.
- 5.) Confidentiality.

I. The American Association of Naturopathic Physicians through its membership and House of Delegates is responsible for the development, on going review, modification and implementation of standards of practice and care.

1.) These shall be subject to review every 5 years or at the discretion of the Board of Directors.

II. Patient Evaluation

A. Record Keeping

1.) All naturopathic physicians should keep clear and concise chart notes documenting patient care.

2.) It is important that the record be legible, orderly, complete, and that abbreviations/symbols employed are commonly used and understood.

3.) There are several important reasons for keeping charts.

- a.) Memory for on-going care.
- b.) Communicating with other health care professionals.
- c.) In-office research.
- d.) Important administrative and legal documents.
- e.) Basis of a peer review process.

4.) It is recommended that the Problem Oriented Medical Record, also known as the SOAP format, be used as the standard form for keeping records.

B. Types of data collected; and whom it may be collected from:

- 1.) The individual affected.
- 2.) Family, friends.
- 3.) Medical records may be obtained from previous physicians, or other health care providers, for the purpose of patient evaluation.

C. Subjective: The History

1.) The written record of the patient history should include the following. Patient intake forms may be used for these purposes.

a.) Identifying data: Name, sex, relationship status, occupation, nationality.

b.) Chief Complaint: Best done in the patients' own words and a priority of complaints from most to least important may be assigned.

c.) Present illness: State the problem(s) as it is at the moment, clarifying the time course in a chronological manner. Include any concurrent medical problems.

d.) Past Medical History: Previous illnesses, surgeries, medications, hospitalizations, childhood illnesses, accidents or injuries, pregnancies.

e.) Current Health Status: Allergies (drugs, food or inhalant), current medications and supplements (prescription and OTC), immunization history, tobacco, alcohol or recreational drug use, exercise and leisure activities, sleep habits, diet (breakfast, lunch, dinner, snacks), environmental hazards.

f.) Family History: Diagraming familial tendencies, genetic predispositions and infectious diseases.

g.) Psychosocial: Brief biography, family/home situation, occupation, lifestyle, emotional make-up, stressors, typical days events.

h.) Review of Systems: Placed in a structured system-by-system ROS section, or simply writing out the positive findings and the pertinent negatives.

2.) Objective: Physical Exam, mental status, lab findings. Using a form will simplify the process. A standard

format includes: Patient's general appearance, vital signs and the results of the rest of the examination, be it regional or comprehensive.

a.) If a mental status exam was done it should be included with the physical exam under the Objective data.

b.) Results of laboratory studies completed soon after the patient visit may likewise be included.

III. Diagnosis

A. In the establishment of the diagnosis, the following types of diagnostic criteria may be used by the naturopathic physician.

1.) Conventional medical diagnostic criteria, as found under section II.

2.) Other diagnostic criteria may be used, including those of non western medical traditions such as ayurvedic, oriental etc..

B. All diagnostic criteria must be consistent with other health care disciplines which utilize the same criteria.

1.) A combination of conventional and other diagnostic methods may be used by the physician.

2.) Any physician utilizing diagnostic criteria which are other than conventional and/or experimental is also encouraged to apply conventional forms when:

a.) The patient is also being evaluated by another health care provider for the same or a related condition, in order to maintain continuity among the different disciplines of medicine and to assure quality patient care.

b.) When faced with a life threatening or degenerative illness when there is the possibility that interventive therapies may be needed.

c.) The physician knows that the patient will need referral for the same or other illnesses.

e.) At the patient's request.

f.) As required by state laws.

IV. Plan

The naturopathic physician develops a specific written health plan for each patient which is:

A. Rational, i.e., it is:

1.) Based on identified needs.

2.) Realistic in its goals.

3.) Practical in light of the patient's condition and situation.

4.) In the best interest of the patient.

5.) Logical in sequence and internally consistent.

- 6.) Prioritized to the patient's most pressing conditions.
- 7.) Compatible with other therapies the patient may be undergoing.
- 8.) Cost effective.
- 9.) Flexible to accommodate new developments/ findings.
- 10.) Experimental only with informed consent and only in areas of doctor expertise.

B. Based on proper assessment, including:

- 1.) Ruling out / identifying life-threatening or hidden conditions with appropriate history, examination and testing, including referral for specialized evaluation, when appropriate.
- 2.) Allowing for timely on-going reassessment.

C. Based on naturopathic principles including:

- 1.) Stimulating the patient's vital force to promote healing or, in special instances, supplementing or replacing the action of the vital force when the patient is unable to respond to curative treatment.
- 2.) Removing the cause of conditions, when known.
- 3.) Choosing treatments which pose the least risk of patient harm.
- 4.) Individualizing treatments to the whole patient, including referral to appropriate adjunctive health resources for specialized therapies.
- 5.) Educating the patient to participate responsibly in his or her own health care and to learn principles for building of health and preventing future disease.
- 6.) Involving, when appropriate, others significant to the patient in the treatment plan.
- 7.) Prevention of disease.

D. Self-critical, i.e., it has:

- 1.) A mechanism for timely evaluation of plan effectiveness.
- 2.) A mechanism for timely modification of failed plans, including referral to other appropriate practitioners.

V. Assessment of patient's progress

A. Who may determine - Progress is ultimately determined by the physician, in concert with the patient. Family members may be involved in assessment of progress, and may be consulted by the physician to aid in these determinations. Although final assessment must rest with the physician, this is only meaningful when the patient understands and accepts the advice of the physician. If the patient disagrees with the physician over

assessment of progress, which can not be resolved by the application of objective criteria, the patient should be encouraged to seek a second opinion.

B. How is the assessment made.

1.) Assessment of medical progress includes two aspects, the subject and the objective.

a.) Subjective evaluation of assessment is primarily the determination of the patient: Such assessment is solicited and recorded by the physician, and is a gauge of progress. It is generally considered not as reliable a gauge as objective assessment of progress.

b.) Objective measurement of progress occurs in several forms. The first form is in determining the restoration of function or decrease in symptom. This can be done by physical measurements, function scales, etc.. Another method is by laboratory or radiographic analysis

c.) It is expected that the physician will use both aspects of assessment of the patient's progress when appropriate.

2.) Assessment: The assessment should begin with an "abstract" of the history and physical, recapping the findings in a way that supports the differential diagnosis or working diagnosis. Included should be some explanation of the analysis and reasoning that went into it. This may also include:

a.) What type of care is needed, including immediacy, acute, chronic, long or short term.

b.) A discussion of naturopathic considerations should included: Tolle Causum, Vis Medicatrix Naturae or vital force.

c.) The patient's ability to respond to treatment should also be assessed by the physician. The judgement is based on past medical history and the physicians subjective assessment.

3) Objective assessment of progress is the use of conventional diagnostic and laboratory methods. These should be employed when necessary, at the discretion of the physician.

a.) Objective assessment may also include the traditional or empirical such as pulse, tongue, iris, reflex point, "applied kinesiology", or whichever of the traditional methods the physician employs, including experimental.

b.) A fourth kind of objective assessment would include the experimental forms. Physicians are encouraged to develop the practice of naturopathic medicine by experimenting with methods of assessment, as appropriate. Experimental methods should be used in conjunction with conventional and traditional methods of evaluation. (See guidelines for education and research.)

C. Physician Response

1.) A patient's progress measured against the physician's prognosis will determine the physician's response to treatment.

a.) If assessed progress is deemed appropriate, the treatment plan should be continued. Treatment would be discontinued when sufficient progress had been achieved, or revised, based upon the patient's response.

b.) Lack of appropriate progress could indicate the need for reevaluation of the treatment plan. or it may indicate need for reevaluation of the condition or underlying basis of the condition being treated.

c.) In cases where no progress is made, at some point the determination to refer the patient for consultation with another physician may be necessary. This prerogative always lies with the patient, but is also the responsibility of the physician. If the physician determines that s/he has reached the limit of time or expertise after which no further progress could be expected, referral may be appropriate. The timing of this determination is based in part upon the prognosis in the patient's case. It is assumed that a referral for this purpose will be made in a timely manner, to preserve the health of the patient.

VI. Patient participation in health

A. Patient's rights - recognizing that patients are inheritantly responsible for their own health, the naturopathic physician is committed to their right of:

1.) Informed consent.

2.) To have all information provided for them to make informed and educated decisions.

a.) The naturopathic physician is obligated to present the patient with all the options for medical care in an unbiased manner.

b.) The physician has the right, and may choose to express their opinions as to the quality of the different types of health care options, or if requested to by the patient.

3.) Freedom of choice in health care.

B. Choice of medical care is understood to ultimately be the patient's

1.) Recognizing that the disease process is the patient's, the decision for treatment is ultimately theirs.

2.) The physician is strongly encouraged not to make the choice for the patient if requested by them.

C. Physician's role in patients illness is to:

1.) Provide guidance for the patient. This may include the use of printed educational or informational materials, counseling or referral to appropriate agencies.

2.) Provide optimal care, which may include referral to institutions or physicians which can better provide those services.

3.) Inform patients of their progress, through family or individual conferences, periodic or yearly evaluations, by letter or phone consultation.

4.) Refer patient if no progress is being made in their treatment after a reasonable length of time.

5.) Change treatment protocol based upon reevaluation of the case.

D. Appropriateness of patient participation

1.) Patient participation in their own health care is encouraged by naturopathic physicians as it is recognized that such participation leads to better compliance and a faster recovery.

a.) The physician must assess whether the patient has the ability to participate; this assessment should include:

1.) Ability of the patient to understand the nature of the illness.

2.) Ability of the patient to understand the medical options available and their consequences.

3.) The patient's mental status.

4.) Ability of the patient to make an informed consent.

E. Setting priorities & goals:

1.) Who may determine:

a.) The physician, patient or a combination of both may set the goals and priorities.

b.) If in the option of the physician, the patient makes a choice that may be harmful to themselves, the physician may:

1.) Refuse to participate further in the health care of the patient. This is accomplished both verbally and in writing.

2.) Refer the patient.

2.) Family participation:

a.) Family members may participate at the discretion of the patient or the physician.

b.) In the event that the patient is unable to make choices for themselves or participate in their health care, their spouse, parent, eldest or designated child or court appointed guardian or advocate may participate on their behalf.

F. Revising health care plans

1.) Health care plans should be reviewed at periods determined by the physician. These commonly occur at each visit but should be reviewed in the event the patient fails to progress.

VII. Naturopathic Physician's role in health promotion

A. Prevention

1.) Naturopathic medicine emphasizes the prevention of disease. This is accomplished through education and the promotion of healthy ways of living. The naturopathic physician assesses risk factors and hereditary susceptibility to disease, and makes appropriate interventions to prevent illness. Naturopathic medicine asserts that one cannot be healthy in an unhealthy environment, and strives to create a world in which humanity may thrive. (see the Definition of Naturopathic Medicine)

2.) Naturopathic physicians therefore have a wellness orientation.

a.) Encourage the individual towards independence and self-direction.

b.) View health optimization as the ultimate goal rather than crisis intervention.

c.) Assist the individual to identify, testing out, and evaluation of constructive patterns of living.

d.) Reinforce positive behavior patterns.

B. Public health

1.) The naturopathic physician follows the guidelines of the public health service.

a.) Reporting diseases:

1.) Observe and be subject to all laws and regulations relative to reporting births and all matters pertaining to the public health with equal rights and obligations as physicians and practitioners of other schools of medicine, (from Hawaii Revised Status 455-8 and ORS 685.040).

b.) Keeping up with public health data.

1.) Center for Disease Control updates.

2.) State health department updates.

c.) Informing the public.

2.) Methods by which prevention and maintenance of health may be achieved.

a.) Employ a variety of naturopathic interventions to assist individuals to achieve their optimum health.

b.) Periodic screening for common risk factors such as:

1.) Elevated serum (blood) cholesterol

2.) Hypertension

3.) Obesity

c.) Periodic screening for specific diseases such as:

1.) Cancer

2.) Coronary artery disease

3.) Diabetes

- 4.) Glaucoma
- 5.) Osteoporosis
- 6.) Thyroid dysfunction
- d.) Immunization
 - 1.) See AANP position paper
 - 2.) Informed consent
- e.) Preventive methods
 - 1.) Natural foods diet, allergen avoidance
 - 2.) Antioxidants
 - 3.) Quality air and sunshine
 - 4.) Avoidance of environmental hazards
(sunburn, fluorescent lights, VDT's, etc)
 - 5.) Hygiene and sanitation
 - 6.) Elimination of body wastes (colonic
irrigation, etc)
 - 7.) Exercise and posture
 - 8.) Botanical and homeopathic medicines
 - 9.) Stress reduction and management
 - 10.) Mental hygiene
 - 11.) Self actualization
- f.) Health education
 - 1.) Identify the learning needs of the
individual.
 - 2.) Use appropriate teaching techniques to
meet the individual's learning needs.
 - 3.) Evaluate the teaching carried out.

VIII. Guidelines for education & research

(These recommendations do not supersede established state guidelines.)

A. Continuing education recommendations.

1.) Continuing education shall be recommended of all naturopathic physicians, including those who practice in unlicensed states. The physician should complete a total of 20 hours which may come from the following sources:

a.) Professional level courses which pertain directly to the medical aspect of naturopathic practice.

1.) These include approved C.E. hours in licensed states.

2.) Business courses are not applicable.

b.) Independent study which includes preparation time for those who teach medical students or for professional level courses.

1.) This does not include public talks, preparation time for handouts or visual aids.

c.) Group study with case review, one hour for every three hours.

d.) Preceptorships with licensed physicians or institutions, one hour for every three hours.

e.) Involvement with examination writing, cut scoring, review and research, one hour for every three hours.

2. Each physician shall keep a record of continuing education activities.

a.) This may be done by the state Boards of Naturopathic Examiners.

B. Research guidelines - It is recommended:

1.) Clearly explain to the patient verbally and in writing:

a.) What the protocol involves.

b.) What other treatment options exist.

c.) The length of time of the protocol.

d.) The level of safety/risks of the protocol or its individual parts.

e.) The cost of the protocol.

2.) The studies must be humanitarian in that they do not knowingly or by neglect cause bodily harm or significant emotional harm to the participants.

3.) Review of the study which would be required for those studies which presented possible harm but would be required for those studies which presented little possibility of harm to the patient.

a.) The review committee shall consist of three or more physicians or specialists in the related field(s) which shall review and approve the study.

b.) At least one member of the review committee shall be knowledgeable in the area of research design.

c.) The physician in charge of the study shall be responsible for obtaining approval from an appropriately qualified review committee and for keeping written documents of their approval until completion and publication of the study.

4.) Documentation of research.

a.) Case studies - no documentation is required other than standard charting procedures.

1.) Careful and detailed follow-up is recommended.

2.) It is recommended that case study protocol and their results be kept on file so that they may be used for providing the basis of further study and research.

b.) Formal studies - the following documentation is recommended:

1.) Statement of purpose.

- 2.) Summary of pertinent literature review.
- 3.) Study design and protocol.
- 4.) Screening requirements for participants.
- 5.) Participant consent forms.
- 6.) Analysis of methods.
- 7.) Raw data.
- 8.) Data analysis and conclusions.

C. Critical review of studies and new methods.

1. Introduction: Critical review of new methods in medicine needs to take into account the potential that the methods have for causing harm to the public. The naturopathic medical profession endeavors to avoid unnecessary judgement of new methods and theories but rather to review them critically, embracing those which stand the test of time and scientific scrutiny.

a.) Peer review - as per section VIII B3.

b.) Peer review infractions:

1.) In the event that the guidelines under section VIII B are not met by a physician conducting a case study or formal study protocol, a review may be undertaken by the Research Review Committee (RRC) of the AANP.

2.) The RRC may notify the physician that they are in violation of the research guidelines and may take other actions as appropriate.

D. Publication

1.) There are no additional standards for publication of research in natural medicine than those which already exist. Articles submitted to the different publications, including the Journal of Naturopathic Medicine, shall follow the guidelines established by those publications.

2.) The naturopathic physician is strongly encouraged to publish the results of any research conducted.

a.) For those physicians who are conducting clinical trials with unproven or marginally proven therapies or diagnostic procedures, the profession of naturopathic medicine considers it crucial that the results of their studies be made available for other physicians to critically and unbiasedly examine.

Profiling the Professions: A Model for Evaluating Emerging Health Professions

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The Center for the Health Professions

The mission of the Center for the Health Professions is to assist health care professionals, health professions schools, care delivery organizations and public policy makers respond to the challenges of educating and managing a health care workforce capable of improving the health and well being of people and their communities.

The Center is committed to the idea that the nation's health will be improved if the public is better informed about the work of health professionals.

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Introduction

The health care professions are not static entities. Some professions evolve and change while some professions, based on new technologies, unconventional philosophies or changing consumer interest, emerge into the mainstream. One of the fastest growing parts of the health care sector in the US and Canada is what is commonly called the complementary and alternative medicine (CAM) practice. While represented by a common acronym, these non-allopathic practices involve a great range of activities, types of practitioners and corresponding training. The purpose of this study is to examine the issues that surround how emerging professions, including such alternative practices, should come into the mainstream of health care practice and what considerations consumers, private health care companies and public policy bodies should explore before supporting such movement. These issues impinge on the professional prerogatives of practitioners, but they more importantly address issues of health care cost, access, choice, quality of care and culturally appropriate care.

Toward this end this report has several purposes. It aims first to set standard questions and areas to cover in an assessment of a profession and second, to identify themes and questions which themselves provide benchmarks for professions. What the study does not do is to provide quantitative measures for assigning scores or values upon which a ranking among professions could be made. We do not offer such evaluations because, while the questions may be the same, depending upon which audience is asking, the rules of evidence and evaluation will vary. For instance, a consumer seeking non-invasive therapy may have one set of criteria, while a legislative study commission may well have another. These decisions should and will be made by those parties as appropriate.

The study recognizes that various values and concerns must be addressed in a process through which recognition is gained. Acting on these choices are a variety of variables that in and of themselves have intrinsic value and must be recognized as a part of the framework for how health care is emerging in the US and indeed around the world. Recognizing these variables as valid in making decisions about what should and should not be included in health care will be extremely

upsetting to some if not most of those currently involved in health care work. They must recognize that an exclusive franchise of what counts for health or even medicine will no longer be able to be controlled by only a few individuals.

Trends

A few of the trends that are driving such a change are:

Diversity The recognition that a single western scientific model of the world is no longer the only acceptable model of reality

Change The recognition that the paradigm of health care must be willing to adapt to the diverse views of the world

Safety/Protection The recognition that the existing system in fact has severe limitations in providing what was always assumed- safety and protection, providing a reconsideration of what standards alternative approaches must meet

Enlargement/enhancement of health The recognition that the mechanical— biological model of health so dominant in the twentieth century exists along with other models of wellness and well being

Calls for informed choice The recognition that choice by individuals is not only a right, but may in fact produce different and better outcomes

Globalization The recognition that national hegemony in any area cannot stand in isolation alone; there will be continuing pressure to meet and respond to challenges of the world views of other cultures

Stakeholders

The relevant stakeholders or communities of interest vary greatly. Each has a legitimate interest in the issues of how emerging practice comes to be recognized. For each there are sets of concerns that are unique and will, at times, come into conflict with those of other stakeholders.

Stakeholder	Interests
Public/consumer	Access to care providers, choice of care provider and treatment options, efficacy, assurance of safety, cost of care
CAM providers	Control of profession, efficacy, safety, reimbursement for value of practice
Other providers, (particularly biomedical orientated)	Protection of title, safety of patients
Legislators/regulators	Protection of the public, rights of practitioners
Payor/purchaser	Ability to respond to consumer demand, cost, efficacy of treatment
Education	Propagation of new knowledge, ability to serve student needs

As these stakeholders express these and other interests they do so in competition with others. This in turn raises a set of questions relevant to all emerging practices. These questions form the basis of what is relevant to consider in a model of how a practice becomes recognized. We have divided the model into five substantive sections:

- Definition / Description of the Profession
- Safety and Efficacy
- Government and Private Sector Recognition
- Education and Training
- Proactive Practice Model & Viability of profession

Each section begins with a description of the criteria and activities relevant to that area. This discussion is followed by questions for the emerging profession to answer.

A Definition / Description of the Profession

Just what is the profession all about? A basic description or definition of the profession in question is primary. Before exploring the details of educational opportunities, regulatory schemes and costs, one needs to know what the profession aims to do. Such basic descriptions are important to all audiences, from consumers to insurers to other health care professionals. It is only with sufficient descriptive information about an emerging profession that these audiences can begin to understand and appreciate a new profession.

The description should clearly state the profession's approach to health and the types of services it offers to the public. It should include the range of care provided and acknowledgement of what types of conditions are *not* in the expertise of practitioners. This may need to include evolving disagreements within the profession itself on difference of opinion about the range of care being provided by members of the profession and the future range of care appropriate to the profession. Audiences also want to know how the profession sees itself relative to other health care professions and how the profession adds value and uniqueness to health care. A summary of the history of the profession is useful, with attention to international history and current international context of the profession if appropriate.

The descriptions should also include reliable estimates of the size and diversity (by sex, race and ethnicity) of the profession and workforce growth trends over time. Such estimates are invaluable to understanding whether the profession has sufficient membership numbers to competently and proactively "grow" the profession with trained researchers, educators, clinicians, and organizational leaders. These estimates also help others understand how well the profession's profile reflects the populations it seeks to serve and capacity for culturally appropriate care.

Questions to answer when describing an emerging profession:

- What does the profession do and how does it provide care? Is there a professional consensus document describing the profession? How was the consensus developed? Who was and was not a part of the process? If a consensus has not been developed, provide a range of

descriptions from professional leaders and texts. How does the profession describe itself in terms of the types of care it provides, and the types of care beyond its professional scope? Are there differences of opinion within the profession about the range of care that is appropriate for the profession to provide (sometimes manifested as debates between conservative/limited care and broad/"cures all" care). What interventions and modalities does the profession use? What is the diagnostic range and scope of pathology of the profession?

- Is the profession best described as a complete system that includes a range of modalities and therapies? If not, would it better be described as a modality that could be provided by members of different professions? If it is a system, what characterizes it as a system? If it is a modality, what systems and professions employ it?
- How long has the profession been in existence? What is its tradition? Is it found only in the United States? If not, what is its international history and current international status? What relationship does the US profession have with the same profession in other countries?
- What is the philosophy behind the profession? What is its world-view? Upon what knowledge base (beyond technical skills) does it rely? What ethics, concepts or values help define the profession? Has a "Code of Ethics" been developed and adopted by the profession? Is there a professional consensus on its philosophy? If so, how was it developed and how is it maintained? How is the philosophy integrated into clinical decision-making?
- Does the profession identify itself more in terms of an acute care (sickness) model or in terms of a health promotion/disease prevention (wellness) model?
- How is the profession different from/similar to other health care professions, systems and modalities? What is the value that this profession adds to health care? How does the profession promote good health? How does the profession provide culturally appropriate care?

- How does the profession fit into the larger health picture? For what range of conditions and health concerns do members of the profession treat/provide care for/advise? For what range of conditions and health concerns do members of the profession decline to offer care/refer to other providers? What processes and guidelines exist for inter-professional referral, co-management and collaboration?
- How big is the profession? Is the workforce growing? If so, at what rate? How many members of the profession practice in the U S? In other countries? How do numbers of males and females within the profession compare? What is the representation of racial and ethnic minorities in the profession? What are the respective estimated numbers or percentages of professional members dedicated to areas of research, education, practice, and professional leadership? What are the estimated demand requirements and workforce supply for the profession? What are the job opportunities for members of the profession?
- How does the profession fare when held up to a progressive, normative set of goals for health professionals such as that developed by the Pew Health Professions Commission (see appendix). How does the profession measure up to other external norms regarding such issues as risk management or disease prevention?

B Safety and Efficacy

High on the list of criteria to consider when evaluating an emerging profession is the evidence regarding safety and efficacy of the services provided by members of the profession. It is worth separating these two concepts—safety and efficacy—because different audiences ascribe different levels of importance to them.

Safety issues deal with the potential risk of harm to patients and clients. Some professions have broader diagnostic scopes of practice than others, carrying with it greater potential risk of harm. Some professions employ treatment modalities or therapies that carry higher potential risks than others. Modalities on the relatively higher end of the continuum usually include invasive techniques such as surgery and controlled substances such as pharmaceutical drugs that are either injected or ingested. At the other end of the safety continuum might be less- or non-invasive techniques or use of non-controlled substances. Lines are not brightly painted between high and low-risk modalities. For example, apparently “non-invasive” psychotherapy and counseling treatments may carry significant risk of harm to patients.

Safety issues are of concern to all interested parties, but to varying degrees. Because regulation is a state police power, grounded in a need to protect the public, state legislators are keenly interested in the level to which a profession's services put the public at harm. If the risk is relatively high, legislatures are more likely to infringe on an individual's desire to provide services by insisting that members of the profession be regulated. If risk of harm is relatively low, legislatures may decline to regulate the profession and permit it to operate as any business endeavor might. Insurers are interested in safety issues from the perspective of wanting to minimize liability risks. Consumers are in an interesting position regarding safety. On the one hand, they want to be assured that the health care they are receiving is relatively safe. At the same time, consumers have historically been willing to submit their bodies to highly risky treatments (such as open heart surgery, chemotherapy and pharmaceutical prescriptions) if, on balance, they believe the risk is worth the potential benefit.

Efficacy concerns go beyond safety to measure the effectiveness of a profession, treatment or modality. Is the treatment likely to cure the illness or prevent the disease? Will it promote self-healing? Does it work? Consumers (patients and clients) are very interested in effectiveness. Reasons for the public to seek out complementary and alternative health care include trying something else after initial allopathic efforts have failed and working with approaches oriented to health promotion/wellness as their main source of health care. Members of the profession and other health care professionals also need to know about effectiveness to provide good care and referrals as appropriate. Legislators are less interested in effectiveness because health professions regulation cannot be grounded in whether something works, only in whether it presents potential danger to the public. Third party payers may be interested in efficacy to the extent such information helps them compute necessary cost/benefit analyses.

Although degree of interest may vary by perspective, few would argue against the importance of knowing about a profession's safety and efficacy record. The debate revolves around the evidentiary standards used to measure safety and efficacy.

The biomedical research world has developed excellent research protocols over the past several decades. Randomized controlled trials, now the gold standard in the allopathic fields, can measure the safety and efficacy of specific medical interventions extremely effectively. For many new treatment modalities and some emerging professions, using these research protocols are appropriate. The challenges, though not insubstantial, are limited to issues such as availability of funding, developing research infrastructures and sites, and training sufficient numbers of quality researchers. The Cochrane Collaborative, an international effort to collate and make sense of the thousands of research trials conducted in health care, has recently expanded to include complementary and alternative medicine. There, one can now find scientific evidence on the effectiveness of certain herbal remedies for example.

For many of emerging fields in complementary and alternative health however, the current gold standard in biomedical research may not always provide meaningful results. This is particularly true for professions whose philosophies embrace holistic approaches to health care. For these professions,

it may be antithetical to the profession to try to explore the impact of a single intervention on a single symptom. It is precisely the profession's understanding and acknowledgment of the complexity of integrated physiological systems that call on it to provide comprehensive health care. Such comprehensive approaches do not lend themselves to randomized controlled trials that seek to control for all variables except the individual intervention and impact being studied. Measuring such goals as culturally appropriate care is also difficult to do using traditional biomedical study designs. Finally, some professions would rely on research conducted outside the US, although such findings present translation and standards challenges.

For these reasons, some have suggested looking to alternative types of evidence, including empirical, qualitative, and anecdotal data, all of which may provide useful information about a profession's safety and efficacy. Others have recommended that other measures, such as intra- and inter-professional peer review, practice guidelines, and educational standards and competency assessments can help fill the gap in evidentiary knowledge about a profession.

It might also be time to develop new evidence models. As emerging professions articulate what they offer the current health system, it becomes increasingly clear that they may also help create innovative research protocols. Ideally, these new protocols would measure both the absence of the negative, including adverse effects and patient complaints, as well as the presence of the positive, such as patient reports of "feeling better" along with more objective measures of improved health status. Such efforts would build upon the developing host of work on quality-of-life outcome measures and global function survey instruments for example.

Questions to answer when describing a profession's safety and efficacy record:

- How does the profession measure the safety and efficacy of the services its members provide?
- What are the findings of studies (US and international) that have been done on safety and risk of harm to patients/clients from the care approaches, treatments and modalities used by members of the profession?

- What are the findings of studies (US and international) that have been done on efficacy and effectiveness of the care approaches, treatments and modalities used by members of the profession?
- Where does the profession or field recognize gaps in its members' knowledge and perhaps even competency? What is the profession's research agenda?
- What needs does the profession have for inclusion in monitoring systems, research or other activities available to established professions, in order to improve availability of information on safety and efficacy?
- How is the profession working internally and with other professions to support the safe development of new and unconventional practices?

C Government and Private Sector Recognition

The level to which a profession is recognized by various public and private entities is often relied upon by decision-makers considering seeing, employing or paying for services provided by members of an emerging profession. Consumers, regulators and insurers want to know if other people are seeing members of the profession for health care, if other states are regulating them, if other insurers are paying for or reimbursing for their services. This phenomenon can be frustrating to emerging professions as it can make for a painfully slow march towards full inclusion in the mainstream health care system. At the same time, the process permits a thoughtful approach to professional evolution, one that relies on existing information and decisions. In this way, each decision need not start at ground zero but can be guided by already-completed findings, facts and analyses.

Leaders within emerging professions are well aware of the extent to which their profession is recognized by the public and private sectors. One of the primary forms of recognition comes from state governments through regulation. In the United States, the state-based system of health professions regulation permits each state to decide whether a profession needs to be regulated in that state to protect the public from harm. If a profession is regulated, it may be done so through any one of three levels of regulation: licensure, certification or registration. States may also choose to prohibit the practice of a particular profession or to ignore it completely. If a profession is not proactively regulated by the state, providers of health care may be found to be "practicing medicine without a license" if their actions are within the state's medical practice act.

For many emerging professions, securing regulation (especially licensure) in all the states has become a goal because of the associated benefits—such as reimbursement from federal programs or insurers—that often come with licensure. They may also argue that regulation can improve access to providers and better protect the public from harm. For professions that are regulated, their board structures, regulatory financing and scope of practice are critical items of information. Other professions have declined to seek regulation, basing their decision on the low potential risk of harm to the public, evidence that regulation can negatively affect access to care, and the capacity of the market to weed out

the lower qualified members of the profession. Although regulation is the legislatures' decision, legislatures virtually never seek to regulate a profession on their own. When regulation is sought, it is always at the behest of members of the profession. When it is enacted, it is almost always after long and contentious battles between competing or would-be competing professions. Therefore, though informative, the existence of regulation may or may not mean much more beyond the capacity of the would-be regulated profession to garner sufficient political power.

Reimbursement recognition is another major aspect of a profession that decision-makers seek to learn. Consumers want to know whether their health plan (whether private or government-based such as Medicare or Medicaid) will reimburse a provider for services they render. Insurers want to know if government plans or other insurers reimburse for the services of a profession new to them.

Whether members of an emerging profession can and do obtain malpractice insurance should be included in any evaluation of the profession. This information is not only an indication of another level of recognition; it also helps consumers understand what recourse they might have should something go wrong. In addition, legislators are often very curious about the availability of malpractice insurance (and whether the profession is availing itself of it) when considering the consumer protection aspects of regulation.

Utilization rates offer invaluable insight into a profession's evolution. How many patient or client visits to members of an emerging profession can give interested audiences a useful snapshot picture. Utilization rates combined with costs of services can tell professionals about career and market opportunities. Utilization rates combined with numbers of other health care providers in a given geographic area can help inform policy makers dealing with access issues. Utilization rates can give consumers a sense of security (if the numbers are high) in knowing that they are not alone. The rates, if they are low, can also give consumers a sense of being on the cutting edge of health care.

Other aspects of recognition may include hospital and clinic privileges as well as the job opportunities available to members of the profession.

A final aspect of recognition is non-governmental credentialing services. These may be driven by professional associations, third-party payers or entrepreneurs. The idea behind credentialing services is to provide information to potential clients, patients, employers, health plans and third-party payers about health care providers. The information might include education, license status, malpractice claims, and more. The *existence* of these services is one indicator that the profession has grown to a level that calls for and supports such activity. However, it is the *quality* of such services that matters the most for many key actors, including insurers. They need to know for example that credentialing standards used by the services are comparable to, if not the same as, those used by the National Committee for Quality Assurance (NCQA), which sets credentialing standards for medical doctors and other allopathic practitioners. The standards that are used and the credentialing results that are issued should be capable of standing up to an objective audit.

Questions to answer when identifying the public and private sector recognition of a profession:

- Is the profession affirmatively regulated in any states (or provinces) through licensure, certification or registration? For each state that affirmatively permits the profession to be practiced, provide the type/level of regulation, the legislative scope of practice (including supervisory and disclosure requirements), the board structure (size of board and board membership eligibility?), and regulatory requirements such as continuing education, licensing fees, and disciplinary processes.
[suggested format: tables]
- Is the profession prohibited from being practiced via statute in any state/province? If so, provide summary language for each such statute.
- How do the rest of the states/provinces treat the profession from a regulatory and legislative standpoint? For example, is the profession statutorily ignored but permitted to be provided as long as practitioners do not cross over the line into the medical practice act? Is licensure nominally available but technically impossible to obtain? Have any states enacted innovative legislation or developed new policies that recognizes emerging professions in some novel way (e.g. Washington state's Department of Health Quality Improvement program)?

- Are there pivotal opinions issued by state attorneys general or case law decisions that control the provision of care from members of the profession?
- Can members of the profession receive payment or reimbursement for services provided through federal or state health plans such as Medicare or Medicaid? If so, provide summaries of and references to relevant policies.
- Which private sector insurance companies, health plans and networks cover the services of members of the profession and to what degree? For example, are services fully covered for enrollees? Are services discounted to enrollees? Do any plans offer “value added” (or comparable) services from members of the profession for enrollees?
- Have network aggregators evolved to include members of the profession?
- Is malpractice insurance widely available to members of the profession? What information is available about members of the profession from malpractice monitoring services?
- What are the (estimated) utilization rates for the profession? How many client/patient visits are made to members of the profession per defined time period? Provide geographic variations as available.
- Do hospitals, clinics and other health care institutions recognize members of the profession with admitting or other privileges?
- Are jobs available for members of the profession?
- Do any private sector (including national professional association) entities provide credentialing services for members of the profession? Who sets the standards that are used?
- What needs has the profession identified to further progress in these areas?

D Education and Training

Questions regarding the education and training of members of a profession are often high on the list of inquiries from consumers, legislators, other health care professionals and would-be members of the profession. What does it take to become a member of the profession?

Most mainstream health professions (and many of the complementary, alternative and non-allopathic fields) rely on traditional education routes, such as university, professional school and clinical practice to prepare entering professionals. Accreditation mechanisms, which are often associated with traditional education programs offer significant benefits but can also be perceived as stifling of innovation. Other preparatory models include apprenticeships, oral tradition and novel non-linear, non-degree based approaches. Regardless of the particular track one follows or portal one uses to enter a profession, the profession should be able to demonstrate (through clearly described methods) that its members are *competent* to provide the care they offer when they enter the profession.

Various education and preparation programs not only provide the training individuals need to provide health care. The institutions themselves serve as pipelines for the profession. Thus, recruiting and admissions policies for example will largely define the profession's composition in terms of gender balance, racial and ethnic representation, and character.

Education programs also often provide the grounds for developing a profession's research capacity. Science-based research on the safety and efficacy of treatments and modalities, on policy directions, and on public health impacts can often more easily be accomplished in the institutional setting than in the individual's office or practice setting. And budding researchers can be properly trained, supported and mentored by more learned members of the profession.

Finally, education and training programs can serve as leverage points in the ongoing evolution of health care generally and a profession specifically. Inter-professional training for successful

team or collaborative work, new technologies and practice goals such as culturally competent care are just a few examples of the opportunities for health care improvement educational institutions can offer.

Questions to answer regarding an emerging profession's education and training processes:

- Are education, clinical training or apprenticeships available to train would-be members of the profession? What is the range of opportunities? How many programs are offered? For each opportunity (degree program, apprenticeship, etc), what are the pre-requisites, requirements (by topic, credit or contact hour, and/or other quantitative measure such as number of procedures/events attended/managed), supervision and financial costs? What are the didactic and clinical components of the training opportunities? For any clinical practicum, what is the level of supervision, length of program, and level of patient/client base (primary care, specialty, acute, average)? How are students tested for competence during and at completion of all didactic and clinical programs? An example of the levels of education opportunities and criteria in a biomedical profession might include:

Admissions

Pre-clinical (philosophy and basic sciences)

Clinical

Board exams

Graduate education

Continuing education

- Are educational opportunities standardized across the states for the profession? For example, do faculty members in different institutions rely on standard curricula established by the profession? If so, how were curricula standardized? What agency or institution oversees maintenance of standards?
- For apprenticeship models, describe the components, competency assessment, and supervision and mentoring elements.



- Does the profession seek to recognize, through some sort of verification process, the credibility of education and training programs? If so, how? For many professions, accreditation of programs is the tool of choice. If this is the case, which of the education opportunities are accredited and by whom (including indication of recognition of the accrediting body(ies) by the U.S. Department of Education, state, regional or other governmental or private sector institutions)?
- If accreditation mechanisms are not used, does the profession employ other means to verify the competence of an individual entering into the profession? Examples might include standard reviews of portfolios that include verified assessments of an individual's competence and skills, experience and successful passing of a national examination. What organizations or institutions oversee such alternative competence verifications?
- Does the profession have standard tests individuals can take to demonstrate their knowledge, skills and judgment in the profession?
- Do the profession's certifying mechanisms give credit for health care experience? If so, describe mechanism and standards.
- Does the competence (garnered through the education and training system available) of an individual entering the profession match the legal scope of practice for that profession? How is the training and assessment model matched to the professional scope of practice? Are individuals sufficiently prepared to be competent to provide the care they will provide? How is competence determined?
- Do the education and training systems provide orientation in both the biomedical and non-allopathic fields of health care?
- What, if any, "graduate" or post-professional education opportunities exist?

- Are specialties in the profession offered? How are these taught and tested?
- How does the profession's faculty promote curriculum review and revision?
- Does the profession offer/encourage/require continuing education and life-long learning opportunities to members of the profession?

E Proactive Practice Model & Viability of Profession

Health care is an extremely dynamic endeavor. Its continually changing nature challenges the health care professions to adapt and evolve, sometimes at a near-frenetic pace, as has been the case over the past decade. Just a few of the changes include technological developments, research findings, new financing and delivery models, changing demographics and new and changing professions. The ability of a profession to understand and adapt to change is an indication of its viability. A profession's role in leading positive change is an indication of its strength in defining and improving health care.

One of the more promising developments in health care is attention to quality improvement. Health care professionals are increasingly exploring the use of practice guidelines, treatment protocols, and outcomes feedback as ways to improve the quality of care provided. Although still in its infancy in some health care fields, the quality improvement movement appears to be growing steadily.

Another leading edge activity in health care includes efforts to work meaningfully in teams of health care providers. Closely related are efforts to develop strong and reliable systems for consultation, collaboration, and referral between health care professionals. As the number of professions continues to increase along with ever-growing numbers of specialties and areas of expertise, patients and clients need to rely on working infrastructures concerning the relationships among health care professionals so that continuity of care is maintained. At the very forefront of work in this area are discussions to write *interprofessional* practice guidelines that could be used for specified conditions or diseases where a number of modalities and members of different professions provide elements of care.

To continue to grow, all professions must find ways to support the development of new techniques and modalities while maintaining safeguards for the public. Professions must also seek to understand and use technological inventions and developments, including those found in information technology and "high-tech" communications. Professional efforts to improve provider/patient relationships are also indicators of the long-term viability of the profession. These may include quantitative and qualitative research on patient satisfaction and requests.

The current health care system has been criticized for limiting access, being too expensive, and not being of high enough quality. In addition, today's changing demographics demand that today's health care providers pay particular attention to culturally competent and culturally appropriate care. Health care professions that address these elements of care stand to see benefits for both the profession and the public it serves.

Questions to answer when describing a profession's proactive practice efforts

- What efforts has the profession made to develop practice guidelines and treatment protocols for clinical care? Has the profession endorsed standards of care that members of the profession can access and use? Does the profession encourage the use peer review meetings and outcomes and treatment measures as feedback for individual practitioners? If so, what was the process for developing the mechanisms? Are procedures in place to update and improve the mechanisms?
- What guidelines have the profession developed and encouraged for work in interprofessional teams and consulting and referral arrangements? Do members of the profession participate in interprofessional conferences and joint publication of position papers? Has the profession participated in the development of any interprofessional practice guidelines? Does the profession provide, through initial and continuing education, information about other health care professions so that members of the profession can make informed decisions about collaboration and referrals?
- What is the profession's record in terms of patient satisfaction and provider/patient relationships? What commitment has the profession made to ensure that care provided by its members is culturally appropriate? How diverse (by sex, race and ethnicity) is the profession?
- How does the profession support and encourage new modalities and therapies within the profession? How is the profession working to secure the financial support for safe innovations? How is the profession incorporating new technologies and communications capacity into its practice?



- How accessible are members of the profession to the public for health care? How much do services cost? How is the profession addressing issues of access and cost? Will the profession survive increased costs (that will be passed on to consumers) that will accompany research and quality improvement efforts?
- What groups, including national and state professional and trade associations, are working for the profession? What are their membership numbers and criteria for membership? What are their goals and current policy agendas? Do they provide infrastructure for committees, research support and conferences to proactively evolve the profession?

Appendix

Twenty-one Competencies for the Twenty-First Century. Pew Health Professions Commission 1998.

- Embrace a personal ethic of social responsibility and service.
- Exhibit ethical behavior in all professional activities.
- Provide evidence-based, clinically competent care.
- Incorporate the multiple determinants of health in clinical care.
- Apply knowledge of the new sciences.
- Demonstrate critical thinking, reflection, and problem-solving skills.
- Understand the role of primary care.
- Rigorously practice preventive health care.
- Integrate population-based care and services into practice.
- Improve access to health care for those with unmet health needs.
- Practice relationship-centered care with individuals and families.
- Provide culturally sensitive care to a diverse society.
- Partner with communities in health care decisions.
- Use communication and information technology effectively and appropriately.
- Work in interdisciplinary teams.
- Ensure care that balances individual, professional, system and societal needs.
- Practice leadership.
- Take responsibility for quality of care and health outcomes at all levels.
- Contribute to continuous improvement of the health care system.
- Advocate for public policy that promotes and protects the health of the public.
- Continue to learn and help others learn.

Source: O'Neil EH, and the Pew Health Professions Commission. *Recreating Health Professional Practice for a New Century: The Fourth Report of the Pew Health Professions Commission*.

San Francisco, CA: Pew Health Professions Commission. December 1998.



AANP PROMOTES ACCESS TO NATURAL MEDICINE

The American Association of Naturopathic Physicians is committed to ensuring that citizens in all 50 states have the freedom to access natural health care and the broad array of alternative therapies available. Our goal is to build awareness of the efficacy of natural medicine and the positive results our patients experience. Naturopathic doctors are specialists in natural medicine who work closely with their patients to establish long-term health. Naturopathic doctors (NDs) use familiar, conventional diagnostic techniques and treat illness using traditional therapies and the healing power of nature. We are working diligently, with our alliance of consumers and providers, to transform the future health of our nation. Together, we seek to safely improve access by licensing trained, naturopathic physicians in every state.

THE INTENT OF OUR LEGISLATIVE EFFORT IS TO EXPAND ACCESS TO NATURAL MEDICINE BY LICENSING NATUROPATHIC PHYSICIANS TO DIAGNOSE AND TREAT UNDER A DEFINED SCOPE OF PRACTICE.

It is not the intent of the AANP to restrict practitioners of natural health modalities from practicing now or in the future.

It is not the intent of the AANP to restrict the use of natural therapies to naturopathic physicians. We recognize that many of the therapies used by naturopathic physicians, including nutritional supplements, herbs, and such physical forces as heat, cold, water, touch, and light, are not the exclusive privilege of naturopathic physicians. We do not support prohibiting or restricting their use to licensed naturopathic physicians.

It is not the intent of the AANP to restrict the use of homeopathy to naturopathic physicians. The only restriction we promote would apply to those who identify themselves as naturopathic doctors, whom we believe must have a license in order to identify themselves as naturopathic doctors, and as such, also be eligible to prescribe a homeopathic remedy or any other natural therapy.

It is not the intent of the AANP to expand a ND's scope of practice beyond his or her training. Naturopathic physicians receive a Doctorate of Naturopathic Medicine from U.S. Department of Education accredited institutions; they are not Doctors of Chiropractic, Osteopathy or Medicine, nor do they practice as such.

WE DO INTEND TO PROTECT THE PUBLIC FROM UNTRAINED PRACTITIONERS WHO PROMOTE THEMSELVES AS DOCTORS OR PHYSICIANS, BUT HAVE OBTAINED THEIR CREDENTIALS FROM DIPLOMA MILLS. WE DO INTEND TO PROTECT THE PUBLIC FROM PEOPLE WHO TREAT AND DIAGNOSE WITH LITTLE OR NO CLINICAL TRAINING.

**THE AMERICAN ASSOCIATION OF NATUROPATHIC PHYSICIANS.
PROMOTING THE HIGHEST EDUCATIONAL STANDARDS OF
TRADITIONAL NATUROPATHY.**

Excerpt from the Colorado Association of Naturopathic Physicians submission to the Colorado Department of Regulatory Agencies for a Sunrise Review

12. Within the usual practice of this occupation, document the physical, emotional, or financial harm to clients resulting from failure to provide appropriate service, or erroneous or incompetent service. Give specific, verifiable examples.

There are two distinct parts to the answer of this question. With respect to the "usual practices" of this occupation, it is clear that properly trained practitioners are safe. Yet even properly trained practitioners may make errors in judgment or commit crimes so that they require oversight, as is true in any profession of trust. The second part to the answer is the affect and preventable danger posed by the growing number of practitioners who misrepresent themselves as doctors and physicians without adequate training.

The "usual practice of this occupation" is by individuals who have been trained in post-graduate, four-year naturopathic medical programs, who have passed comprehensive licensing examinations, and then been granted licenses to practice naturopathic medicine under the continuing supervision of a state regulatory agency. Training emphasizes rapid referral for treatment if appropriate. The history of complaints in licensed jurisdictions is rare. Since the practitioners in those areas are regulated, a board reviews instances involving complaints and appropriate action can be taken on an individual basis.

There is one case involving a licensed naturopathic doctor that has occurred since our last application that must be mentioned. A naturopathic doctor licensed in Arizona was convicted of distributing controlled substances.¹ The Arizona Board forced this practitioner to surrender his license. Licensure protected the public and allowed for redress. The current situation in Colorado does not prohibit this practitioner from moving to Colorado and practicing here.

In Colorado the situation is more complex. There are two distinct groups of practitioners laying claim to and using similar titles. First, there

are naturopathic doctors who are eligible for licensing in other states. There are also practitioners without formal naturopathic training who currently operate in Colorado under the same titles.

This situation has been well summarized in a report by the Center for Health Professions, University of California, 2001. In their Profile of a Profession: Naturopathic Practice,ⁱⁱ they draw clear distinctions between groups. The first group, naturopathic doctors, “places great value on such standardization and improvement of practice that have been part of the tradition of many other health professionals, such as allopathic physicians, dentists, and podiatrists in the twentieth century.”

The second group, clearly distinguished from naturopathic doctors, maintains that they adhere to, “the strictest definition of natural healing and does not incorporate surgical, non-natural pharmaceutical or obstetrical care into their practices.” Rather than a formal pathway of medical education, “they have a more varied set of pathways for entry into practice and training ranges from self-instruction and apprenticeship to formal course of study.....The level of preparation for these practitioners is wide ranging from little to full blown courses of study, with most seeming to fall on the side of less formal acquisition of this knowledge.” By ‘formal course of study’ they refer to one of many correspondence courses that have appeared in the last decade.

Here in Colorado there are two answers to the question of whether “in the usual practice of the profession” there is harm. The second part of the answer refers to these practitioners who are not eligible for licensure in other states.

As mentioned, the majority of these practitioners receive their training through home study courses. These courses do not meet the current or the historical educational standards of the profession. For the last 93 years naturopathic medical schools have modeled their curricula and courses of study after regular medical schools and insisted on standards of training that disallow home study. Home study courses

have never been an accepted means or acquiring true naturopathic training, especially here in Colorado. The University of Natural Healing Arts and its College of Naturopathy trained naturopathic doctors, physical therapists and chiropractors from 1923 until it closed in the 1960s. Located at 1075 Logan Street in Denver, the school offered a four year in residence dual chiropractic and naturopathic degree program. Graduates practiced naturopathy in Colorado under their chiropractic degrees. The school's 1956 Catalog said, "The Doctor of Naturopathy (N.D.) course requires four school years and 4,680 sixty-minute hours of instruction....No correspondence courses are offered.....The nature of schooling, the responsibilities of the practitioner, and the conscientious high standards of the University do not permit haphazard or inferior training."

Practitioners who do not meet the standards for licensing elsewhere can cause harm to Colorado health care consumers. They can harm the public by deception, by mistakes resulting from poor judgment or lack of understanding, or by employing dangerous techniques beyond their training. As confusing a situation as this is for us in this discussion it is even more confusing to a member of the public seeking care when in need. The public needs a clear and easy way to know what they are getting when engaging the services of a naturopathic doctor.

Examples that illustrate the danger presented by this situation follow.

1. Brian O'Connell and William Betzner

A very pertinent and current example in Colorado is that of Brian O'Connell, who claims to hold a doctorate in naturopathy, and refers to himself as a "naturopathic medical doctor." On May 20, 2004, O'Connell was arrested and charged with felony theft, criminal impersonation, and several charges of assault on his patients, following the death of an 18-year-old

patient.ⁱⁱⁱ As of this writing, Brian O'Connell is in the midst of ongoing prosecution. Current news articles on the investigation suggest he was using false credentials. News articles say he displayed and advertised that he was a licensed naturopathic doctor in Colorado. His colleague, William Betzner, apparently provided this "license." The State of Colorado was informed of Mr. Betzner's various boards and the licensing certificates he produced in 1998. Although the Colorado Attorney General sent him a cease and desist letter January 29, 1999, it does not appear his operations were hindered.^{iv}

In February 2002 the administrator of an in-patient psychiatric facility sent the CANP a copy of the credentials of a job applicant seeking the position of staff physician. The applicant, Gordon Lee Williams, had credentials issued by the Colorado Naturopathic Medical Association and the "Colorado Alternative Medical Regulatory Board," which included a "State of Colorado Naturopathic License" signed in January 2001 by William Betzner, a full two years after the cease and desist order was issued by the Attorney General's office.

The CANP was recently questioned about William von Peters who advertises nationally. Advertising himself as "Dr. William G. von Peters, NMD, HMD, PhD, Licensed Naturopathic Physician," he claims to have a Colorado Board License (#1225-050).^v

2. Laurence Perry

On April 15, 2002, Laurence Perry, a self-described naturopath, was found guilty in North Carolina of practicing medicine without a license and involuntary manslaughter in the death of an 8-year-old girl and sentenced to 12-15 months in jail. His conviction was upheld on appeal. According to the child's mother, Perry said the child was not a true diabetic but had a viral infection that could be healed by cleaning the toxins from her system. He recommended she stop insulin and use large doses of vitamin C instead. The mother thought Mr. Perry was a trained provider since he displayed a diploma from a correspondence school indicating that he was a Doctor of Naturopathic Medicine. The list of false and deceptive credentials he used to win the confidence of his patients was extensive.^{vi}

3. Marijah McCain:

In August 2002, Arkansas Attorney General Mark Pryor announced that his office had filed suit against two correspondence schools, the Southern College of Naturopathy, and the Herbal Healer Academy, along with the schools' owner, Marijah McCain for violating the Arkansas Deceptive Trade Practices Act. This lawsuit enjoined these schools and individuals

from engaging in fraudulent, intentionally misleading and deceptive advertisements and business activities. These same defendants are back in court as they have violated the terms of their plea agreement and were recently issued cease and desist orders after a child suffered damage to the heart following treatment with an herbal preparation.^{vii}

Marijah McCain has since found another way to circumvent the law. She has registered her business as a church and continues operation.^{viii} Another opportunity to get around the law is being promoted by Proadvocate.com, an operation that has been soliciting business by email and mail from practitioners in Colorado. They offer to set up a practitioner's practice in a legal shelter utilizing questionable interpretations of constitutional law so it is exempt from medical practice laws.^{ix}

4. Ruth Conrad:

"Idaho Woman Loses Nose Following Herbal Treatment" from Stephen Barrett, MD at QuackWatch.com

The danger of using "black salves" is illustrated by the experience of Ruth Conrad, an Idaho woman who consulted one of the states many naturopaths that are ineligible for licensure. While seeking treatment for a sore shoulder, she also complained of a bump on her nose. The naturopath stated that it was cancer and gave her a black herbal salve containing a mixture of excoriating chemicals to apply directly. Within a few days, her face became very painful and she developed red streaks that ran down her cheeks. Her anxious phone call to the naturopath brought the explanation that the presence of the lines was a good sign because they "resemble a crab, and cancer is a crab." He also advised her to apply more of the black salve. Within a week, a large part of her face, including her nose, sloughed off. It took 3 years and 17 plastic surgery operations to reconstruct her face.^x

5. Paul Reilly:

Dr Paul Reilly of CTCA documents one of several cases he has seen in clinic of oncology patients who delayed treatment under the advice of practitioners claiming to be naturopathic doctors.^{xi} He blames inappropriate treatment by these practitioners in leading to wrongful death of several patients.

6. Hugh Johnson:

A Cotati man pleads no contest to charges of fraud and practicing medicine without a license (The Press Democrat, Oct 25, 1995, Page B3)

Hugh Clarence Johnson, an ex-convict, described as a "naturalopathic doctor," pleaded no contest to five felonies and three misdemeanors including two counts of insurance fraud and one count each of forging a prescription, practicing physical therapy without a license, unlawful use of a medical device, practicing medicine without a license, illegally prescribing Vicodin, and forging the seal of the state of California. He originally faced 50 charges. He was arrested in September 1995 in Washington near an Idaho town where he had opened another clinic.^{xii}

7. California Faith Healers:

California naturopathic faith healers charged in death (L.A. Times, October 31, 2002)

"Two California practitioners who bill themselves as "naturopathic faith healers," were arrested and charged with involuntary manslaughter when a 54-year-old man died after they administered two injections of currently unidentified substances. They were charged on October 30 with two felonies, involuntary manslaughter and the unauthorized practice of medicine causing death." ^{xiii}

8. California Brain Surgeons:

Preying on the sick: Climate in area is ripe for abuse by unlicensed doctors (L.A. Times, October 17, 1993)

"Several unlicensed doctors were found to be practicing illegally in L.A. County. One, with only a 10th-grade education, posed as a doctor for 2½ years, conducting pelvic exams and even performing surgery. Another, with a degree in "naturopathic medicine" operated a clinic in La Puente and illegally ordered medical tests, prescribed medication, and performed acupuncture all without the proper education or license to practice. One such "doctor" convinced a woman that she would die unless he removed tumors in her head. After taking her to a motel room, he allegedly drugged her and shaved and bandaged her head. The victim later contacted the sheriff's investigators after discovering that there was no scar beneath the bandage."

9. Molestation Charges over vaginal ozone therapy:

Salvatore Anthony D'Onofrio: With a doctorate in Nutripathy, this self described holistic healer was held on \$500,000 bail for sexually molesting two women while performing vaginal "ozone" treatments.

Practitioners that are ineligible for licensure often employ deceptive credentials when soliciting patients.

1. **Phone book advertising:**¹ ^{xiv} There are misleading listings under Naturopathy in the Denver Yellow Pages. While some practitioners are license-eligible naturopathic doctors, others claim to be Naturopathic Medical Doctors and use other unaccredited titles. These listings can easily mislead the public. The current Breckenridge Yellow Pages has one practitioner with a correspondence school degree, who advertises herself as an LPN, MD, ND, NHD, and PhD. This practitioner advertises her practice under the heading "Physicians & Surgeons" and then under nine different specialties: Family Practice, General Practice, Gynecology, Orthopedic, Pediatrics, Allergists, EENT, Urology, and Internists.^{xv}
2. **False Diplomas and Licenses:** There are numerous examples of practitioners displaying false credentials and organizations providing them. Gordon Lee Williams submitted a diploma from the Colorado University of Naturopathic Medicine for a staff physician position. Brian O'Connell reportedly displays a diploma from the same school. The school does not exist. The "Colorado Alternative Medical Regulatory Board and Board of Medical Examiners", which claims to be under the, "legal authority of the Colorado Dept. of Regulatory Agencies, 1560 Broadway, Denver, CO", issues and endorses licenses for naturopathic medical doctors even after a Cease and Desist letter was sent by Colorado's Attorney General. The "Federal Intermediary Board on Alternative Medicine with Central Headquarters in Denver, CO." issues Board certifications to Naturopathic Medical Doctors. The American Naturopathic Medical Association (ANMA)^{xvi} and its local affiliate, the Colorado Naturopathic Medical Association (CNMA)^{xvii}, appear to be behind many of these local enterprises. We have provided copies of these and other misleading credentials in the appendix.

¹ Please note it is not only unlicensable practitioners who have misleading Yellow Page advertising. This past year the Durango Yellow Pages misprinted an ad suggesting that the doctors listed were licensed in Colorado. This was an error on the phone company's part. Dr Louise Edwards and her colleagues wanted her ad to read, "Naturopathic Medicine is unregulated in the State of Colorado. Be sure to check your doctor's training and credentials." Directory Plus in Durango mistakenly wrote "regulated" instead.

3. **Misleading titles:** Many of these unlicensable practitioners claim to be Naturopathic Medical Doctors. No naturopathic medical practice act allows a naturopathic doctor to use this title. Arizona law allows the use of the title NMD (to stand for doctorate of naturopathic medicine).

4. **Internet Advertising:** An example of how confusing the situation has become may be found on the website of the Department of Regulatory Agencies, State of Colorado (www.dora.state.co.us). Searching DORA's records for the term "naturopathic" produces three pop-up links to Clayton University, a business offering unaccredited home study courses which award Doctorate in Naturopathy Degrees.^{xviii} The claims of school accreditation provided by Clayton and other home study courses are also misleading: "Clayton College is proud to be accredited by the American Association of Drugless Practitioners (A.A.D.P.) and the American Naturopathic Medical Accreditation Board (A.N.M.A.B.)" Neither board is recognized. Both are enterprises of the ANMA. It should be mentioned that Clayton is prohibited from selling their coursework to residents of their home state, Alabama.

The above cases illustrate examples of physical, mental, emotional, and financial harm caused by individuals identifying themselves as naturopathic doctors in unregulated states who were not graduates of CNME-accredited naturopathic colleges. Not every practitioner who displays false credentials physically injures their clients. Not all practitioners who claim to be naturopathic doctors are dishonest. Some think their home study coursework qualifies them to practice medicine.

ⁱ "Naturopath guilty on painkiller charges" Arizona Republic 5/13/04: RED FILES: Feingold

ⁱⁱ Profile of a Profession: GREEN FILES: Profile of a Profession or download free from: http://futurehealth.ucsf.edu/pdf_files/Naturo2.pdf

ⁱⁱⁱ "Naturopath arrested after 2 hospitalized": RED FILES: Brian O'Connell

^{iv} Cease and Desist Letter from Colorado AG's office to William Betzner: ORANGE FILES: Colorado: Cease and Desist Letter

^v Colorado Naturopathic License: William G. von Peters: ORANGE FILES: von Peters

^{vi} Laurence Perry: RED FILES: Laurence Perry

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- vii Marijah McCain collected articles: RED FILES: [Marijah McCain](#)
- viii "Marijah McCain Curbed by Arkansas Attorney General" Stephen Barrett, MD page 2: RED FILES: [McCain: Barrett Article](#)
- ix ProAdvocate.org: YELLOW FILES: [ProAdvocate.Org](#)
- x Woman Loses Nose: RED FILES: [Ruth Conrad](#)
- xi Woman loses breast due to delayed treatment: RED FILES: [Paul Reilly](#)
- xii Hugh Johnson: RED FILES: [Hugh Johnson](#)
- xiii California naturopathic faith healers charged in death (L.A. Times, October 31, 2002): RED FILES: [California Faith Healers](#)
- xiv Phone Book misprint from Durango: YELLOW FILES: [Durango](#)
- xv Breckenridge Yellow Page listings for Leslie Nancy: YELLOW: [Leslie Nancy](#)
- xvi Background on ANMA and Donald Hayhurst: ORANGE FILES: American Naturopathic Medical Association ([ANMA](#))
- xvii Colorado Naturopathic Medical Association (CNMA): ORANGE FILES: Colorado Naturopathic Medical Association([CNMA](#))
- xviii Clayton University links from DORA website: YELLOW FILE: [DORA links to Clayton](#)

Stamey, Carol S.

From: Carter, Elizabeth A.
Sent: Wednesday, August 10, 2005 1:06 PM
To: Stamey, Carol S.
Subject: FW: AANP Formal Submission

From: karen howard [mailto:khoward@naturopathic.org]
Sent: Wednesday, August 10, 2005 12:44 PM
To: Carter, Elizabeth A.
Subject: AANP Formal Submission

Dear Dr. Carter:

Please accept this formal submission relating to proposed licensing of naturopathic medicine in the State of Virginia. You will also be receiving hard copy of several documents, including two reference in this electronic document via Fed Ex today. The documents are Standards of Practice, and the staff report from the U.S. Department of Education National Advisory Committee on Institutional Quality and Integrity.

My personal thanks to you and your colleagues on the Committee for consideration of the highly important issue. I look forward to hearing from you and am available to respond to any further questions you may have.

Karen

Karen E. Howard
Executive Director
American Association of Naturopathic Physicians
4435 Wisconsin Avenue NW Suite 403
Washington, DC 20016
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**VIRGINIA BOARD OF HEALTH PROFESSIONS
EVALUATING THE NEED FOR REGULATION
OF NATUROPATHIC PHYSICIANS**

**Submitted By
The American Association of Naturopathic Physicians
August 10, 2005**

Introduction:

Naturopathic doctors (NDs) are considered the physician-level experts on the medicinal use of herbs. An ND's approach to healthcare is based on the belief that getting well and staying well requires a partnership between the patient and their doctor. NDs treat the whole person, not just a site-specific area or particular complaint. Listening is key to understanding the whole person, and for this reason, NDs are often referred to as "the physicians who listen."

After completing undergraduate studies, NDs are trained in four-year post graduate residential accredited medical schools. Naturopathic medicine encourages the self-healing abilities of the individual primarily through education and promotion of natural, non-toxic, therapeutic methods and modalities. The profession has been existence since 1905, but until recently was largely unknown. In recent years, with the growth of public interest and utilization of complementary and alternative therapies, naturopathic medicine has become a rapidly emerging profession.

Naturopathic doctors are currently licensed in 14 states, the District of Columbia and two US territories. These doctors, acting without supervision, follow a scope of practice that may include minor surgery, prescription drugs, obstetrics and acupuncture.

Risk for Harm to the Consumer

The sheer number of consumers utilizing botanicals, herbs and other natural modalities, often in conjunction with prescription pharmaceuticals, sometime with, but often without, the knowledge of an attending medical doctor, and too frequently dispensed by unqualified and untrained individuals is a tremendous threat to public health, safety and welfare of Virginians and consumers across the country.

The Institute of Medicine estimates that 30 percent to 62 percent of U.S. adults use complementary and alternative medicine ("CAM"), depending on the definition of CAM. A recent Institute of Medicine ("IOM") report on the use of complementary and alternative medicine, the definition of which includes "naturopathy," states that "more than a third of American adults report using some form of CAM, with total visits to CAM providers each year now exceeding those to primary-care physicians. An estimated 15 million adults take herbal remedies or high-dose vitamins along with prescription drugs. It all adds up to annual out-of-pocket costs for CAM that are estimated to exceed \$27 billion. Those who use alternative therapies tend to do so in combination with conventional medical care, although the report states that a majority do not disclose CAM use to their physicians, thereby incurring the risk, for example, of potential interactions between subscription drugs and CAM-related herbs. The IOM cites several studies that document the fact people seek alternative treatment for health problems that lack definitive cures, have unpredictable courses and prognoses, and are associated with substantial pain, discomfort, or medicinal side effects. A random survey of 1800 ambulatory visits revealed that 10 percent of visits to naturopathic doctors are pediatric, versus 1 to 4 percent of all visits to other CAM providers.

The complexity of conditions for which people seek alternative care, combined with potential adverse reaction to allopathic or conventional therapies, and the potential risk for harm is evident in the following recommendation in the report.

"...the committee recommends that health profession schools (e.g., schools of medicine, nursing, pharmacy, and allied health) incorporate sufficient information about CAM into the standard curriculum at the under-graduate, graduate, and postgraduate levels to enable licensed professionals to competently advise their patients about CAM."

Additionally, the IOM report continues,

"Concomitant examination of education for many of the education programs for CAM practice areas is also important. Within and across CAM modalities there is tremendous variability in education and training of practitioners. Licensing requirements vary from state to state, but state statutes require a specified level of education for the *licensed* (emphasis added) CAM professions (chiropractic, *naturopathy* (emphasis added), massage therapy, homeopathic medicine, acupuncture, and oriental medicine). In states that do not license these professions and, for the many CAM modalities that are not licensed at all, there are no educational requirements and, therefore, no standardized training for those in practice. Such a situation presents a major challenge to those interested in implementing new programs of education for CAM practitioners."

The federal government has invested more than \$315 million on alternative medicine research. In 2002, more than 10,000 people participated in clinical trials on the use of CAM, and naturopathic medicine, in the prevention of areas as dementia, prostate cancer, and myocardial infarction. Research is also ongoing on women's health and the effects of plant-based estrogens, reducing or eliminating health disparities, and age-related health research.

The use of naturopathic medicine and other alternative medicine, is growing dramatically, is being promoted by policy makers and health advocates across the country and is not isolated to those states that have licensed chiropractors, acupuncturists or naturopathic doctors. It is more than reasonable to assume that the residents of Virginia seek out alternative medical treatment in the same percentages, if not higher, than that of any other state. It is also safe to assume that when the public is willing to spend \$27 billion on alternative therapies and products, there will be fraud. It is even more certain that those who misrepresent themselves or promote the use of poor quality product stand to lose substantially from regulation. However, their financial loss pales in comparison to the risk and compromise in health status Virginia residents will face as the demand for services continues to grow.

Naturopathic doctors recognize the need for continual, ongoing education as a means to ensure continuing professional and occupational competence. As knowledge of human health and disease states grows, as the use of pharmaceutical treatments face continued scrutiny for severe and sometimes fatal side effects mounts, as the research is launched on adverse herb/drug interactions grows, so too must the education of any practicing physician – allopathic, osteopathic, chiropractic or naturopathic.

While it is true that the primary tenet of naturopathic medicine to trust in the body's wisdom to heal itself and to do no harm, it is preposterous to believe that the use of herbs and botanicals contains no risks. The cases of document harm from ill-advised treatment and lack of collaboration with medical providers continues to mount. A sample of the more visible cases of harm, developed by our Colorado Association of Naturopathic Physicians for submission to the Colorado Department of Regulatory Agencies for its Sunrise Application review, is attached.

Herein lies the greatest potential risk for the residents of Virginia in that diploma mills, distance learning programs and other unaccredited programs that issue "Doctorate of Naturopathy" degrees are severely lacking in curriculum, provide no clinical training, and promote the practice of medicine among their graduates despite this lack of training. Graduates of these programs are free to practice at will in Virginia. Naturopathic medicine, by definition, requires a comprehensive understanding of the basic medical sciences to enable diagnosis of disease and supervised

clinical training to treat illness and promote whole health using appropriate natural therapies. This extensive training is not currently required of many people currently practicing as "NDs" and "Doctorates of Naturopathy", which leaves the health of the public in the hands of individuals who may be ill-qualified to provide appropriate health assessment and management.

It would be ill-conceived for the Commonwealth of Virginia to conclude that graduates from entities like Clayton College of Natural Health, Trinity College of Natural Health, and the Southern School of Naturopathy, just to name a few, pose no risk to the public. Cases of harm have been documented in the application. These cases of harm represent dozens of other unreported cases. Cases of harm often go unreported because there is currently no board of naturopathic medicine to which these incidences can be reported. As a result, the injured party must convince a board of medicine or similar agency to open an investigation which is technically beyond the purview and expertise of this board, or the injured party may pursue criminal and or civil action which is often cost- and time prohibitive.

Nonetheless, the potential for harm can be demonstrated by the "curriculum" at those entities issuing "Doctorate of Naturopathy" degrees – individuals who are prohibited from practicing naturopathic medicine in every licensed state.

CLAYTON COLLEGE OF NATURAL HEALTH

Clayton's clinical training requirement consists of one course called Consulting Practicum. In this course, the student is told to enlist seven friends or family members for the purpose of completing an intake/assessment form created by the student. The student is then instructed to enlist a friend who is a massage therapist, chiropractor or nurse to observe a total intake/assessment session. The session is to be videotaped for evaluation by an "ND." Students are instructed to use "client language" and not use diagnostic or prescriptive language. In sharp contrast, ND graduates from U.S. Department of Education accredited institutions average 2100 hours in supervised clinical rotations in general practice naturopathic medical outpatient clinics and integrated community health clinics.

Although Clayton attempts to veil any perception that their graduates diagnose and treat, the curriculum for their Bachelor of Natural Health Studies/Doctor of Naturopathy belies that fact:

"Anatomy and Physiology

Take a look at the structure and function of human cells, tissues and organ systems.

Toxicology and Pharmacology

Learn which herbs to avoid, both singly and in combination with other herbs, foods and medications.

Men's Health and Herbs for the Elderly

Explore health issues that are specific to men and to the elderly and how herbs may be helpful for both groups.

Alternative Approaches to Arthritis

Learn about natural and holistic alternatives to the standard allopathic approaches."

Electives in this program include courses on aromatherapy and Feng Shui, therapeutic touch and an introduction to light, color and music therapies. Graduates of Clayton can, and are, promoting themselves as doctors in Virginia, who are trained in herb/drug interaction and can effectively treat arthritis, yet their expertise in anatomy and physiology was obtained without any lab experience or actual clinical training.

TRINITY COLLEGE OF NATUROPATHIC HEALTH

The Trinity College of Naturopathic Health is less obscure in its intent. Coursework includes the use of body fluids for health assessments and analysis, yet no OSHA standards are taught for disposal of body fluids. Nor is it evident that students are instructed and practice appropriate collection procedures. A course on "Eye Analysis" is described as an "in-depth study of the iris as a means to locate and *diagnose* areas of weakness, discomfort and *disease* within the body..."The description further states that "Using the principles of iridology, the student will learn to integrate his/her knowledge of anatomy and herbology into a holistic understanding of *treatment and cure*." Acupuncture and herbs are taught via the Internet specifically for the *prevention and treatment* of disease. (Emphasis added) Even Trinity's homeopathy course is rooted in diagnosis as is reflected in the following course description, "...*the means by which to implement these medicines according to a specific diagnosis of health problems.*"

Trinity graduates are free to promote themselves as NDs who diagnose disease through analysis of the iris, and actually attempt to cure disease in the State of Virginia while violating state and federal laws.

SOUTHERN COLLEGE OF NATUROPATHY DBA SOUTHERN COLLEGE OF NATUROPATHIC MEDICINE

Not all states tolerate the obvious fraud promulgated by these institutions. In 2002 the State of Arkansas sued Southern College of Naturopathic Medicine aka Herbal Healer Academy because they, "*fraudulently and misleadingly offered the service of training individuals to become licensed naturopathic physicians by attending their two-week accelerated course held in Waldron, Arkansas.*"

The State prevailed in its suit. Subsequently, Herbal Healer Academy (HHA) is prohibited from using the terms Doctor, ND, Naturopathic Doctor, or Naturopathic Physician on any written material including in academic catalogues, on the Internet, etc., pertaining to courses or to Marijah McCain while doing business in the State of Arkansas. HHA is prohibited from putting "Naturopathic Doctor" on graduation certificates. Further restrictions defined in the State's successful suit includes a complete restriction on the practice of medicine, and states, "*McCain and HHA shall not diagnose, suggest, recommend, prescribe, or administer forms of treatment, or healing for the intended relief, or cure of physical disease, ailments, injuries, or conditions, while using the title "doctor of naturopathy" or "naturopathic physician," or use the abbreviations "Dr.," "MD", "N.M.D.", and N.D.", in connection with said defendants name or likeness so as to indicate that said defendant is a medical or naturopathic doctor, except in jurisdictions wherein McCain is licensed or otherwise allowed to practice using those titles.*"

The same thing goes for selling products using the above titles and abbreviations. "*HHA & McCain further agrees (sic) not to knowingly place on any Internet websites controlled by them or knowingly facilitate or assist others on their websites any false statements concerning this litigation or the Office of the Arkansas Attorney General.*"

It has been argued by the Coalition for Natural Health (CNH) that potential harm to the public in the administration of naturopathy or naturopathic medicine has not been demonstrated. By its own definition, the CNH represents only those practitioners who could not meet the licensing requirements the AANP proposes. The CNH has no choice but to oppose any regulation of naturopathy. The CNH has no choice but to claim that its alleged membership poses no harm to the public nor violates the medical practice acts. Yet, the CNH's continued national drive to pass Health Freedom Legislation specifically designed to exempt these same practitioners from medical practice acts suggests that they are aware that naturopathic practice is a form of medical practice. All arguments presented by the CNH in opposition to regulation are self-serving either to allow its membership to continue activity in violation of current statutes or allow their funding

businesses to continue marketing unapproved degrees to people in Virginia.

The composition of the CNH membership remains unclear, ill-defined and financially undocumented. However, they in no way represent the profession of naturopathy and its medicine. The only legitimate national association representing the practice of naturopathic medicine remains the American Association of Naturopathic Physicians (AANP), the office and staff of which is located in Washington, DC. The AANP supports its 1800+ members directly and through its affiliate state associations. The only legitimate state association representing the practice of traditional naturopathic medicine in Virginia is the Virginia Association of Naturopathic Physicians (VAANP). The CNH is not a competing professional organization, nor does it represent the views of any naturopathic medical constituency.

PATIENT PROFILE AND RISK ASSESSMENT

Naturopathic doctors work as general practitioners and serve all segments of the Virginia population. In a 2004 patient survey conducted by the Association of Accredited Naturopathic Medical Colleges (AANMC), respondents stated that the top reason that people see an ND is because they want more control. They also want to participate in their healthcare plan. These patient's desires are matched by ND prospects' desire to empower their patients.

<i>"What are your reasons for seeing a Naturopathic Physician?"</i>	
Want to take control of my own health	62.5%
Dissatisfaction with allopathic care	50.3%
Interested in developing a plan to total wellness	50.0%

Only 22% of those surveyed indicated their ND is reimbursed under their insurance policies as a primary care physician. More than 52% receive no insurance reimbursement for services rendered by a naturopathic doctor at all. Forty-four percent of the patients surveyed turn to their NDs as a primary point of consultation for all their health care needs. Twenty-six percent seek treatment for specific concerns. Treatment is sought for a variety of conditions. However, the following survey results indicate that the preponderance of naturopathic patients are seeking care for chronic ailments, with allergies, fatigue and menstrual/hormonal issues topping the chart.

ADHD	2.0%
Allergies	33.3%
Asthma	7.8%
Appetite/Weight issues	20.9%
Blood pressure	10.6%
Cancer	5.0%
Cholesterol	10.0%
Diabetes	3.3%
Depression/insomnia	23.5%
Earaches	4.5%
Fatigue	36.1%
Fibromyalgia	6.3%
Headache/migraine	17.2%
Menstrual/hormone issues	31.9%
Thyroid	17.5%
Urinary problems	7.6%

Clearly, those who seek treatment by naturopathic doctors are looking for a level of training that

surpasses that of any person with training in natural health modalities such as homeopathy, Reike, or nutrition.

One measure of the risks associated with naturopathic medicine is reflected in the experience with malpractice insurance. Rates, like those for medical practitioners, continue to escalate. In one year AANP members report the average rates have risen from \$300 to \$3000 per year. When carriers first began to write insurance for naturopathic medicine they used claims history for chiropractic medicine as a basis for rate setting. Since that time, the AANP has been advised informally that several major cases have been settled out of court with significant pay-outs in the million dollar range. Unfortunately, the AANP is not privy to any details, nor can it avail itself of any competitive data. To the AANP's knowledge, three companies currently write malpractice insurance. Wood Insurance issues policies in licensed and unlicensed states using a new tiered pricing arrangement based on a particular ND's practice and the practice restrictions in that particular state. The National Chiropractic Council is now apparently writing naturopathic policies. And, the AANP is partnered with NCMIC to give our members who reside in licensed states discounted rates. NCMIC only insures naturopathic doctors in licensed states.

The following information is from 2002 and provides some information on the number of complaints received and resolved by the licensing boards themselves. There are recent cases, including one in Arizona that resulted in the conviction of a licensed naturopathic doctor for illegally prescribing pharmaceuticals, that are not included in this data. It is also possible that the numbers of licenses and complaints are different in other jurisdictions as well.

**UNITED STATES NATUROPATHIC PHYSICIANS LICENSING BOARDS
DISCIPLINARY PROCESSES, ACTIONS AND REGULATORY OVERSIGHT**

(1992-2002)

STATE	BODY	MECHANISM FOR COMPLAINT	PROCESS	TOTAL # OF LICENSEES
Alaska	Alaska Dept. of Community & Economic Development Division of Occupational Licensing	Complaints: Call or write Division of Occupational Licensing, Licensing Examiner. Referred to Investigative Division for investigation. Basis for complaint assessed.	If no basis-MOR: Fine, Probation, Reprimand, Warning Suspension, Revocation, etc. Appeal? Department Commissioner determines final appeal - Superior Court is final recipient of appeal	23
Arizona	Arizona Naturopathic Physicians Board of Medical Examiners	Complaints: Submit to Board in writing	Board staff conducts investigation and presents the case to the Board. If evidence indicates an action is warranted, the Board may issue a letter of concern, a letter of reprimand, fine, probation, suspension, or revocation. Dr. may appeal the decision to the superior court	313
Connecticut	Connecticut Board of Naturopathic Examiners: Connecticut Dept. Of Public Health	Complaints: Submit to Connecticut Dept. of Public Health in writing	Connecticut Dept. of Public Health conducts investigation. If complaint warranted it is brought before the Board by the Dept. - Board will issue the decision. Re: Disciplinary after conducting disciplinary hearings. Memorandum of decision/Consent order	106 (68 in-state, 38 out-of-state)
Hawaii	Hawaii Board of Examiners in Naturopathy: Department of Commerce & Consumer Affairs	Complaints: sent to or phoned in to Regulated Industries Complaints Office "RICO": Dept. of Commerce & Consumer Affairs. Forms available for complaint by mail or on-line.	"RICO" determines jurisdiction investigation conducted. If not substantiated, not continued. RICO determines if complaint substantiated. Referred to Board for Disciplinary Action (Fine, suspension, warning, revocations, stipulations)	66
Maine	Maine Board of Complementary Health Care Providers: Office of Licensing and Regulation	Complaints: Submit in writing, or fill out "Complaint Packet". Must be signed. Submit to Board	Letter goes to licensee; cc to AG, and investigator. Licensee responds. Complainant responds. Investigation as needed. Decision by Board/AG. May result in dismissal, dismiss with letter of guidance (not discipline) or disciplinary actions (consent agreement, suspension, probation, CEV's quarterly reports, fines. Revocation. Appeal? Adjudication	12 ND's 87 LAC's

New Hampshire	New Hampshire Board of Naturopathic Examiners: Dept. of Health & Human Services; State of New Hampshire	Complaints: Written only - send to Board	Board investigation. Dept. of Health designates Board member as lead. Decision? Dismissal or Action (letter of warning, revocation, suspension of license) Appeal only for revocation/suspension (to Board)	30
Oregon	Oregon Board of Naturopathic Examiners	Complaints: written only. Submit to Board administrator	Gathers information. Submitted for Board review. Board decides: no violation, or continued investigation. Board determines disciplinary action. Notice of proposed discipline or consent order issued. Appeal? Hearing before Board/central hearings panel. Board determines action.	537 (483 Active)
Utah	State of Utah Naturopathic Board Licensing, Utah Division of Occupational and Professional Licensing: Department of State	Complaints: Verbal or written, complaint form on-line. Send to Utah Department of Commerce to Investigations Department	Investigator sent out to investigate. Makes recommendation to Board: review or not review. Board determines if disciplinary action needed. Board may act as jury in formal hearing if investigation department can't settle complaint. Discipline (reprimand, MCU, probation, stipulation, suspension, revocation)	19
Vermont	Office of Professional Regulations: Secretary of State's Office (Naturopathic Physician Advisors)	Complaints: Written, or complaint form submitted to Office of Professional Regulations	Office of Professional Regulations Investigates, determines. ND advisor assigned. If necessary, AG gets involved. Dismissal or Discipline (warning, probation, conditions, suspension, stipulation, revocation). Memorandum of Agreement issued	19 (in-state) 99 (out-of-state)
Washington	Naturopathy program: Health Professions Quality Assurance Division- WA State Dept. of Health (Naturopathic Advisory Committee)	Complaints: Submit written complaint to Naturopathy Program	(See procedures outlined in this tab)	522 Active

PRACTICE SETTING

Most naturopathic doctors are in private practice, either solo practice or in group practice with other professionals such as chiropractors, acupuncturists, osteopaths, medical doctors, or other naturopathic doctors. Most of these practices are outpatient, private clinics. In a 2004 ND practitioner survey conducted by the AANMC, 43% of NDs said they were in a solo practice with 15% reporting being in practices with another ND(s). Forty-one percent reported practicing in multi-disciplinary practices, working with a wide-range of practitioners including massage therapists, LAC's, DC's and MD's.

In licensed states the 14% who seek out a naturopathic doctor from telephone books and ads have the comfort in know that the use of the term ND ensures a defined level of training. In unlicensed states the 50% who rely on family and friends for referrals along with the 16% who use ads are subject to the whim of the practitioner to disclose their training and credentials.

Given the health care conditions that present to these front-line doctors, the need for collaboration is essential to the health and welfare of the population. NDs engage in long-term relationships with medical doctors and specialists of all types, making referrals on a routine basis.

A number of exceptions exist where naturopathic doctors practice in association with college teaching clinics, in public health clinics, in research positions, in hospital settings or as technical consultants in industry.

Cancer Treatment Centers of America:

Cancer Treatment Centers of America is a hospital system with facilities in Illinois, Oklahoma, Washington, and Indiana specializing in cancer treatment in which naturopathic doctors on the hospital staff work side by side with oncologists as consultants to tailor a treatment plan for each patient. CTCA is a unique institution that integrates complimentary care with the latest conventional cancer treatments. The naturopathic medical staff tailors a specific health plan to address the particular health needs of each patient. Specific natural medicine approaches are focused on improving the patient's response and decreasing side effects from treatment, boosting immune function, stabilizing genetic expression, and strengthening the body's inherent healing abilities. CTCA also offers a residency program for licensed naturopathic physicians.

Residency Programs:

The teaching clinics of Bastyr University, Southwest College of Naturopathic Medicine (SCNM), National College of Naturopathic Medicine (NCNM), and University of Bridgeport College of Naturopathic Medicine (UBCNM) all offer extensive residency programs for new doctors. The residency opportunities include work at the college teaching clinics, opportunities with private practitioners, and integrative experiences with a variety of medical professionals.

Various research opportunities are available at the naturopathic medical schools and with a few companies. At Bastyr University in Seattle, Washington, a research grant was recently awarded to Wendy Weber, ND by the National Institutes of Health.

Specialized Skills and Training

Doctors of Naturopathy, who are licensed in other states, have earned four year, graduate level degrees from regionally and federally accredited naturopathic colleges. A bachelor's degree with undergraduate premedical studies is a prerequisite for entry into a naturopathic medical school.

The first two years of naturopathic medical school emphasize the basic sciences including courses in:

- Anatomy
- Physiology
- Pathology
- Histology
- Biochemistry
- Microbiology
- Immunology
- Pharmacology
- Lab diagnosis
- Clinical and physical diagnosis, and other clinical sciences.

Study of the bodily systems includes:

- Gastroenterology
- Embryology
- Pulmonology
- Cardiology
- Neurology
- Gynecology
- Obstetrics
- Dermatology

The second two years focus on clinical skills and the range of natural therapeutics. NDs receive training in naturopathic therapeutics, including:

- Botanical medicine
- Homeopathy
- Natural childbirth
- Hydrotherapy
- Oriental medicine
- Naturopathic manipulative therapy
- Therapeutic nutrition
- Minor surgery, and other therapies

Significant additional course and clinical work is required to obtain certificates in specialty programs such as Oriental medicine and acupuncture, and obstetrics. Because course work in natural therapeutics is added to a standard medical curriculum, naturopathic doctors receive considerably more hours of classroom education than the graduates of many leading medical schools, including Yale, Stanford, Johns Hopkins and Mayo Medical schools (see attached Comparative Curricula). Pharmacology, Diagnostic Imaging, and minor surgery are examples of other conventional training required in naturopathic schools.

Clinical Internship consists of 1500 hours of treating patients under the supervision of licensed naturopathic doctors and medical physicians.

After graduating from a college of naturopathic medicine accredited by the Council of Naturopathic Medical Education (CNME) and passing the professional proficiency exams, Naturopathic Physicians Licensing Examinations (NPLEX) and other tests required by state regulatory agencies for naturopathic doctors, most NDs go into private or group practice treating people with acute and chronic disease. Most NDs do not specialize in the treatment of any one organ system or any individual disease because they treat the body as an integrated whole and practice whole person health care.

Postgraduate residencies have not traditionally been a requirement for licensing. Only one state,

Utah, requires a residency as a licensing requirement. In recent years there has been a rapid expansion of residency programs and opportunities available to naturopathic medical school graduates. Graduates possess knowledge and skills grounded in a scientific basis as well as some therapies that have been used historically. Graduates must successfully complete national board exams as well as any additionally required state examinations, which may include acupuncture, obstetrics and jurisprudence.

PROGRAMMATIC ACCREDITATION

All naturopathic medical schools have both institutional and programmatic accreditation. Each of the four Naturopathic Medical Schools is accredited by the Council on Naturopathic Medical Education (CNME), which is recognized as the programmatic accrediting agency for naturopathic medical colleges by the U.S. Department of Education.

CNME's status has changed several times. The CNME received federal recognition from the USDE in 1987 and acted as the institutional accrediting agency for naturopathic medical programs for the next 13 years. The CNME lost this federal recognition from 2001 until 2003. The US Department of Education withdrew its recognition of the CNME on January 16, 2001. The decision to rescind recognition was triggered because the US Department of Education staff felt that the CNME had failed to censor a program to which it had granted candidacy status for accreditation. The institution in question was Southwest College of Naturopathic Medicine (SCNM). Between 1997 and 1998, this school underwent significant financial and administrative difficulties. Although the CNME stated that it had closely followed the school's situation and urged school officials to correct the problems, the Department of Education staff believed CNME had failed to issue a timely order to show cause why SCNM should not have its candidacy for accreditation ended. Because the USDE believed CNME had been inconsistent in the application of its own standards and should have taken stronger action against the school, it temporarily rescinded recognition status.¹

At its June 10, 2003 meeting, The National Advisory Committee on Institutional Quality and Integrity (a sub-committee of the USDE) unanimously recommended that CNME's recognition be restored. The USDE committee found that CNME's perceived deficiencies had been appropriately and completely addressed. Recognition was officially reconfirmed September 10, 2003. In July, 2005 the CNME once again went before the National Advisory Committee on Institutional Quality and Integrity and received a recommendation for a three-year renewal. A copy of the staff recommendation has been submitted in hard copy for review.

The school that triggered these concerns, Southwest College of Naturopathic Medicine (SCNM), survived its financial difficulties and successfully reorganized its administration. The school is now thriving with strong leadership and a vibrant program of study. In April 2004, the regional accrediting agency, the Higher Learning Commission of the North Central Association of Colleges and Schools performed a site visit to SCNM. The agency's site visit team recommended, and it has since been formally announced, that SCNM be awarded full accreditation for 5 years, the longest term any institution may be granted without reapplication.

When CNME was recognized in 1987, naturopathic schools offered only a single course of study. Since that time they have all become universities, offering multiple courses of study along with naturopathic medicine. The CNME could no longer be an institutional accreditor without a "free-standing" school that only awarded degrees in naturopathic medicine. Instead the CNME became a programmatic accreditor, examining and judging whether the program offered by the institution in naturopathic medicine met the standards of the profession. The institutional accreditation of each university was turned

over to the appropriate regional accrediting agency (Northwest Association of Schools and Colleges, North Central Association of Schools and Colleges, etc.), which reviews the institutions.

The CNME is the accepted programmatic accrediting agency for naturopathic medical education by the four-year naturopathic colleges in the United States and Canada, by the American and Canadian national naturopathic professional associations, and by the North American Board of Naturopathic Examiners. Additional programs offered at these schools are accredited by their appropriate programmatic agencies. Regional accrediting agencies grant accreditation to the institutions. It is through institutional accreditation that students have access to federal financial aid through Title IV student loans.

The role that CNME plays as the programmatic accreditor for naturopathic medical schools is similar to the role played by programmatic accrediting agencies that oversee other professional programs such as those for medical schools, osteopathic schools and law schools. These regional institutional accrediting agencies rely upon the CNME as the programmatic accreditor to ensure that the quality of the naturopathic medical program meets the professional standards for naturopathic medical education.

There are presently three CNME accredited naturopathic medical colleges in the United States, and one candidate. In Canada one school is accredited and a second school has candidate status:

1. Bastyr University in Seattle, Washington
2. National College of Naturopathic Medicine in Portland, Oregon
3. Southwest College of Naturopathic Medicine & Health Sciences in Scottsdale, Arizona
4. University of Bridgeport College of Natural Medicine in Bridgeport, Connecticut has candidate status for programmatic accreditation with the CNME. The school is already accredited by regional agencies
5. Canadian College of Naturopathic Medicine:
6. Boucher Institute of Naturopathic Medicine: has candidate status Institutional Accreditation

In addition, these schools have regional institutional accreditation from the appropriate agencies.

- Bastyr University is accredited by the Commission on Colleges of the Northwest Association of Schools and Colleges (NASC). The ND program is accredited by the CNME.
- National College of Naturopathic Medicine (NCNM) is accredited at both the master's and naturopathic doctoral degree levels with the Northwest Commission on Colleges and Universities (NWCCU). The ND program is accredited by the CNME.
- Southwest College of Naturopathic Medicine (SCNM) is accredited with the Higher Learning Commission of the North Central Association of Colleges and Schools. The ND program is accredited by the CNME.
- University of Bridgeport (UB) is accredited by The New England Association of Schools and Colleges. UB was granted candidacy status by the CNME on March 31, 2001 for its naturopathic program. UB is currently applying for full accreditation from the CNME.

The costs of completing naturopathic degree programs vary slightly from school to school but remain competitive with each other. As of May 2004, the estimated tuition to complete a Doctorate in Naturopathic Medicine in four years is:

Bastyr University	\$78,660
National College of Naturopathic Medicine	\$71,000
Southwest College of Naturopathic Medicine	\$77,600
Bridgeport College of Natural Medicine	\$64,800

Estimated cost of supplies is about \$1500 to \$2000 per year or \$6,000 to \$8000 for the full program. This does not include the cost of living. These are full time academic programs and few students are able to work and generate income while in school.

The profession has just undergone an extensive review of the cost of providing a naturopathic medical education for the purpose of increasing the Stafford Loan Limit, and documented costs at upwards of \$100,000. The U.S. Department of Education recently issued its final approval for this expanded loan limit, which now means naturopathic medical students are on par with their allopathic colleagues and entitled to borrow the same amount of money at the same rates as student in convention medical schools.

After graduating from a college of naturopathic medicine accredited by the CNME, students are then qualified to sit for the professional proficiency exams, administered by the North American Board of Naturopathic Medical Examiners (NABNE) and written by the Naturopathic Physicians Licensing Examination (NPLEX) plus other tests required by state regulatory agencies. With passing scores on these exams, candidates may then apply for licensure.

NABNE/NPLEX

The examination used by American states and territories, and Canadian provinces to measure a graduate naturopathic doctor's eligibility for licensure is called the Naturopathic Physicians Licensing Examination (NPLEX). The North American Board of Naturopathic Examiners (NABNE) is the organization that oversees the candidate credentialing and application process, the secure administration and proctoring of the actual examinations, and the scoring and reporting process. Naturopathic Physicians Licensing Examinations (NPLEX) is the organization that analyses and writes the new versions of the examinations on a biannual basis, every six months analyzes the exam results, and scores the examinations.

Prior to 1986, naturopathic examinations were written and administered by each individual state's board. From 1986 to 1990 the NPLEX Board administered national tests which were written, prepared, and scored by subcontractor specialists. The expense of contracting these tests for such a small profession proved to be a financial burden. NPLEX took over the process of writing preparing and scoring the examinations, and a separate board was formed to oversee the credentialing and application process, as well as the administration, proctoring and scoring procedures

Initially, NPLEX was governed by Board members who also served as exam chairs. In 2003, the structure changed to a five-member Board of Directors, responsible for oversight of the organization, and a 17-member Council of Exam Chairs (NCEC), responsible for oversight of the exam development process. Each member of the NCEC is responsible for a single examination.

Since its inception, NPLEX has followed APA/AERA/NBME standards for exam development and scoring. To this end, NPLEX has:

1. Undertaken psychometric evaluation of all aspects of exam development;

2. Based the clinical examinations on a blueprint created from the results of a job analysis; NPLEX conducted the original practice analysis in 1986, repeated the process in 1996, and is in the process of repeating the process again;
3. Trained more than 100 naturopathic physicians and basic science faculty in item writing techniques;
4. Used the expertise of a number of NDs, serving on four committees to review items individually and the examinations as a whole in order to ensure relevance and quality;
5. Trained raters and used standard criterion-referenced methods (Angoff) to set the passing scores on all examinations;
6. Conducted studies to assess criterion-related and construct validity;
7. Updated the original job analysis and revised blueprints in accordance with results; and
8. Developed and implemented a compensatory model of passing standards in order to make better decisions regarding who has passed the examinations.

The naturopathic medical profession's view is that a valid national licensing examination is of vital importance in protecting the public from harm. 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. A detailed history and description of these exams is provided in the at: <http://nabne.org/html/aboutnplex.html#anchor2>

Standards of education are set internationally by NABNE, CNME, NPLEX and by the regulations promulgated by the naturopathic medical boards in each individual jurisdiction. State and national naturopathic physicians associations support the standards set by NABNE, NPLEX and CNME. These boards are separate from the professional associations much as the Virginia Board of Medicine and the Medical Society of Virginia are separate entities. In states where the practice of naturopathic medicine is licensed, standards of practice, consumer complaints and questions of ethical behavior are reviewed and enforced by naturopathic medical review boards. In unregulated jurisdictions, there are no enforcement of standards.

Autonomous Practice

The functions and responsibilities of the naturopathic medical practitioner require independent judgment and the members of the occupational group practice autonomously.

A naturopathic doctor is the physician-level authority on the medicinal use of herbs, using conventional diagnostics to treat a variety of disorders, including chronic illness, with nature-based therapies, medications, nutrients and other types of integrative care. An ND's approach to health and healing are rooted in traditions that were established during the time of Hippocrates, more than 2,000 years ago. The approach to healthcare is based on the belief that getting well and staying well requires a partnership between the patient and their doctor. Like their allopathic counterparts, NDs diagnose using their training in conventional medical assessment, and receive comprehensive clinical training. However, this training is rooted in whole-patient wellness and the use of naturopathic modalities including clinical nutrition, homeopathy, botanical medicine, physical medicine, natural childbirth, oriental medicine, counseling and stress management and minor surgery.

Further, the naturopathic profession, like allopathy, is committed to on-going scientific research and development, establishment of standards of care and demonstrating the effectiveness of care. To that end, the AANP has established *Standards of Naturopathic Medicine* to define criteria for the daily practice of naturopathic medicine. These standards are designed to serve as a model for both the maintenance of health by a naturopathic physician and the prevention, diagnosis and treatment of illness and disease, and includes criterion by which the physician undertakes the supervision or care of any individual patient. The standards are under constant review by the profession and serve as a base from which standards of care will be derived over time. A copy of *Standards of Naturopathic Medicine* has been submitted in hard copy for your review.

For the most part, naturopathic physicians practice as sole practitioners managing the health and wellness of their patients with autonomy, and in collaboration with other allopathic and alternative practitioners. Licensing laws vary by state, some as in Washington DC designating naturopathic physicians as primary care. California enacted a licensing law in 2003 is unique in defining how naturopathic physicians practice. Instead of defining the scope of practice in statute, California has appointed committees of qualified medical professionals to make scope of practice decisions. The California bill sets up a "formulary advisory committee" composed of an equal number of representatives from the clinical and academic setting of physicians and surgeons, pharmacists, and naturopathic doctors. "The naturopathic formulary advisory committee shall review naturopathic education, training, and practice and make specific recommendations regarding the prescribing, ordering, and furnishing authority of naturopathic doctors and the required supervision and protocols for those functions." California uses similar solutions to defuse debate over obstetrics and minor surgery as well. California remains the only licensed state that currently requires physician collaboration for specific procedures. In all other venues naturopathic doctors practice with the same autonomy as their allopathic peers. (http://www.leginfo.ca.gov/pub/bill/sen/sb_0901-0950/sb_907_bill_20030922_chaptered.html)

Scope of Practice

In Virginia, naturopathic doctors are both in private practice and in association with other health professionals. As there is no clearly defined scope of practice for NDs in Virginia, there is a wide range in individual practices. Each practitioner determines his or her scope of practice. Some practitioners have narrowed their scope to simple health counseling, similar to what a nutritionist might offer. In other states, NDs may obtain a DEA number, perform minor surgery and IV therapy, deliver babies, order diagnostic exams, etc.

Washington State Statutes define naturopathy as, "Naturopathic medicine or naturopathy is the practice by naturopaths of the art and science of the diagnosis, prevention, and treatment of disorders of the body by stimulation or support, or both, of the natural processes of the human body."

In most licensed jurisdictions, naturopathic doctors function as family health care providers. They usually have general practices seeing people of both genders and all ages. Patients will come for preventive health care, treatment of acute ailments, and treatment of chronic ailments.

Laws in those states generally define the scope of practice of naturopathic doctors as the full practice of medicine excluding major surgery and the use of some prescription drugs. This scope includes the diagnostic and therapeutic modalities taught in naturopathic medical schools. Diagnostic procedures include the performance of physical examinations, laboratory testing, gynecological examinations, nutritional and dietary assessments, metabolic analysis, allergy testing, x-ray examination, and other diagnostic tests. The practice of naturopathy also includes the treatment of disease and restoration of health using nutritional science, natural hygiene, botanical medicine, naturopathic physical medicine including soft-tissue manipulation, exercise therapy, and therapeutic application of water, heat, cold, air, earth and light. Naturopathic doctors are trained in and practice a number of diverse medical arts which include oriental medicine,

natural childbirth, homeopathy, and counseling. They also perform many routine health functions such as public health education, administration of immunizations, school checkups, insurance evaluations, and referral to other health care practitioners when appropriate.

Naturopathic doctors function independent of supervision where licensed.

Functions similar to those performed by other groups:

1. Diagnose disease (MD, DO, PA, nurse practitioners)
2. Administer immunizations (MD, DO, PA, RN)
3. Physical medicine (DC, DO, LMT, PT)
4. Nutritional counseling (dietitians)
5. Counseling (social workers, psychologists, psychotherapists)

Although naturopathic doctors are educated in the conventional medical sciences and provide similar functions to the above-mentioned professions, they still differ greatly in theory and practice. Naturopathic medicine is a distinct system of health care.

The most obvious difference between naturopathic doctors and most conventional physicians is the strong emphasis placed by naturopathic medicine on the use of "natural therapies." Medicinal substances chosen are usually plant or animal derivatives and are used in forms close to their natural state.

To naturopathic doctors, the most important difference between themselves and conventional practitioners is not the method of treatment, but the philosophical principles underlying naturopathic practice. There are six principles that naturopathic doctors consider to be fundamental in defining their medicine.

- **The Healing Power of Nature:** Trust in the body's inherent wisdom to heal itself.
- **First Do No Harm:** Utilize the most natural, least invasive and least toxic therapies first.
- **Treat the Whole Person:** View the body as an integrated whole in all its physical and emotional dimensions.
- **Identify and Treat the Causes:** Look beyond the symptoms to effectively address the underlying cause(s) of illness.
- **Doctor as Teacher:** Educate patients in the steps to achieving and maintaining optimal health.
- **Prevention:** Focus on promoting health and wellness, and preventing disease.

The "Scope of Practice" of a naturopathic doctor varies by state. Some states grant naturopathic doctors broad privileges, both in procedures and prescriptive rights. A state-by-state comparison of practice scopes is attached.

Economic Impact

In data collected from 2002, it is clear that the cost of issuing licenses and the cost of acquiring a license can vary dramatically. Most recently, the State of California issued a regulation defining the cost of applying for licensure at \$400, and an annual cost for license and/or renewal of \$800. These fees cover the entire cost of the naturopathic licensing board.

**STATE LAWS:
OVERSIGHT BUDGETS—ND LICENSURE AND REGULATION**

	TOTAL #LIC. ND's	LICENSE FEES	TOTAL ANNUAL OVERSIGHT BUDGET	+ LICENSING FEE REVENUES ADEQUATE - LICENSING FEE REVENUES INADEQUATE
ALASKA	23	\$310 / 2 yrs. + 50 for new applications	\$8370--\$10,000	+
ARIZONA	127	\$300 Initial \$360 Renewal	\$210,000 (for state budget)	pending
CONNECTICUT	106 (68 in-state, 38 out-of-state)	\$450	Dept. of Public Health provides support services for all 16 boards. Fees go to the General Fund. Budget covers licensure and enforcement.	+ (perception of administrator in Dept. of Health) due to relatively low investigation and discipline rate)
HAWAII	66	\$130 (initial) \$285 / 2 yrs.	Not available (pending)	pending
MAINE	12 NDs 87 LACs	\$100 application \$500 for NDs and LACs	\$35,734	+
MONTANA	59 NDs 16 LMs 8 apprentice LMs	\$300 application \$200 first time license \$275 renewal annual	\$24,406 – covers all expenses	+

OREGON	537 (483 Active)	\$350 / 2 yrs.	\$202,000 Budget \$120,00 Cash Reserve	+ From '97-'99, licensing fee was \$700. Cash reserve was too high. Fee decreased to \$350 for 2 yrs. Will be readjusted to \$500 / 2 yrs.
			\$310,000 projected expenditures	
UTAH	19	\$100 initial \$135 renewal biennial	**	** NDs regulated under Secretary of State – all of the Advisory Groups have \$ pooled under on budget. Cannot separate – not tracked.
VERMONT	19 (in-state) 99 (out-of-state)	Pending	Pending	Pending
WASHINGTON	522 (active)	\$450 / yr.	\$115,879 (\$78,000 expenditures)	+ (substantial cash reserve established)

Pamela Snider, ND and Eileen Medina

Regulation is likely to increase the number of licensed eligible naturopathic doctors in Virginia. The profession is expanding at an accelerating rate. There are increasing numbers of doctors graduating from accredited programs each year looking for places to open practices. Their preference is to do so in a jurisdiction in which naturopathy is regulated. Most of the naturopathic doctors currently in Virginia are here because of family or other personal ties to the state.

In the past thirty years, 2,733 naturopathic doctors have graduated from accredited naturopathic medical schools. The four naturopathic schools in the United States will graduate 242 new doctors in 2005, and an estimated 290 new doctors in 2006. Thus the number of naturopathic medical practitioners is growing at approximately 10% per year.

New naturopathic medical graduates prefer to open practices in states that license the profession. During their training they have learned to think and act as doctors. Without regulation their legal status as medical practitioners is unclear, their ability to establish and maintain good referral networks with other medical practitioners is hindered, their access to laboratory diagnostic services may be limited and their lack of prescriptive rights may interfere with the ability to responsibly care for their patients. The biggest deterrent to practicing in an unregulated state is the risk of prosecution. The number of licensed eligible naturopathic doctors has increased by about 150% per year over the last 10 years. Regulation will increase this growth.

It is unclear what impact regulation will have on the supply of practitioners who are not eligible for licensure. Such a determination must wait until there is more clarity on how potential regulation might be crafted.

Alternatives to Regulation

A consumer's right to redress for any adverse act or treatment by a legitimate or illegitimate doctor of naturopathy is severely limited. At this point in time, it appears that any practitioner of any sort may have a better argument to support use the term "physician," though he/she apparently is restricted in the use of the term "doctor."

Virginia Code § 54.1-2903. (What constitutes practice.) states, in pertinent part:

"Any person shall be regarded as practicing the healing arts

who actually engages in such practice as defined in this chapter, or

who opens an office for such purpose, or

who advertises or announces to the public in any manner a readiness to practice or

who uses in connection with his name the words or letters "Doctor," "Dr.," "M.D.," "D.O.," "D.P.M.," "D.C.," "Healer," or any other title, word, letter or designation intending to designate or imply that he is a practitioner of the healing arts or that he is able to heal, cure or relieve those suffering from any injury, deformity or disease."

"Healing arts" is defined in Virginia Code § 54.1-2900. (Definitions.) as "... the arts and sciences dealing with the prevention, diagnosis, treatment and cure or alleviation of human physical or mental ailments, conditions, diseases, pain or infirmities."

Naturopathic doctors, like their allopathic counterparts, recognize the need to be held accountable to the highest code of ethics to ensure the public's safety. With the definition of "healing arts" being as broad as it currently stands, a consumer could potentially file a complaint with the Board that relates to virtually any alternative therapy used to improve health status. Yet, it is highly unlikely that either consumers or the Board would recognize non-traditional therapies and treatments as within the jurisdiction of the Board unless expressly stated. Without State regulation, Virginians have no protection, there is no recourse for the public and there is no Board to define and review standards.

Naturopathic doctors seek regulation to ensure the highest standards of care are provided to the citizens of Virginia for a clearly defined scope of practice that reflects their training and expertise. To our knowledge, no state licenses any health care practitioner who has not attended an institution that has been accredited by the U.S. Department of Education. Naturopathic licensing efforts in Virginia are consistent with this requirement.

Naturopathic doctors are subject to the same federal and state laws on handling body fluids, protecting patient privacy, and providing informed consent as other health care providers. Forcing compliance with said rules and regulations for an unlicensed health care profession is virtually impossible.

Virginia consumers should be protected from untrained practitioners who diagnosis and treat illness without ever stepping into an anatomy lab or working under qualified and licensed physician supervision.

Virginia consumers should be afforded the protection provided by a naturopathic doctor's purchase of malpractice insurance. Currently, three carriers write policies for licensed states, only one writes limited coverage in unlicensed states.

Virginia consumers must have recourse other than the filing of criminal charges or the expensive onus of a civil trial to obtain restitution for a breach of the physician/patient relationship or the provision of health care services that result in harm.

Relying on criminal courts to prevent harm to the public is ineffective and costly. In the long run it is less expensive to regulate than it is to prosecute. The upcoming trial of a practitioner on multiple charges including impersonation, assault and manslaughter, points out that existing law is inadequate to protect the public. Yet this tragedy has done nothing to hinder the continuing activities of multiple practitioners deceptively representing themselves to the public as licensed and accredited doctors. It requires no tenuous argument to see that the potential exists for future injury and harm to the public from the current situation.

Least Restrictive Regulation

As noted in the text above, the defined scope of practice does differ from state to state, as does the process for licensing and the structure of boards. The AANP appreciates the need for each state to craft legislation that protects the public to the fullest extent possible without adding unnecessary bureaucratic or financial burden to the state or the practitioners. To that end, we would be more than willing to work with the state to determine whether naturopathic medicine is best suited to reside within the Board of Healing Arts as an Advisory Group, or to stand on its own. Our only criteria is that the profession is fairly represented with individuals who are non-biased towards the profession; that naturopathic physicians themselves play an essential role on the board, especially in defining regulation for implementing scope of practice, and that consumers are fairly represented as well.

What follows is a list of web addresses that enable access to boards, regulations and laws in licensed jurisdictions across the country.

Alaska:

<http://www.dced.state.ak.us/occ/pnat.htm>

Arizona:

<http://www.npbomex.az.gov>

California:

http://www.leginfo.ca.gov/pub/bill/sen/sb_09010950/sb_907_bill_20030922_chaptered.html

Connecticut:

http://www.dph.state.ct.us/Licensure/apps/naturo_stats.pdf

Hawaii:

http://www.capitol.hawaii.gov/hrscurrent/vol10_ch04360471/hrs0455/hrs_0455-.htm

Kansas:

<http://www.kslegislature.org/bills/2000/593.html>

Maine:

<http://janus.state.me.us/legis/statutes/32/title32ch113-Bsec0.html>

Montana:

Statutes/Laws -

<http://data.opi.state.mt.us/bills/mca/2/15/2-15-1730.htm>

Naturopathic Physicians -

http://data.opi.state.mt.us/bills/mca_toc/37_26.htm

New Hampshire:

<http://www.gencourt.state.nh.us/rsa/html/indexes/328-e.html>

Oregon

<http://www.leg.state.or.us/ors/685.html>

Utah:

http://www.dopl.utah.gov/licensing/naturopathic_sub_page.html#naturostatutes

Vermont:

<http://www.leg.state.vt.us/statutes/fullchapter.cfm?Title=26&Chapter=081>

Washington:

1. HB 1862 Regulating Naturopathic Physicians – Proposed Feb 12, 2003

<http://www.leg.wa.gov/wsladm/billinfo1/dspBillSummary.cfm?billnumber=1862>

2. The above bill as it stands as of 1/26/2004

<http://www.leg.wa.gov/pub/billinfo/200304/House/1850-1874/1862-s.pdf>

Washington D.C.

http://www.globalnpac.org/documents/DC_Bill_15_57.pdf

Naturopathic Medical Education Comparative Curricula
Comparing Curricula Naturopathic Med Schools With Conventional Med Schools
Key:

- NCNM = National College of Naturopathic Medicine
- BASTYR = Bastyr University (Naturopathic Medicine)
- SWC = Southwest College of Naturopathic Medicine
- JH = Johns Hopkins
- YL = Yale
- ST = Stanford

Source:

Curriculum Directory of the Association of American Medical Colleges

NCNM	BASTYR	SWC	JH	YL	ST
Basic and Clinical Sciences: Anatomy, Cell biology, Physiology, Histology, Pathology, Biochemistry, Pharmacology, Lab diagnosis, Neurosciences, Clinical physical diagnosis, Genetics, Pharmacognosy, Bio- statistics, Epidemiology, Public Health, History and philosophy, Ethics, and other coursework.					
1548	1639	1419	1771	1420	1383
Clerkships and Allopathic Therapeutics: including lecture and clinical instruction in Dermatology, Family Medicine, Psychiatry, Medicine, Radiology, Pediatrics, Obstetrics, Gynecology, Neurology, Surgery, Ophthalmology, and clinical electives.					
2244	1925	1920	3391	2891(+thesis)	3897
Naturopathic Therapeutics: Including Botanical medicine, Homeopathy, Oriental medicine, Hydrotherapy, Naturopathic manipulative therapy, Ayurvedic medicine, Naturopathic Case Analysis/Management, Naturopathic Philosophy, Advanced Naturopathic Therapeutics.					
588	633	900	0	0	0
Therapeutic Nutrition					
144	132	130	0	0	0
Counseling					
144	143	100	included under psychiatry (see above)	included under psychiatry (see above)	included under psychiatry (see above)
TOTALS					
4668	4472	4469	5162	4311(+thesis)	5280

AANP Attachment: Virginia DHP-BHP Study on Naturopathic Medicine

Prepared by the Colorado Association of Naturopathic Physicians

Colorado Statutes require demonstration of harm in order to consider licensing a profession. I am going to describe four cases as examples of how the public is at risk when the practice of naturopathy isn't regulated. Before beginning I must mention the case of Jeffrey Feingold.

Jeffrey Feingold was a licensed naturopath in Arizona and was convicted this past summer of distributing controlled substances and sentenced in August. In any profession that can prescribe controlled substances, there will always be someone who abuses the privilege. Having an established licensing board allowed us to police ourselves. The police worked closely with the Arizona Naturopathic licensing board conducting a full investigation and then proceeded to charge Feingold BEFORE anyone was injured. Jeffrey Feingold will serve his sentence and never be allowed to practice naturopathy in a licensed state again.

There are four cases:

First, Ruth Conrad was given a black salve to put on a bump on her nose that an unlicensed naturopath said was cancer. The salve removed the bump and also Ruth's nose.

Second, Dr Paul Reilly who works for Cancer Treatment Centers of America submitted a photo of a woman who delayed cancer treatment on the advice of an unlicensed naturopath.

Third, Rosie Kolitwenzew, an 8 year old girl with diabetes, was told not to take insulin by a man claiming to be a naturopath.

Fourth, the ongoing story of Brian O'Connell, the practitioner arrested in Wheat Ridge and is awaiting trial on numerous charges

- a. **Ruth Conrad**: I bring up this case because it involves the use of black salves. Newspaper reports mention that Brian O'Connell prescribed these. Black salves were common in the 18th and 19th centuries and were applied to the skin to "eat away" cancers. The salves cause large scabs to form: theory is that when the scabs fall off, the cancer goes with it. Modern methods of removing skin lesions are far more effective and safer and there is no reason to use these treatments at this time. The following information comes from Dr Stephen Barrett, an MD who tracks fraudulent health practices on his website Quack Watch.

"The danger of using black salves is illustrated by the story of Ruth Conrad. She consulted an unlicensed naturopath in Idaho in 1984. While seeking treatment for a sore shoulder, she also complained about a bump on her nose. The naturopath stated that it was cancer and gave her a black salve to apply directly. Within a few days her face became very painful

and she developed red streaks that ran down her cheeks. Her anxious phone call to the naturopath brought the explanation that the presence of the lines was a good sign because they “resemble a crab and cancer is a crab.” He also advised her to apply more of the black salve. Within a week, a large part of her face, including her nose, sloughed off.”

- b. CTCA patient: I am obligated to show you this letter from Dr. Paul Reilly because I saw a similar case last week. My patient was diagnosed with breast cancer in 2001 and refused conventional treatment on the advice of an unlicensed naturopath in Colorado Springs. Her cancer is no longer treatable. She looks worse than this picture. These are patients who if treated by conventional means early on would not die of cancer.
- c. Laurence Perry This is a case from Asheville, North Carolina. In 2002 a man named Laurence Perry who had called himself a naturopath was found guilty of practicing medicine without a license and involuntary manslaughter in the death of an 8-year-old girl. Perry, had the girl’s mother stop giving her insulin. The child, an insulin dependent, Type 1 juvenile diabetic died as a result.
- d. Brian O’Connell: operated a clinic in Wheat Ridge, Colorado and called himself a naturopathic medical doctor. He is currently awaiting trial. The charges include two charges of theft, criminal impersonation, six charges of third degree assault and an additional assault charge to an at risk adult, the illegal practice of medicine, and a false application for a permit to distribute controlled substances. He is also the subject of a wrongful death lawsuit brought by the parents of Sean Flanagan.

More details

Jeffrey Feingold

Naturopath guilty on painkiller charges

Emily Bittner

The Arizona Republic

May. 13, 2004 12:00 AM

SCOTTSDALE - A Scottsdale naturopathic doctor was convicted Wednesday on 185 counts of illegally distributing painkillers.

Dr. Jeffrey H. Feingold, 58, lives in Fountain Hills and has a practice at Scottsdale Road and Shea Boulevard, said Sandy Raynor, a spokeswoman for the U.S. Attorney's Office. During Feingold's two-week trial, evidence showed that he gave 10 patients and two undercover agents from the Drug Enforcement Administration 14,000 doses of painkillers in an 18-month period. The drugs dispensed weren't medically necessary. They included OxyContin, Percocet, Vicodin and morphine sulfate, Raynor said. The executive director of the state's Naturopathic Physicians Board of Examiners said in July that Feingold was being investigated by the agency and that the organization's board asked him to surrender his license.

"The verdict today sends a message that medical practitioners who violate the laws of the United States when prescribing controlled substances other than for legitimate medical needs will be prosecuted to the full extent of the law," said John S. Comer, acting special agent in charge for the DEA, in a press release.

Feingold could be sentenced to between five and 20 years in prison or a \$250,000 fine per count. His sentencing is scheduled for Aug. 10.

Ruth Conrad:

<http://www.quackwatch.org/01QuackeryRelatedTopics/Cancer/eschar.html>

Corrosive Cancer Salves (Escharotics)

Stephen Barrett, M.D.

Many salves, pastes, poultices, and plasters have been applied directly to tumors with the hope of burning them away. Zinc oxide, bloodroot, and several other herbs are common ingredients. Some marketers claim that corrosive agents can "draw out" the cancer. In recent years, scientists have found chemicals that can destroy certain superficial skin cancers. Except for these, however, corrosive agents are worthless against cancer.

Corrosive salves are often referred to as "escharotics" because they produce a thick, dry scab called an "eschar" on the skin. Their use to treat cancer dates back hundreds of years, perhaps even to ancient times. Their use was fairly common during the 18th and 19th centuries. If a tumor is confined to the superficial layers of the skin, it would be possible to burn it off with a corrosive salve or paste. Unfortunately, products capable of

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accomplishing this can also burn the surrounding normal tissue and result in unnecessary scarring. For superficial cancers for which the cure rate with standard treatment is nearly 100% -- it makes much more sense to use standard methods that can destroy the cancer with little or no damage to the nearby tissues.

The idea that products applied to the skin "draw out" the cancer" beneath them is preposterous. Furthermore, even if a product could do this, it could not influence cancers that have spread (metastasized) to distant regions of the body.

The cancer salves marketed to the public are not regulated by government agencies in the United States and Canada. Thus it may not even be possible to know what is in them. People who use such products without benefit of medical consultation run additional risks. Untrained individuals may incorrectly conclude that a growth is cancerous when it is not. In addition, skin cancers that can spread should be medically investigated to see whether they have done so, and some of these require extensive treatment even though they might not look dangerous to the naked eye.

The danger of using "black salves" is illustrated by the experience of Ruth Conrad, an Idaho woman who consulted one of the state's many unlicensed naturopaths in 1984. While seeking treatment for a sore shoulder, she also complained of a bump on her nose. The naturopath stated that it was cancer and gave her a black herbal salve to apply directly. Within a few days, her face became very painful and she developed red streaks that ran down her cheeks. Her anxious phone call to the naturopath brought the explanation that the presence of the lines was a good sign because they "resemble a crab, and cancer is a crab." He also advised her to apply more of the black salve. Within a week, a large part of her face, including her nose, sloughed off. It took 3 years and 17 plastic surgery operations to reconstruct her face. During a deposition, the naturopath stated that he had obtained the salve from a woman in Mexico and that he didn't know who had manufactured it. The picture shows the extent of the injured area.



This article was posted on February 16, 2002.

Paul Reilly

Paul Reilly, ND, L.Ac
3620 Sixth Ave
Tacoma, WA 98406

June 26, 2004

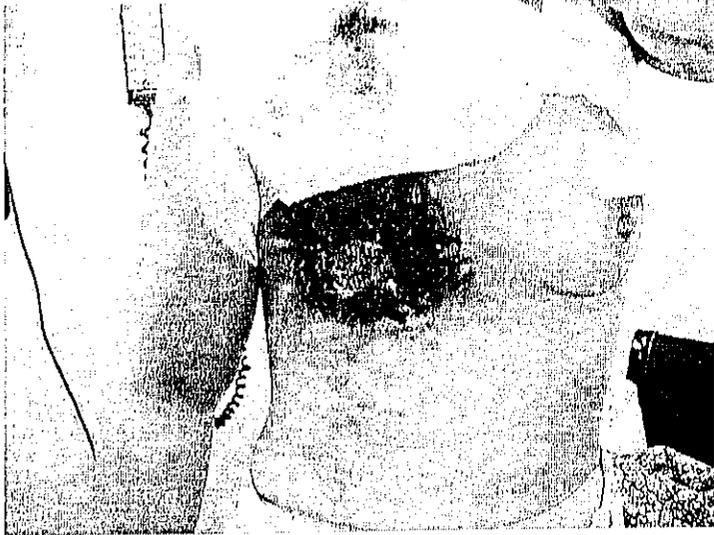
Colorado Department of Regulatory Agencies
Office of Policy and Research
1560 Broadway, #1550
Denver, CO 80202

Dear DORA,

I am writing in support of the Sunrise Review Application submitted by the Colorado Association of Naturopathic Physicians. It was brought to my attention that they were seeking cases of harm that occur due to lack of regulation of their profession. I am a licensed (in Washington, Oregon and Alaska) naturopathic physician with 8 years of training (4 pre-med and 4 years postgrad medical school) and 18 years of fulltime practice. I frequently see the harm that occurs when untrained mail order ND's give incorrect diagnoses or medical advice.

In the past three years, I have seen two separate incidences of wrongful death caused in by "mail order" ND's who gave totally inappropriate medical advice that directly lead to death. These "mail order" ND's were practicing in unlicensed states. In my own experience working with oncologists in an integrated cancer center, I have seen people come in with large weeping lesions that became infected and necrotic because they delayed treatment on the advice of unlicensed ND's in other states who assured them they were getting better despite all evidence to the contrary. I am attaching a photo of one

such case to illustrate how dangerous these unlicensable people can be.



I apologize for the shocking and graphic nature of this photo but it illustrates exactly how dangerous it can be to have unlicensable, untrained providers in your state. This is a photo of a woman coming for her first visit after being told repeatedly her breast cancer was getting better by a mail order ND in Idaho. When we evaluated her, the cancer had destroyed the entire breast and had penetrated into the underlying muscle and bone. What rational human being could watch the total destruction of tissue like this and not send the person for definitive care?

The public depend on their legislators to establish laws protecting them from untrained medical providers, no matter how well intentioned. Allowing individuals with no training to provide medical care is a prescription for disaster. I urge you to recommend that your legislature find a way to regulate the practice of naturopathic medicine in Colorado.

Respectfully

Paul Reilly, ND

Laurence Perry and Rosie Kolitwenzew

Citizen-Times.Com

“Naturopath found guilty in diabetic girl’s death, practicing medicine without license”

By Tonya Maxwell April 15, 2002 11:46 p.m.

ASHEVILLE,N.C. - A naturopath is guilty of practicing medicine without a license and involuntary manslaughter in the death of an 8-year-old diabetic, a Buncombe County Superior Court jury ruled Monday afternoon.

The judge in the case sentenced Laurence Perry, a naturopath who was practicing in Polk County at the time of the child’s death, to a 12- to 15-month prison term.

Perry, 48, was accused of regulating the insulin doses of Helena Rose “Rosie” Kolitwenzew. The child died under his care in October 1999.

An autopsy later showed she died of high blood sugar levels brought on by insulin deprivation.

Monday morning - one week after the case opened - jurors heard closing arguments and returned guilty verdicts after deliberating for about an hour and a half.

After the verdicts, Assistant District Attorney Rodney Hasty said a combination of evidence offered in the case spoke clearly to Perry’s intent.

That evidence included Helena’s records seized from Perry’s office and a taped phone message, in which Perry seems to be telling Marion Kolitwenzew to keep her daughter off insulin. [[Click this link for more info on this story](#)]

Brian O’Connell Story

[[Click here](#)] for more information and full news stories

The following are news quotes from stories that have appeared in local papers:

Oct. 8, 2004 Rocky Mountain News/Sue Lindsay

The lawsuit charges that O’Connell led the Flanagans to believe he had a medical background when in actuality his training came from a discredited correspondence school.

He also told the family that he personally had "cured" many patients suffering from the same type of cancer and showed them a plastic bag containing an object he claimed was a cancerous tumor removed from a patient, the lawsuit said.

Sept. 25, 2004 Rocky Mountain News/Sue Lindsay

"O’Connell did nothing but pace back and forth, take Sean’s pulse and look scared," Dave Flanagan said. "I could tell by the blank, scared look in his face that this man didn’t know what to do. He didn’t have a clue."

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The Flanagan family believes the last precious months of Sean's life were stolen by O'Connell, who faces criminal charges for allegedly lying to them and other patients about his medical credentials.

Diplomas and certificates

The Flanagans say O'Connell misrepresented his qualifications.

The walls of O'Connell's office are filled with various certificates and degrees attesting to his qualifications, but many of them are bogus or questionable, police allege.

Among them is a certificate of naturopathic medicine issued by the nonexistent Colorado University of Naturopathic Medicine.

"He told us he was a pharmacist for 10 years and we thought he was a physician," Laura Flanagan said. "He was wearing surgical scrubs and a white coat with 'Dr. O'Connell' on them. We thought he had all these degrees."

O'Connell's office was filled with diplomas and certificates that seemed to verify his training.

"More hydrogen peroxide - that was his fix and that's when Sean crashed," Dave Flanagan said. "Maybe these treatments help some people, but the man needs to have the medical background to know when what he's doing is causing more harm than good. That's what happened to Sean. What he did speeded the process of his death."

Correspondence courses

Prosecutors contend O'Connell was using medical procedures he had no license to perform and presented patients with misleading or fraudulent credentials.

"There is a huge amount of benefit to be gained by alternative medicine," said naturopath Jacob Schor, "but when I see someone using credentials that are not true, I ask myself, when does he draw the line and start telling the truth?"

"It's for the courts to figure out if what he did was right or wrong. I can only question the deception. It give me the creeps."

O'Connell claims to hold a doctorate in naturopathy, but his training came from a correspondence course from the Herbal Healer Academy run by Marijah McCain from her home in Mountain View, Ark.

McCain offers correspondence courses over the Internet and issues "naturopathic doctor" certificates to students who complete the course and pass a written final examination.

The Arkansas attorney general sued McCain for deceptive trade practices and she was ordered to pay \$10,000 in May 2003 for improperly offering degrees and board certification in naturopathy from entities not accredited by the U.S. Department of Education. Arkansas does not license the practice of naturopathy.

Questionable credentials

O'Connell is licensed to practice naturopathic medicine in the District of Columbia, but the license was obtained just by paying a fee, according to Wheat Ridge Police Detective Mark Slavsky.

Furthermore, District of Columbia municipal regulations state that it is "unlawful for a naturopathic practitioner to inject any substance into another person by needle," something O'Connell regularly did.

O'Connell is vice president of the Colorado Naturopathic Medical Association, which is affiliated with the American Naturopathic Medical Association. Neither organization requires a degree from four-year naturopathic colleges.

O'Connell said he is board certified by these organizations; however, they are not approved by the U.S. Department of Education.

He had licenses to possess controlled substances issued by the Drug Enforcement Administration and the Colorado Department of Human Services, but both were fraudulently obtained, Detective Slavsky alleges.

The DEA license was issued in connection with O'Connell's work with Heritage Health, which he said was an animal research lab in Fort Collins affiliated with Colorado State University.

Police later learned that Heritage Health is a diet supplement company and has no research affiliation with CSU. O'Connell worked for the company as a sales and public relations specialist, Detective Slavsky said.

O'Connell says on his Web site that he has a degree in microbiology, but won't say where he earned it.

In the past, O'Connell has claimed to hold a master's degree from the University of Wisconsin-Milwaukee, but university officials told police he attended the school for only three months in 1992 and never received a degree, Detective Slavsky said.

Many patients believe that O'Connell was trained as a pharmacist because he said he worked for 10 years in the field. He did work as a pharmacy technician in a Milwaukee hospital, but was fired after he was accused of stealing medication and prescription pads, Detective Slavsky said.

[\[Click here for full articles on Brian O'Connell\]](#)

Appendix:

Further news articles on Laurence Perry: [\[link\]](#)

Further news articles on Brian O'Connell: [\[Link\]](#)

Full list of charges against Brian O'Connell

Citizen-Times.Com

“Naturopath found guilty in diabetic girl’s death, practicing medicine without license”

By Tonya Maxwell April 15, 2002 11:46 p.m.

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That evidence included Helena’s records seized from Perry’s office and a taped phone message, in which Perry seems to be telling Marion Kolitwenzew to keep her daughter off insulin.

The following is an excerpt from [Stephen Barrett, MD’s article on Laurence Perry](#):

“This case illustrates what can happen when individuals with false credentials are allowed to practice medicine. Mr. Perry presented himself as a well educated, certified, and accredited practitioner. In fact, his credentials were cleverly designed to confuse his clients. Perry acquired most of his ‘diplomas’ during the 1980s in connection with a “paper conglomerate” of phony health-related credentials that was launched in Indiana in 1983 as the American Nutritional Medical Association (ANMA). His “credentials” included the following:

1. Sherman College of Chiropractic, Spartanburg, SC, 1978-81. [He apparently did not graduate]
2. John F. Kennedy College of Nutraceutical Arts and Sciences, Gary, IN, 1984-86. [An ANMA diploma mill]

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3. Registered Nutritional Consultant, ANMA, 1983. [Another bogus ANMA credential]
4. Doctor of Nutritional Medicine (NMD) degree, John F. Kennedy College of Nutraceutical Arts and Sciences, 1986. [Another bogus ANMA credential]
5. Board certification in clinical naturopathy, American College of Naturopathy, 1988. [A bogus ANMA board]
6. Director, department of nutrition and pain management, Blue Ridge Health Clinic, Blowing Rock, NC. [A clinic run by Gregory E. Caplinger, an impostor who, in 1989, pled guilty to practicing without a license and served a 14-year federal prison sentence for fraud]
7. Certified Nutraceuticalist, National Board of Nutraceutical Examiners of the International Alliance of Nutraceutical Associations, 1988, 1989. [Another bogus ANMA credential]
8. "Holistic Alternative Practitioner" certificate, National Association of Chiropractic, 1989. [Another bogus ANMA credential] "Certification to practice the science and art of nutritional medicine according to the regulations of the A.M.N.A. and the laws of the State of South Carolina," 1984. [Another bogus ANMA credential]
9. Professional member, ANMA, 1987
10. Doctor of Medicine (eclectic/homeopathic) degree, British West Indies Medical College. [A nonexistent Caribbean school created by Gregory Caplinger.]
11. Doctor of Science in "pastoral wellness sciences," Lafayette University, 1989. [Another bogus ANMA credential]

North Carolina does not currently license naturopathic doctors, though there is pending legislation to do so. An organization known as "The North Carolina Board of Naturopathic Medical Examiners" located in Charlotte, NC and registered with the Secretary of State claims to have the authority to license "Doctors of Naturopathy." This licensing body was never sanctioned by the NC General Assembly but continues to award licenses to "correspondence school" graduates in North Carolina."

Prior New Articles on Lawrence Perry

Prosecution urged for practitioner of alternative medicine

By Joel Burgess
 Times-News Staff Writer
 November 16, 1999

An alternative medicine practitioner who allegedly urged an 8-year-old diabetic's mother to stop treating the child with insulin, resulting in her death, acted irresponsibly and should be prosecuted, a local researcher in alternative medicine said.

"It just showed that this person knows very little about juvenile diabetes," Janice Lyons, a registered nurse and nationally recognized researcher into alternative medicine, said. "They should prosecute him and get him on everything they can get on him because this child should be alive."

Lawrence Perry, 46, who operates the General Health Care Facility for Preventative Medicine in Columbus, was being held Monday in the Buncombe County Jail on \$50,000 bond on the felony charge of manslaughter.

Buncombe County Sheriff's deputies arrested Perry following the death of 8-year-old Helena Rose Kolutwenzew at Mission St. Joseph's in Asheville. The girl died Oct. 21 after her mother, Marion, stopped administering her insulin. A decision has not yet been made on whether to charge the girl's mother in her death, a Buncombe County Sheriff's deputy said.

Perry, who lives in Green Creek, is listed in the phone book as a naturopathic doctor or N.D. The titles "doctor" and "physician" are not reserved for only licensed medical or osteopathic doctors, according to the N.C. Medical Board. "Some states do try to restrict those terms," the board's public affairs director Dale Breaden said. "In North Carolina we cannot, however." Practicing medicine without a license, a charge prosecutors will use to indict Perry, is only a misdemeanor in this state, Breaden said.

Naturopathic physician William Bosko agrees if the charges are true Perry acted irresponsibly. "We would never, ever take any of our patients off their insulin," he said. Bosko operates Total Living Wellness Center in Fletcher and said his services are always accompanied by those of a licensed medical doctor. "The whole idea is to compliment allopathic or standard medicine," he said.

Bosko often will suggest additional forms of treatment to those prescribed by doctors and said he always hands over his suggestions to the patient's primary physician. Naturopathic doctors cannot give prescriptions or recommend treatment outside of this scenario, he said. In the case of juvenile diabetes, Bosko said, depending on the severity, he might recommend dietary changes or exercise, in addition to insulin.

Now Bosko fears legitimate N.D.s will pay for Perry's actions. "This one person does this and somebody dies and we all have to pay for the sins of the one person." There are three recognized schools for N.D.s in the United States, and 18 states license N.D.s. North Carolina is not one of them. Naturopathic doctors are required by law to tell patients that they are not medical doctors.

Lyons said some practitioners of alternative medicine subscribe to a form of "pseudoscience" that can have devastating effects. "There is a side of alternative medicine which

is very hostile to science. There's a we-them mentality as to who really has the truth as to how the body works," she said. These kinds of practitioners often eschew vaccinations and other standard forms of treatments, preferring to concentrate on diet and exercise.

<http://www.hendersonvillenews.com/archive/news/stories/991116n2.html>

ASHEVILLE CITIZEN-TIMES (Asheville, NC)

<http://cgi.citizen-times.com>

Alternative practitioners relieved felony rule dropped

By John Boyle,

June 28, 2000

..... The licensure issue grabbed headlines last fall after an 8-year-old diabetic girl staying in Asheville died after she was taken off insulin. The practitioner involved in the case, Polk County resident Laurence N. Perry, awaits trial in Buncombe County, where the girl died, on charges of manslaughter and practicing medicine without a license, a misdemeanor. Perry billed himself as a doctor and naturopath.

Naturopathic doctor to stand trial in manslaughter case today

By Tonya Maxwell

POSTED: April 7, 2002 5:52 p.m.

ASHEVILLE - The trial of a man accused of involuntary manslaughter for his role in a child's insulin-related death is scheduled to begin today in Buncombe County Superior Court. Laurence Perry is charged with practicing medicine without a license and involuntary manslaughter in the death of 8-year-old Helena Rose Kolitwenzew.

Kolitwenzew, an insulin-dependent diabetic, died in Oct. 1999 while under Perry's care. At the time, Perry was practicing as a naturopathic doctor in Polk County. According to search warrants, Perry told the girl's mother that a medical doctor had misdiagnosed her child with juvenile diabetes and recommended a program to take her off insulin.

Perry's attorney, Locke Bell based in Gastonia, said he and his client "totally disagree with the mother's version" of events. "We're looking forward to finally getting this in front of a jury. We've been waiting two years," Bell said Friday. "Our dispute is with what the mother says and what my client told her."

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In February, Bell argued that Buncombe County prosecutors had no jurisdiction in the case, saying that Perry lived and worked in Polk County at the time of Kolutwenzew's death. The child died at a Buncombe County hospital. Prosecutors countered that Kolutwenzew's mother called Perry from their Buncombe County home and he gave her advice over the phone. A Superior Court judge agreed and scheduled the trial to begin today. Jury selection will begin today and the trial is expected to last about a week.

Testimony begins in alternative practitioner's manslaughter trial

By Tonya Maxwell

POSTED: April 9, 2002 2:17 p.m.

ASHEVILLE - Testimony in the trial of a man accused of involuntary manslaughter for his role in a child's insulin-related death is scheduled to begin today in Buncombe County Superior Court. Jury selection was completed today. The prosecution began presenting its case against alternative practitioner Laurence Perry around noon.

"He told me what I wanted to hear, that she was not a true diabetic," said Marion Kolutwenzew, mother of Helena "Rosie," Kolutwenzew who died of insulin deprivation in October 1999. Kolutwenzew also recalled Perry saying, "I'm not going to give you false hope," about her daughter's condition. Testimony will continue this afternoon.

A complete roundup of today's trial action will be posted later this evening on CITIZEN-TIMES.com and will be published in the Wednesday edition of the Asheville Citizen-Times.

Mother recounts daughter's death at Perry trial

Maxwell, Tonya

POSTED: April 9, 2002 11:24 p.m.

ASHEVILLE - An alternative medical practitioner on trial in the death of an 8-year-old girl said the child was suffering from a virus - not juvenile diabetes as other doctors diagnosed, the child's mother testified Tuesday. "He told me what I wanted to hear, that she was not a true diabetic," said Marion Kolutwenzew, mother of Helena Rose "Rosie," who died of insulin deprivation in October 1999.

Kolutwenzew was the first witness to testify against Laurence Perry, a Polk County alternative medical practitioner who was treating Helena at the time of her death. He is charged with involuntary manslaughter and practicing medicine without a license.

Attorneys finished jury selection Tuesday morning and the district attorney called Kolutwenzew to the stand.

According to Kolutwenzew, Perry said Helena was toxic and needed to have her system flushed with large doses of vitamin C. He also said those doses would initially cause diarrhea, but if that stopped shortly, the girl wasn't a true diabetic, Kolutwenzew testified. The diarrhea stopped, and Perry diagnosed Helena with a virus that caused her sugars to be elevated, her mother said. Perry said he couldn't rid the girl's body of the virus but would teach her system to live with the virus and without insulin, according to Kolutwenzew.

He prescribed a regimen to reduce her insulin intake, and on Oct. 19, 1999, an employee at Perry's clinic told Kolutwenzew to completely remove the child from insulin, Kolutwenzew testified. If she didn't stop insulin, Perry would no longer treat Helena, Kolutwenzew said.

Kolutwenzew testified she began calling Perry daily, but in the three days before Helena's death, she estimated that she called him between 20 and 50 times. Helena's condition was worsening, she said, and she begged Perry to help put Helena back on insulin. According to Kolutwenzew, Perry said the child was addicted to insulin and would have to overcome it. Prosecutors then played a tape voice mail that Perry left at Kolutwenzew's phone the day before Helena died.

On that tape, Perry told Kolutwenzew Helena's insulin addiction was on the verge of defeat. "We've got about two more hours, and we're going to physically beat this drug addiction we're dealing with here with the insulin," Perry said. He later added, "We're just about there, and tomorrow will be quite a victory day."

Asked by the district attorney if the next day was a victory day, Kolutwenzew replied, "She passed away the next day." But Perry's attorney, Locke Bell, told jurors that Kolutwenzew - not Perry - was responsible for Helena's death. "Mrs. Kolutwenzew, she allowed her child - it's tragic - she allowed her child to die to get her off insulin," Bell said in opening arguments. During his cross-examination, Bell attempted to portray Kolutwenzew as a mother who would go to any lengths to find a cure for Helena's juvenile diabetes and wean her off of insulin. Kolutwenzew did not admit that she was searching for a cure for the disease.

In his questioning, Bell established that Kolutwenzew sought treatment from a host of different types of traditional and alternative medical practitioners. For one treatment, in Mexico, Helena was injected with stem cells from embryonic sharks, her mother said. In October 1998, Helena was taken to a Transylvania County emergency room, suffering from high blood sugar. Bell asked if that was the same problem that would kill the child a year later. Kolutwenzew replied that she didn't know. Kolutwenzew is expected to continue testifying today, and the trial is slated to last through the week.

Mother testifies she trusted naturopath in diabetic daughter's care

By Tonya Maxwell

POSTED: April 10, 2002 11:03 p.m.

ASHEVILLE - The mother of a diabetic daughter who died of insulin deprivation told jurors Wednesday she trusted the alternative medical practitioner accused in the child's death, despite a "nutty" insulin regimen. "Much to my dismay, much to my inadequacy, much to my denigration, much to my inadequacy as a mother, I obeyed him," said Marion Kolitwenzew, her voice rising to a shout as she was cross-examined.

Kolitwenzew was speaking of Laurence Perry, who is charged with involuntary manslaughter and practicing medicine without a license in the October 1999 death of 8-year-old Helena Rose "Rosie" Kolitwenzew. Perry, who had a Polk County clinic at the time, was treating Helena.

On Wednesday, jurors listened to a second day of testimony by prosecution witnesses. They included the Mission St. Joseph's Health System emergency room doctor who attempted to revive Helena, Buncombe County Sheriff's detectives and the child's mother.

Prosecutors have attempted to portray Kolitwenzew as a devoted mother who sought information about juvenile diabetes from numerous medical and alternative physicians. Perry's defense attorney, Locke Bell, has attempted to portray Kolitwenzew as a woman determined to find a cure for the disease, even at the risk of her daughter's health.

Questioned repeatedly by Bell about the specifics of the insulin regimen Perry had prescribed, Kolitwenzew called the program "nutty." In part, it called for Helena's insulin to be reduced by about 82 percent over several days. When Bell began to ask why she would follow a "nutty" regimen, Kolitwenzew said Perry was highly recommended. "I trusted the people I met and his own demeanor," she said. "I had lots of thoughts about what he was asking me to do and what my daughter was doing."

Sheriff's deputies offered testimony about a note given to Kolitwenzew by Perry's office with instructions about Helena's care. The document, dated Oct. 4, 1999, said for them to prepare to stop insulin in four weeks. Officers also read portions of documents contained in Helena's medical file at Perry's office. Several notes were taken after repeated phone conversations with Kolitwenzew the day before her child's death. On Oct. 20, 1999, someone wrote, "Mother wants to put child back on insulin." Helena was taken to the hospital the next day and pronounced dead shortly after her arrival.

Doctor links Perry to second diabetic

By Tonya Maxwell

POSTED: April 11, 2002 11:45 p.m.

ASHEVILLE - The alternative medical practitioner accused of causing the death of an 8-year-old diabetic girl by taking her off insulin had previously told another family to reduce their daughter's intake of the drug, according to testimony of the child's pediatric endocrinologist.

Dr. Ann Boniface, a physician who was then practicing in South Carolina, told Buncombe County Superior Court jurors Thursday both she and Laurence Perry were treating the child, daughter of Mary Martin. Perry is charged with involuntary manslaughter and practicing medicine without a license in the death of Helena Rose Kolutwenzew, daughter of Marion Kolutwenzew.

Helena died in October 1999 of insulin deprivation. At the time, Perry owned a Polk County alternative medicine clinic and was treating Helena. Boniface said she became concerned with Perry's care after learning he told the Martins to reduce their daughter's insulin intake. "He said he had changed her insulin dose. It was hard to pin down much specific information," Boniface remembered of a December 1998 phone conversation she had with Perry.

She later added, "He said she would only take it (insulin) if it was necessary. But I couldn't get a specific on when it was necessary." The child had elevated blood sugar levels and was taking one insulin shot daily, she also testified.

The family later stopped taking the child to Perry, according to testimony by the girl's mother, Mary Martin. Under cross-examination by Locke Bell, who represents Perry, Martin said Perry instructed her to cut back the child's insulin. He did not tell her to stop dosages completely. The girl's insulin needs decreased under Perry's care, Martin also testified.

Today, prosecutors will begin a fourth day of their case against Perry. When questioned by the judge, district attorneys said they expect to wrap up around noon today.

Attorneys originally expected to hand the case to the jury this week, but Bell told the judge he expects the case to continue into next week. Bell gave no indication who - if anyone - would testify in Perry's defense.

Jury to begin deliberations Monday in naturopath's trial

By Tonya Maxwell

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POSTED: April 12, 2002 9:16 p.m.

ASHEVILLE - Jurors hearing the case of the naturopath accused in the death of an 8-year-old diabetic will likely consider evidence Monday, after both the prosecution and defense presented their arguments Friday. Laurence Perry, accused of involuntary manslaughter and practicing medicine without a license, took the stand in Buncombe County Superior Court Friday in his own defense.

Prosecutors allege that he instructed Marion Kolitwenzew to reduce dosages of insulin to her daughter Helena Rose "Rosie," leading to the child's death. She was declared dead at Mission St. Joseph's Health System on Oct. 21, 1999. She died of high blood sugar levels caused by insufficient insulin.

Perry told jurors a phone call left on Kolitwenzew's voice mail the day before the child's death was not intended to keep Helena off insulin. In a recording of the voice mail, Perry says, "We've got about two more hours, and we're going to physically beat this drug addiction we're dealing with here with the insulin. We're almost there."

According to Perry, he was not instructing Kolitwenzew to keep Helena off insulin. Instead, he testified, he used the word "with" meaning he was trying to help Helena by using insulin, not keeping her from it. "I chose my words very carefully here," he said. "We're going to do this with insulin, not to insulin."

He also said he left the voice mail in response to a message left by Kolitwenzew. Her message, he testified, likely indicated "everything was very fine with Rosie." Under questioning by Assistant District Attorney Rodney Hasty, Perry also said statements he wrote to Kolitwenzew about insulin dosages were suggestions, rather than instructions.

One statement, written by Perry on Oct. 4, 1999, reads, "Prepare to stop insulin in four weeks." "You are giving her instruction on preparing to stop insulin in four weeks?" Hasty asked. "Actually, I'm quoting what the mother asked me to do," Perry replied.

Perry added all notes given to his patients are on recommendation forms, and are not instructions. He later said he told patients that he is not a medical doctor and therefore can't change insulin dosages. If the jury convicts Perry, he could receive up to about 20 months in prison.

Contact Maxwell at 232-5957 or TMaxwell@CITIZEN-TIMES.com
<http://cgi.citizen-times.com/cgi-bin/story/10977>

Naturopath calls for state to license practitioners

FROM STAFF REPORTS
POSTED: April 13, 2002 10:46 p.m.

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Dr. Steven Coward is an Asheville naturopathic doctor who believes North Carolina should have a licensing system for naturopaths practicing in the state. After completing his bachelor's degree, Coward attended a naturopathic medical school, only one of four in the United States.

Like Coward, several regional naturopaths have attended the Buncombe County Superior Court trial of Laurence Perry. Perry, who also lists himself as a naturopath, was practicing in Polk County when he was first visited by Marion Kolitwenzew and her daughter, 8-year-old diabetic Helena Rose. Helena later died of insulin deprivation.

Prosecutors have charged Perry with involuntary manslaughter and with practicing medicine without a license in connection with her death. They believe that Kolitwenzew followed Perry's instructions to reduce the girl's insulin intake, leading to her death. The case helps illustrate why the licensing of naturopaths would benefit clients, say several naturopaths. With licenses, they say, patients would have better protections and guidelines about the qualifications of a particular doctor.

Question: What is naturopathic medicine?

Answer: Naturopathic medicine is a comprehensive approach to health care that combines the use of safe and effective traditional therapeutic modalities with modern diagnostic sciences and referral for conventional treatment when appropriate. The whole practice is built on the foundational principle of identifying and eliminating the cause of the patient's illness.

Q: And what are some examples of those therapeutic modalities?

A: In naturopathic medical school, we study six modalities. They are clinical nutrition, homeopathic medicine, botanical medicine, physical medicine, counseling or what we might call mind/ body medicine, and traditional Chinese medicine.

Q: Can you talk a little bit about your education as a naturopathic doctor?

A: Sure. I went to Southwest College of Naturopathic Medicine in Tempe, Ariz., outside of Phoenix. It's one of four post-graduate, four-year naturopathic medical schools in the U.S. The first two years are devoted primarily to studying the basic sciences and clinical sciences. This prepares us to assess a patient's condition and identify when we can treat and when we should refer. The third and fourth years are spent both studying naturopathic therapies and in intensive clinical training supervised by therapies naturopathic physicians and conventional medical doctors.

Q: And how does that translate here in North Carolina? What are you able to do with that education?

A: In North Carolina, which does not yet license naturopathic physicians, I'm really limited to consulting with patients about ways to optimize their health. I don't specifically diagnose and treat disease.

Q: And you frequently work in conjunction with conventional medicine and conventional doctors?

A: Yes, a lot of my patients see me and they see a conventional medical doctor. And I'm very open about what I do; I'll send written instructions home with patients that they can show to their doctors. When a patient comes to me who hasn't been diagnosed by a physician and needs to be, I refer them.

Q: I know that you attended portions of the trial of Laurence Perry. What issues does this highlight in your profession?

A: The big thing that this points out is that in states like North Carolina, where naturopathic physicians are not yet licensed, you can have people with a wide variety of training backgrounds, calling themselves naturopathic doctors. There's one group of people like myself, who went to four-year medical schools, passed national licensing exams, carry malpractice insurance and are licensed in other states. Another group got their degrees through distance learning and are not eligible for licensure anywhere in the U.S. For those programs, you basically study a handful of classes and take written exams through the mail.

Q: You've talked a little bit about licensing. There have been efforts in North Carolina, that were introduced in the House last session, to issue licenses to naturopathic doctors. Could you talk about that?

A: Yes, the effort to get that law passed is ongoing. The North Carolina Association of Naturopathic Physicians, of which I'm a member, is working to make that law a reality. This law would grant licenses to doctors who meet the criteria I've talked about. They are graduates of a four-year naturopathic medical school and have passed national licensing exams and/or state licensing exams as deemed appropriate by the bill. There are currently 11 states in the U.S. that license naturopaths and several more like North Carolina that are considering it. Citizens can help make that law a reality by contacting state legislators to voice their support.

Q: How would licensing benefit naturopathic doctors or patients?

A: It would benefit patients tremendously because right now a patient seeking the services of a naturopathic doctor in this state is solely responsible for identifying what the doctor's qualifications are. There are no standards, there's no governmental agency that's regulating the profession. And, with licensure in place, patients will know that anyone calling himself or herself a naturopathic doctor meets high educational standards.

Q: What should people look for if they're looking for a naturopathic doctor?

A: They should look for a doctor who has a four-year education from an accredited naturopathic medical school, has successfully completed national licensing exams, carries malpractice insurance and is licensed in a state that licenses naturopaths.

Q: What differences are there between a licensable naturopath in North Carolina versus one who is not licensable?

A: The things that are common to a licensable naturopathic doctor are that we've graduated from four-year accredited naturopathic medical schools, that we have taken national and/or state licensing exams, that we have licenses in states that license naturopathic doctors and that we can purchase malpractice insurance. An unlicensable naturopathic doctor cannot claim to have done any of those things.

Q: In the 11 states that do license naturopathic doctors, what are they generally allowed to do?

A: In states where we're licensed, we can diagnose and treat disease. That means we can perform physical exams and prescribe laboratory tests, like blood tests, X-rays, and ultrasounds to help evaluate a patient's condition. We're licensed to treat in accordance with our training.

Q: And why do folks usually turn to naturopathic doctors? What does naturopathic medicine have to offer that conventional medicine doesn't?

A: There are two groups of people that come to see me. One consists of people who have sought conventional treatment, and either their condition hasn't improved or they're experiencing side effects that are unpleasant. The other is made up of people who just plain want to avoid using conventional medicine if they don't have to. Both groups enjoy the same benefits. Naturopathic medicine is gentle, safe and highly effective.

Naturopath found guilty in diabetic girl's death, practicing medicine without license

Maxwell, Tonya

POSTED: April 15, 2002 11:46 p.m.

ASHEVILLE - A naturopath is guilty of practicing medicine without a license and involuntary manslaughter in the death of an 8-year-old diabetic, a Buncombe County Superior Court jury ruled Monday afternoon. The judge in the case sentenced Laurence Perry, a naturopath who was practicing in Polk County at the time of the child's death, to a 12- to 15-month prison term. Perry, 48, was accused of regulating the insulin doses of Helena Rose "Rosie" Kolitwenzew. The child died under his care in October 1999. An autopsy later showed she died of high blood sugar levels brought on by insulin deprivation.

Monday morning - one week after the case opened - jurors heard closing arguments and returned guilty verdicts after deliberating for about an hour and a half. After the verdicts, Assistant District Attorney Rodney Hasty said a combination of evidence offered in the case spoke clearly to Perry's intent. That evidence included Helena's records seized from Perry's office and a taped phone message, in which Perry seems to be telling Marion Kolitwenzew to keep her daughter off insulin.

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Kolitwenzew, who declined comment, has sparked controversy for her own role in Helena's death. She was portrayed by Perry's defense attorney as a woman determined to find a cure for her child's juvenile diabetes and wean the girl off insulin at almost any cost, including Helena's own well-being. During his closing argument, Hasty frequently addressed the issue, saying Kolitwenzew will live with her decisions for the rest of her life. But it was under Perry's care that Helena died, he stressed.

Perry's mother was among the 30 people who have frequented the trial in support of her son. Both she and her husband are diabetics and Perry has never interfered in their treatment, she said as she left the courtroom. "I serve a God that is a true and loving God and he knows the truth," said Carolyn Cagle, in tears. "I know my son is going to be OK. A mother should never take someone else's word about how to take care of her child." Like Cagle, Perry supporter Carolyn Teague said Kolitwenzew knew she was endangering Helena's health. "This knocks the shoes off my feet," she said of the verdict. "I can't believe people can't see through this. The mother admitted she was responsible."

Buncombe County District Attorney Ron Moore said he does not condone Kolitwenzew's actions, but will not prosecute her. He referred to another case with a juvenile diabetic that prosecutors brought out in trial. In that incident, prosecutors allege Perry altered the child's insulin regimen. "The focus needs to be on Laurence Perry, especially given there had been a previous situation in South Carolina concerning another diabetic child," he said.

Contact Maxwell at 232-5957 or TMaxwell@CITIZEN-TIMES.com << back

Research key to searching for an alternative doctor

By John Boyle

POSTED: April 17, 2002 11:03 p.m.

Marion Kolitwenzew dreamed a dream that any parent of a diabetic child would have. "I hoped to find something that would help her," she testified last week. "I hoped to find a cure." Instead Kolitwenzew found her 8-year-old daughter, Helena "Rosie" Kolitwenzew, dying from a lack of insulin in October 1999.

On Monday a jury convicted Polk County "naturopathic doctor" Laurence Perry of involuntary manslaughter and practicing medicine without a license for his involvement. He'll serve 12 to 15 months for suggesting Rosie simply was suffering from a virus and could beat her "addiction" to insulin. Without insulin, child diabetics die.

With a correspondence degree in nutrition and unlimited audacity, Perry billed himself as a "naturopath" and "doctor." He obviously exceeded the extent of his medical knowledge with his "recommendations." But I don't lay all the blame with Perry. Kolitwenzew took

Kolitwenzew, who declined comment, has sparked controversy for her own role in Helena's death. She was portrayed by Perry's defense attorney as a woman determined to find a cure for her child's juvenile diabetes and wean the girl off insulin at almost any cost, including Helena's own well-being. During his closing argument, Hasty frequently addressed the issue, saying Kolitwenzew will live with her decisions for the rest of her life. But it was under Perry's care that Helena died, he stressed.

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With a correspondence degree in nutrition and unlimited audacity, Perry billed himself as a "naturopath" and "doctor." He obviously exceeded the extent of his medical knowledge with his "recommendations." But I don't lay all the blame with Perry. Kolitwenzew took

her daughter to a dozen alternative practitioners before finding someone to recommend the undoable.

One of Perry's numerous supporters told me Perry is simply a scapegoat because people are prejudiced against alternative medicine. I think people are just prejudiced against practitioners like Laurence Perry, who's unfortunately become the face of alternative medicine for many people.

"As far as I know, he's not a true naturopath," said John Davis, a naturopathic doctor in Asheville and a graduate of a four-year naturopathic medical school. "He's a nutritionist calling himself a naturopath. It highlights the need for licensure of naturopaths in this state."

I'm not against alternative medicine. Americans wouldn't be spending \$27 billion a year on it if it didn't work. Patients clearly want more than a rushed five-minute exam and a prescription. But it amazes me that people who are completely skeptical about traditional docs won't employ any skepticism about alternative practitioners.

"Whether you're looking into a naturopath, an alternative physician, a family practice doctor or a brain surgeon, people need to do their homework, and people often do not," said Candace Campbell, executive director of the American Association for Health Freedom, an alternative practitioner lobbying group in Washington, D.C.

Here are some red flags about alternative practitioners:

- Directing you not to tell your medical doctor about the alternative treatment.
- Doesn't want to work with a traditional doctor.
- Makes extravagant claims.
- Wants to take you off prescriptions quickly.
- Becomes uneasy when asked about his background.

So check out the practitioner. Ask if they're licensed and confirm it with the licensing board. Call the Better Business Bureau. Be skeptical. It's your life.

John Boyle's column appears on Mondays, Thursdays and Saturdays. Contact him at 232-5847 or JBoyle@CITIZEN-TIMES.com.

Juror relates experience of serving during Laurence Perry trial

By Trisha Phipps

POSTED: April 26, 2002 6:43 p.m.

I could not resist the urge to respond to John Boyle's column, "Research key to alternative doctor search" (AC-T, April 18). As a registered nurse for 16 years and a juror

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for the trial of Laurence Perry, I am humored by the comment made by one of his "numerous" supporters in that article.

It stated that Perry was a "scapegoat" because "people are just prejudiced against practitioners." Even more humorous is that it goes on to state that Laurence Perry has "become the face of alternative medicine for many people." Surely the face of alternative medicine can withstand this pitiful challenge just as western medicine has withstood its own public embarrassment on a regular basis.

I have always found the holistic approach (body, mind and spirit) the only way to treat/care for people and is the core of what nursing is all about. I see healing not as an outcome, but as a process utilizing the best of both our traditional and complementary (better word than "alternative") medicine.

How this is defined in my nursing practice depends on the individual and I do not perform outside my scope of practice. For some, it is the addition of vitamins and supplements. For others, it is acupuncture, homeopathy, massage, chiropractic care, sweat lodges, meditation, prayer, 12-step groups or any number of other additional healing modalities. I do not prescribe these options, but may suggest/support any patient's right and privilege to add these things to their current medical treatment, with their primary physician's blessing, or at least their physician's awareness.

This is the part Perry forgot. In this case, Laurence Perry was not the face of alternative medicine and it was not prejudice that convicted him. The clear evidence and law convicted him. Believe me, by the time the jury was ready to deliberate, alternative medicine was a non-issue. The issue was practicing medicine without a license and then the more difficult task of deciding whether he was guilty of involuntary manslaughter. While Marion Kolitwenzew was responsible for choosing her daughter's care, she was not the person on trial. Laurence Perry was the "near cause" and could have been the "last cause" of her daughter's death. (This is what the law states.) Nonetheless, he did participate in the process of regulating/adjusting her insulin which ultimately led to her death. Thus, he was convicted of both charges. It was not rocket science and in the end, it was almost a no-brainer.

My job as a juror was done and I truly believe that we made the appropriate decisions given the evidence and framework of the law. I left that courtroom feeling completely drained and lost two job interviews the week I participated. Yet I was very proud to be able to participate in such an important civic duty with a talented, diverse and cool group of people.

One of the most difficult challenges of being a juror was keeping my mouth shut for six days. I do not believe I was alone in this. Not being able to discuss any details of the trial until deliberations is enough to give the best of balanced individuals a bleeding ulcer. I now have a very healthy respect for anyone who has had to serve in lengthy public cases such as the trial of Timothy McVeigh or O.J. Simpson.

As I sat there grinding my teeth and squirming in my seat listening intently, several profound thoughts kept circling in the back of my brain. So, rather than share information on how to pick an alternative medicine practitioner, I will share more global words of wisdom gained from this trial. These were the "theme thoughts" of this trial for me and I share them with hopes that their truth will stay with you and a prayer that the tragedy of Helena Rose Kolitwenzew will never be repeated.

1. Desperate people do desperate things.
2. If it sounds too good to be true, it probably is.
3. Trust in God, but tie your camel tight. (A Turkish saying)

NO. COA02-1356

NORTH CAROLINA COURT OF APPEALS

Filed: 15 July 2003

STATE OF NORTH CAROLINA

v.

LAURENCE PERRY

Appeal by defendant from judgment entered 15 April 2002 by Judge James L. Baker in Buncombe County Superior Court. Heard in the Court of Appeals 11 June 2003.

Attorney General Roy Cooper, by Special Deputy Attorney General Francis W. Crawley, for the State.

James N. Freeman, Jr. for defendant.

TYSON, Judge.

Laurence Perry ("defendant") appeals from his convictions of and sentence for involuntary manslaughter and practicing medicine without a license. We find no error.

I. Background

In March of 1997, Helena Rose Kolitwenzew ("Rose") was six years old and was diagnosed with Type I Juvenile Diabetes. Rose's mother, Marion Kolitwenzew ("Marion"), was informed that her daughter would be insulin dependent for the rest of her life. Marion tried many methods of alternative medicine for her daughter including blue shark embryo injections in Mexico and acupuncture. On several prior occasions, Rose had to be taken to a medical facility to be treated for low blood sugar when her mother

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either did not administer her insulin or reduced her insulin level. Rose was being treated by Simon Becker who believed "that what Rosie had was a virus, that it was acting viral." During all of her alternative medicine treatments, Marion continued to take her daughter to a medical doctor.

In September 1999, Becker referred Marion and Rose to defendant, a naturopath. Defendant lived and worked in Polk County. On 20 September 1999, Marion took Rose for her first visit to defendant at his Polk County office. Marion listed her address in Transylvania County. Marion testified that defendant's office was set up with examination rooms similar to a doctor's office and that there were "medical instruments" in the cabinets in the room. Defendant wore a white coat. Marion testified that, at that first meeting, defendant informed her that "he was a consultant for the Government on viruses." Defendant began rubbing olive oil on Rose's feet and marking them with a magic marker.

Defendant started Rose on a vitamin C regimen to determine whether she was truly diabetic. On 4 October 1999, Marion again brought her daughter to defendant in Polk County who determined that Rose had a virus which caused Rose's blood sugars to be elevated. His treatment attempted to "teach" Rose's immune system to make the virus not affect the blood sugars. Defendant orally and in writing instructed:

Start 10/4/99, Arnica liquid extract, take five drops on tongue, five times a day, follow with water. Take for five days and stop. For blockages in the blood supply of the kidneys (arteries) pus type blockage. She has lot of poisons in her body and moving to Mexico will be good for patient to receive the care she needs. Remove all other supplements and medications for four weeks except Beyond Chelation Packets. Begin 10/9/99, Beyond Chelation Packets, take one dose each morning with food for four weeks and stop. To reduce infection and raise the immune system. Resume treatments in Mexico afterwards. Prepare to stop insulin in approximately four weeks. Diet, a lot of peanut butter and legumes with regular medications.

Marion testified that Defendant instructed her, through telephone conversations relayed by Janice, defendant's employee, to reduce Rose's insulin. On 19 October 1999, defendant instructed Marion to stop all insulin. Over the course of the next three days, defendant called the office "20 to 50 times." Marion testified:

[Rose] was vomiting. He told me not to take her blood sugar because we would go into shock because it would be so low, but I took her blood sugar and it was 477. He told me that this was a reaction, a shock reaction, it was just stress. I begged him to help me put her back on the insulin. I asked Janice, I told Janice, I said we need to put her back on the insulin, and Janice told me he can no longer see you if you -- ... If you put her back on the insulin, if you don't follow his directions. He told me -- I explained to him that I didn't think this was the right time to do this, this wasn't working, and that we needed to put her back on the insulin, and I was talking to him directly and he said to me that her system was weak and that she could beat this virus now. It was like a moon shock and it was a window of opportunity now, and if we didn't take it now, she would never be able to overcome it, and if she didn't overcome it now, that she would be on dialysis in three months. And he assured me that he knew what he was doing, that he had done this hundreds of times and that I would have my little girl back without insulin.

On 21 October 1999, Rose died from diabetic ketoacidosis.

Defendant testified on his own behalf that he held himself out as a naturopath. He testified that it was hard to obtain information from Marion and he called her "one of the most difficult parents that I have ever had to deal with." During multiple calls to defendant from Marion, defendant told Marion to "give insulin now" to Rose. Defendant testified he "never told her to just quit insulin." He told her that he could not prescribe anything but that he could recommend.

I told her not to [stop insulin]. I told her in the way that insulin is something that -- especially type 1, is something that a person is just going to have to take the rest of their life. You're not going to be able to get her off. However, you can supplement that insulin with supplementations of vitamins and so forth, nutrition that will help the person, whoever they are, cope with having to take insulin as a type 1 diabetic.

At 7:50 pm on 20 October 1999, defendant called Marion in response to multiple calls from her. Defendant was shocked by how high Rose's blood sugar level was and was "more in, if you will, an argument with her why she's not giving Rosie insulin." Defendant was indicted and tried in Buncombe County.

The jury found defendant guilty of involuntary manslaughter and practicing medicine without a license. The trial court entered judgment and sentenced defendant to a consolidated active sentence of twelve to fifteen months. Defendant appeals.

II. Issues

Defendant contends the trial court erred in (1) failing to dismiss for improper venue, (2) admitting into evidence a note from defendant's employee to Marion, (3) refusing to allow defendant to question Lieutenant Fredrickson whether the State would issue a license to an illegal business, (4) admitting testimony from an officer concerning what medical records stated, (5) admitting evidence regarding defendant's treatment of another patient, (6) admitting testimony and photographs regarding the appearance of the schools on defendant's diplomas, (7) refusing to admit character evidence of defendant's habit and character for being a law-abiding citizen and not holding himself out as a physician, (8) denying defendant's motion for mistrial because of statements regarding an SBI investigation, (9) denying defendant's motion to dismiss for insufficient evidence, and (10) failing to sustain objection to improper closing arguments.

III. Venue

Defendant contends the trial court erred in denying defendant's motion to dismiss for improper venue.

Defendant was indicted for both the felony of involuntary manslaughter and the misdemeanor of practicing medicine without a license in Buncombe County. Defendant had lived and worked in Polk County for more than fourteen years. The face-to-face visits between Rose, Marion, and defendant occurred only in Polk County. The listed address for Marion and Rose was in Transylvania County. The cell phone used by Marion was based in Transylvania County. During the last days of Rose's life, she and her mother had been staying in a camp ground inside of Buncombe County. Marion

placed cell phone calls from Buncombe County to defendant in Polk County. He returned those calls to her Transylvania cell phone number while she was in Buncombe County. Rose was admitted to a hospital in Buncombe County where she died. N.C. Gen. Stat. § 15A-131(c) (2001) provides that “venue ... lies in the county where the charged offense occurred.” “An offense occurs in a county if any act or omission constituting part of the offense occurs within the territorial limits of the county.” N.C. Gen. Stat. § 15A-131(e). When acts constituting the offense occur in multiple counties, each county has concurrent venue. N.C. Gen. Stat. § 15A-132(a). N.C. Gen. Stat. § 15A-132(b) provides “If charged offenses which may be joined in a single criminal pleading under G.S. 15A-926 occurred in more than one county, each county has concurrent venue as to all charged offenses.” N.C. Gen. Stat. § 15A-926(a) provides for joinder when the offenses “are based on the same act or transaction or on a series of acts or transactions connected together constituting parts of a single scheme or plan.”

The State argues that while Rose and Marion were located in Buncombe County, defendant called them, talked with them, and committed both violation of a statute and criminal negligence. Rose died in Buncombe County. These are sufficient “acts or omissions constituting part of the offense” of involuntary manslaughter. N.C. Gen. Stat. § 15A-131. Because the offenses are joinable offenses under N.C. Gen. Stat. § 15A-926(a), venue is proper in Buncombe County for both of the charged offenses. N.C. Gen. Stat. § 15A-131. This assignment of error is overruled.

IV. Admission of Note to Marion

Defendant contends the trial court erred in allowing Marion to testify to the contents of a “nutriscription” and admitting the “nutriscription” which Marion testified did not come from defendant but from an unknown employee of defendant. We disagree.

The State introduced a copy of a nutriscription from 4 October 1999 through Marion and over defendant's objection. The State introduced, without objection, the original “nutriscription” and the medical records documenting it through Detective Constance. “Where evidence is admitted over objection and the same evidence has been previously admitted or is later admitted without objection, the benefit of the objection is lost.” *State v. Alford*, 339 N.C. 562, 570, 453 S.E.2d 512, 516 (1995).

By failing to object to the later admission of the same evidence, defendant has waived any benefit of the original objection and failed to preserve the issue for appeal. This assignment of error is overruled.

V. Evidence of Privilege License

Defendant contends the trial court erred in failing to admit the offer of proof testimony of Lieutenant Fredrickson:

[Defendant's Counsel]: Officer, based on your investigations that you testified about the issuance of license by the State of North Carolina, the State of North Carolina would not issue a license or a privilege license for an illegal business; would it?

A: No.

Defendant contends the evidence was relevant to show that his practice was not illegal. Defendant was allowed to admit into evidence the following exchange between defendant's counsel and Lieutenant Fredrickson:

Q. What knowledge do you have as to what Laurence Perry had to produce to the State of North Carolina to get a privilege license?

A. We were interested in what -- that same question, what you would have to have and we asked what the privilege license was. It was just a formality that any business had to have.

Q. Any legal business; isn't that correct? You couldn't get a privilege license to practice some business that's against the law; could you?

A. I don't know. I wouldn't think so.

To be reversible error, defendant must show that "there is a reasonable possibility that, had the error in question not been committed, a different result would have been reached at the trial out of which the appeal arises." N.C. Gen. Stat. § 15A-1443(a). Presuming error in failing to admit the evidence, defendant has failed to prove prejudice in light of the other similar admitted evidence. This assignment of error is overruled.

VI. Detective Constance's Testimony

Defendant contends the trial court allowed Detective Constance to testify that "there are numerous phone consultations" in the progress notes.

The testimony came while Detective Constance was reading to the jury parts of Rose's medical records seized from defendant. Detective Constance noted that there were "numerous phone consultations" in response to the question "In the progress notes, do the progress notes record when [Marion] would call in and report Rosie's condition?"

Detective Constance was looking at the medical records and indicated that the medical records showed "numerous" phone calls. The medical records were admitted into evidence and published to the jury without any objection. Defendant failed to preserve the objection or to show that "there is a reasonable possibility that, had the error in question not been committed, a different result would have been reached." N.C. Gen. Stat. § 15A-1443(a). This assignment of error is overruled.

VII. Treatment of Martin

Defendant contends the trial court erred in admitting the testimony of Mary Martin and of Tekeela Suber regarding defendant's treatment of Mrs. Martin's daughter for type 1 juvenile diabetes starting in 1996. Mrs. Martin testified that during the initial examination of her daughter, defendant put marks on her feet, and "gave her a magnet to put on her back." Defendant presented only a general objection to the testimony which was overruled. Ms. Suber was a registered nurse working with Mrs. Martin and Dr. Boniface to treat the daughter's juvenile diabetes. Ms. Suber testified "I called [the Martins] because her blood sugars were elevated and Dr. Boniface told me to tell [them] to put her back on insulin."

Rule 404(b) of the Rules of Evidence allows for the admission of evidence of prior acts to show defendant's plan, motive, intent, knowledge, and absence of mistake. N.C. Gen. Stat. § 8C-1, 404(b). It is a rule of inclusion and defendant's prior acts should be excluded if their "only probative value is to show that the defendant has the propensity or disposition to commit an offense of the nature of the crime charged." *State v. Coffey*, 326 N.C. 268, 278-79, 389 S.E.2d 48, 54 (1990). The rule of inclusion of evidence under Rule 404(b) is "constrained by the requirements of similarity and temporal proximity." *State v. Al-Bayyinah*, 356 N.C. 150, 154, 567 S.E.2d 120, 123 (2002) (citing *State v. Lloyd*, 354 N.C. 76, 88, 552 S.E.2d 596, 608 (2001)).

Mrs. Martin testified to multiple aspects of defendant's treatment of her daughter for juvenile diabetes including his belief that her diabetes was a virus, his plan to stop her insulin, and incremental decreases in her insulin. Mrs. Martin's daughter's blood sugar rose as a result of the treatment plan. Defendant's treatment of Martin's daughter was similar to the evidence the State presented of defendant's treatment and actions with regard to Rose.

Further, defendant has failed to show that "there is a reasonable possibility that, had the error in question not been committed, a different result would have been reached." N.C. Gen. Stat. § 15A-1443(a). These assignments of error are overruled.

VIII. Schools Defendant Attended

Defendant contends the trial court erred in admitting evidence regarding the physical locations of the addresses of the Universities listed on defendant's diplomas and resume. Defendant contends the evidence is not relevant and even if relevant, it should have been excluded under Rule 403 of the Rules of Evidence. We disagree.

Evidence is relevant if it has any tendency to make the existence of a fact in issue more or less probable. N.C. Gen. Stat. § 8C-1, Rule 401. Relevant evidence may be excluded "if its probative value is substantially outweighed by the danger of unfair prejudice, confusion of the issues, or misleading the jury, or by considerations of undue delay, waste of time, or needless presentation of cumulative evidence." N.C. Gen. Stat. § 8C-1, Rule 403. Whether evidence should be excluded under Rule 403 is discretionary with the trial court and will not be overturned absent a showing of abuse of that discretion. *State v. Anderson*, 350 N.C. 152, 175, 513 S.E.2d 296, 310, cert. denied, 528 U.S. 973, 145 L. Ed. 2d 326 (1999).

The State attempted to show the physical locations of the Universities which defendant's resume and diplomas showed he attended and which bestowed upon him his title of "doctor." The State argues that the evidence tends to show that defendant was holding himself out as a medical doctor. Defendant has failed to show that the trial court abused its discretion in admitting the evidence. This assignment of error is overruled.

IX. Character Evidence of Defendant

Defendant contends the trial court erred in refusing to admit the testimony of Nancy Bahmueller, Carolyn Teague, and Joe Kownslar all of whom testified during an offer of proof that: (1) they knew the defendant between two and four years; (2) defendant never told them to stop taking medicines that physicians had prescribed; (3) defendant never

told them to stop seeing other healthcare providers; (4) defendant did not hold himself out as a doctor; and, (5) defendant held himself out as a naturopath. At trial, defendant's theory for admissibility was that the State "opened the door" to specific instances by presenting evidence regarding defendant's dealings with and treatment of the Martins. Defendant asserts the right to refute the evidence. On appeal, defendant argues the evidence is admissible under Rule 404(a)(1) or Rule 406. Neither of these were argued before the trial court. "Because defendant failed to make this argument at trial, he cannot 'swap horses between courts in order to get a better mount in [this Court].'" State v. Hamilton, 351 N.C. 14, 22, 519 S.E.2d 514, 519 (1999) (quoting State v. Sharpe, 344 N.C. 190, 194, 473 S.E.2d 3, 5 (1996) (quoting Weil v. Herring, 207 N.C. 6, 10, 175 S.E. 836, 838 (1934))). Defendant has failed to properly preserve the issue for appellate review on the grounds asserted. This assignment of error is overruled.

X. Motion for Mistrial

Defendant contends the trial court erred in denying his motion for a mistrial based on Detective Constance's testimony regarding his familiarity of a signature based on a law enforcement investigation.

A motion for mistrial is discretionary with the trial court and will not be overturned absent a showing of an abuse of discretion. State v. Powell, 340 N.C. 674, 692, 459 S.E.2d 219, 228 (1995). Defendant contends the trial court abused its discretion because no curative instruction was given and "the mountains of prejudicial and irrelevant evidence admitted."

Detective Constance was testifying to his knowledge of the signature of Gregory Cappenger who signed one of defendant's diplomas. Detective Constance stated "I worked with or assisted and reviewed a case with the Federal Bureau of Investigation --." Defendant objected and the trial court sustained the objection. Defendant failed to move to strike or request a curative instruction. Defendant waited until seven other witnesses had testified and until the next morning before making his motion for a mistrial based on Detective Constance's statement which was objected to and sustained.

During the hearing on the motion for a mistrial, the trial court asked "Out of curiosity, if you felt it was so prejudicial, why did [you] not make some statement about it immediately?" Neither the State nor the trial court remembered the explicit testimony which was the basis of the motion other than that defendant objected, the trial court sustained the objection, and the State did not continue the examination on that basis. The trial court concluded that "the court cannot find that the event which has been described by the defendant, even if it did occur in the manner in which the defendant has described, constituted an error or legal defect in the proceeding inside or outside the courtroom resulting in substantial and irreparable prejudice to the defendant's case." The trial court denied the motion for a mistrial.

Defendant has failed to show that the trial court abused its discretion in denying the motion for a mistrial. This assignment of error is overruled.

XI. Insufficient Evidence

Defendant contends the trial court erred in denying its motion to dismiss for insufficient evidence made and renewed at the end of the State's evidence and the end of all evidence. We disagree.

A motion to dismiss should be denied if, taking the evidence in a light most favorable to the State, substantial evidence exists of each essential element of the offense charged and of defendant being the perpetrator of the offense. *State v. Earnhardt*, 307 N.C. 62, 65-66, 296 S.E.2d 649, 651 (1982). "Substantial evidence is such relevant evidence as a reasonable mind might accept as adequate to support a conclusion." *State v. Smith*, 300 N.C. 71, 78-79, 265 S.E.2d 164, 169 (1980) (citations omitted). "If there is more than a scintilla of competent evidence to support the allegations in the warrant or indictment, it is the court's duty to submit the case to the jury." *State v. Horner*, 248 N.C. 342, 344-45, 103 S.E.2d 694, 696 (1958).

A review of the record shows that the State presented sufficient evidence of the elements of both charges to survive defendant's motion to dismiss. The trial court properly denied defendant's motions. This assignment of error is overruled.

XII. Closing Arguments

Defendant contends the trial court erred in overruling his objection to the State's closing argument. We disagree.

"During a closing argument to the jury an attorney may not ... make arguments on the basis of matters outside the record" N.C. Gen. Stat. § 15A-1230. Control of the arguments of counsel rests in the discretion of the trial court. This Court "ordinarily will not review the exercise of the trial judge's discretion in this regard unless the impropriety of counsel's remarks is extreme and is clearly calculated to prejudice the jury in its deliberations." *State v. Johnson*, 298 N.C. 355, 369, 259 S.E.2d 752, 761 (1979) (citing *State v. Taylor*, 289 N.C. 223, 221 S.E.2d 359 (1976)). "[T]he impropriety of the argument must be gross indeed in order for this Court to hold that a trial judge abused his discretion in not recognizing and correcting ex mero motu an argument which defense counsel apparently did not believe was prejudicial when he heard it." *Id.*

Although closing arguments were not recorded, defendant noted in the record:

during the State's closing argument, Mr. Hasty [counsel for the State] -- that Mr. Hasty held up some medical records of Dr. Biddle which were not in evidence. He held them up in front of the jury and he read from them in front of the jury showing that what he was reading, that I objected to this, and I want the record to reflect that that -- those documents had not been put in evidence and that the matter that he read had not been put into evidence.

The State responded that the argument was proper "because the defense referred to them in their argument."

During the testimony of Marion, defendant's counsel specifically asked Marion about Rose's medical records from Dr. Biddle and read those records into the record through questioning of Marion. The actual medical record was not admitted into evidence. Defendant did not disagree with State's argument that the defense referenced the records during its closing arguments. The contents of the medical records and the existence of the

medical records from Dr. Biddle were in evidence. The State did not go outside the scope of the evidence when it read from the records during closing arguments.

Defendant also noted that he objected when the State did the same thing with notes from Officer Frederickson. The trial court responded, "I did not hear anything referred to in the closing argument though that was not testified to by Officer Frederickson." Defendant does not contradict or argue against the trial court's statement that everything the State referred to in closing was in evidence through the testimony of Officer Frederickson. The trial court did not abuse its discretion in overruling defendant's objections to the State's closing arguments. This assignment of error is overruled.

XIII. Conclusion

The trial court did not err in denying defendant's motion to dismiss for improper venue. We hold the trial was free from prejudicial error that defendant assigned and argued.

No Error.

Judges MARTIN and LEVINSON concur.

More on Brian O'Connell:

Wheat Ridge Police Department Press Release: Brian O'Connell

Police Execute a Search Warrant on a Naturopathic Clinic in Wheat Ridge

On March 30 2004, 11:00 am, Wheat Ridge Detectives arrested Brian Edward Patrick O'Connell, 36, for Practicing Medicine Without a License. O'Connell is the Medical Director of Mountain Area Naturopathic Associates located at 4964 Ward Road in Wheat Ridge, where it is reported he provides naturopathic services. O'Connell allegedly has a client base of about 4000 people. On Thursday, March 25, 2004, Wheat Ridge Police received a complaint that two persons were admitted to Lutheran Medical Center in critical condition immediately after receiving treatment from O'Connell. At 9:00 am on March 30, 2004, a search warrant was executed at O'Connell's office located at 4964 Ward Road. Evidence related to medical procedures and practices performed within the office was obtained pursuant of the warrant and is being evaluated by police. O'Connell was released pending the filing of formal charges. Any person with concerns or information may contact the Wheat Ridge Police Department at 303.235.2947.

Article Published: Wednesday, March 31, 2004

Naturopath arrested after 2 hospitalized

By Bazi Kanani

9News

A holistic-medicine practitioner in Wheat Ridge was arrested Tuesday after police executed a search warrant at his office. Police say that 36-year-old Brian O'Connell was practicing medicine without a license.

"We are concerned that he is performing procedures that he is not licensed or trained to perform and, in essence, putting individuals in harm's way, risking their lives and their health," said Wheat Ridge police spokesperson Lisa Stigall.

O'Connell declined to comment. His attorney, Pat Ridley, said his client is a reputable, well-respected naturopath who holds the title N.M.D. (naturopathic medical doctor) and has never held himself out as a regular M.D.

Stigall said that on Thursday, a 17-year-old girl was being treated in O'Connell's office, Mountain Area Naturopathic Associates, 4964 Ward Road. Paramedics were called after she went into cardiac arrest. She was rushed to Exempla Lutheran Medical Center in critical condition.

Police confirmed the girl had undergone a procedure in which blood was removed from her body, passed under ultraviolet light, and then restored.

Patients said that O'Connell performed this procedure, referred to as photoluminescence, or ultraviolet blood irradiation. Websites promoting the procedure say it can treat a variety of illnesses because the ultraviolet light can increase oxygen in the blood, deactivate toxins and viruses, and stimulate the immune system.

The American Cancer Society's website says there is no evidence that ultraviolet blood irradiation is effective in treating any condition.

Police confirmed that O'Connell had two patients show up at the same hospital emergency room over two days. Before the episode involving the girl, a middle-aged man had been taken to Lutheran by family members.

That man has since died, possibly from his original illness, rather than the treatment. The 17-year-old is expected to make a full recovery, according to police. Privacy laws prevent hospitals from releasing personal medical information.

At www.askdoctorub.com, O'Connell writes that he holds a doctorate in naturopathic medicine but does not mention what school he attended.

According to the state Department of Regulatory Agencies, which oversees medicine in Colorado, certain naturopaths with a four-year accredited degree can refer to themselves as "doctor" without violating the law.

But a department spokesperson says it's an unregulated field and that the legislature has failed to define medical titles more clearly, despite recommendations from the department.

Rocky Mountain News O'Connell Article, Saturday May 22, 2004

Website address:

http://www.rockymountainnews.com/drmn/local/article/0,1299,DRMN_15_2906021,00.html

Blood procedure prompts arrest

By Sue Lindsay, Rocky Mountain News

May 22, 2004

A Wheat Ridge holistic-health practitioner accused of removing and replacing blood from patients was arrested on charges of practicing medicine without a license.

Wheat Ridge police arrested Brian O'Connell Wednesday on charges of criminal impersonation, practicing medicine without a license, assault and theft. He was released on \$50,000 bond Thursday and is due back in court June 1 to be formally charged.

O'Connell, 36, is a naturopath and the medical director of Mountain Area Naturopathic Associates at 4964 Ward Road in Wheat Ridge.

Several patients have been rushed to Exemplar Lutheran Medical Center recently after receiving treatments at O'Connell's office, including a 17-year-old girl who went into cardiac arrest March 25, according to police.

The girl had undergone a procedure called photoluminescence or ultraviolet blood irradiation, in which blood was removed from her body, passed under ultraviolet light and then returned to her body, according to an arrest affidavit.

The procedure is supposed to combat illness by increasing oxygen in the blood, stimulating the immune system and fighting viruses and toxins.

O'Connell is not a physician, but says he holds a doctorate in naturopathic medicine, but police say he received his training from a correspondence course. He refers to himself as Dr. Brian O'Connell on his web site, which features a photo of him in a white jacket with stethoscope.

Naturopaths are not licensed in the state of Colorado. Susan Miller, director of the Colorado Board of Medical Examiners, said that the medical board would view the treatments O'Connell was giving as practicing medicine.

O'Connell told police that following the blood removal and replacement treatment, the 17- year-old girl gasped for breath and passed out after he injected her with vitamins B12 and C.

"He said he had never seen anything like that in 25 years," Wheat Ridge Sgt. Peter Ellis said in the arrest affidavit.

O'Connell attributed it to a panic attack, but physicians said she had a heart attack possibly triggered by an air or blood embolism, anaphylactic shock or a contaminated product, the affidavit said.

Physicians at Lutheran Medical Center told police they were concerned about O'Connell's practices and that he was advising doctors how to treat his patient, the affidavit said.

Dr. Joanne Edney told police that the blood treatment O'Connell used "dates back over 100 years" but she didn't know if it has any medical value, the affidavit said.

Another physician told police she feared O'Connell's treatment may have hastened the death of a 55-year-old male cancer patient. He was brought to Lutheran Medical Center two days before the 17-year-old girl, the affidavit said.

Police found many controlled substances at O'Connell's office. He had a DEA license to possess controlled substances which police say was fraudulently obtained and would not be valid for his work in the Wheat Ridge clinic.

The license was issued in connection with O'Connell's work with Heritage Health, which he said was an animal research lab in Fort Collins affiliated with Colorado State University, the affidavit said.

Police later learned that Heritage Health, the supposed animal research lab, was really a diet supplement company and has no research affiliation with CSU, the affidavit said.

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Greetings from [CBS 4 Denver!](#)
CBS 4 Denver.

'Fake Doctor' Charged With Practicing Without License

He's known to hundreds of people as Dr. O'Connell, but on Tuesday he faced a judge accused of practicing medicine without a license.

Investigators said Brian O'Connell used invasive procedures to treat his patients, and in some cases put his patients in danger.

Authorities said [Click here for the rest of this story.](#)

http://news4colorado.com/crimeaccidentreport/local_story_154141909.html

'Fake Doctor' Charged With Practicing Without License

Jun 2, 2004 12:10 pm US/Mountain

WHEAT RIDGE, Colo. (News 4) He's known to hundreds of people as Dr. O'Connell, but on Tuesday he faced a judge accused of practicing medicine without a license.

Investigators said Brian O'Connell used invasive procedures to treat his patients, and in some cases put his patients in danger.

Authorities said that not only is O'Connell not a doctor, he's also not a naturopath, but they can't shut down his Wheat Ridge clinic because Colorado does not regulate naturopathy.

"We're dependent on the legislature to give us our guidance as to what we look at, and in this case the legislature has said, 'We don't believe we should regulate naturopathic doctors,'" Colorado Department of Regulatory Agencies employee Jason Hopfer said.

Investigators said they can get a cease and desist order to stop O'Connell from practicing traditional medicine, but can't get him to stop his naturopathy practice.

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News 4

Brian O'Connell

TUESDAY, JULY 13, 2004

★★ Rocky Mountain News 23A

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SEE PAGE 2A FOR MORE EDITORIAL, PROGRAMMING AND LISTINGS

WHEAT RIDGE

Man arrested in illegal practice of medicine

A medical director was arrested Monday for practicing medicine without a license, criminal impersonation and violation of his bail bond conditions.

At 3:15 p.m., police searched Brian O'Connell's MANA clinic at 4964 Ward Road in Wheat Ridge.

Detectives were able to confirm reports from citizens that O'Connell was practicing on clients while he was in direct violation of his bail bond conditions. O'Connell was taken to Jefferson County Jail, where he posted a \$2,000 bond and was released.

http://rockymountainnews.com/drmn/local/article/0,1299,DRMN_15_3049648,00.html

'Doctor' faces more charges
Naturopath accused of treating patients without a license

By Sue Lindsay, Rocky Mountain News
July 20, 2004

A Wheat Ridge health practitioner accused of removing and replacing blood from patients faces two sets of charges for practicing medicine without a license in Jefferson County.

Wheat Ridge police first arrested Brian O'Connell, 36, in May on charges of criminal impersonation, practicing medicine without a license, assault and theft.

DORA meeting: October, 2004
page 38 of 41

He was back in court Monday to be advised of new charges of practicing medicine without a license on two patients at his clinic, Mountain Area Naturopathic Associates, at 4964 Ward Road in Wheat Ridge.

O'Connell claimed he could cure one patient's nose cancer by applying "black salve," according to the arrest affidavit by Wheat Ridge Detective Mark Slavsky. O'Connell told the woman the salve would cause the tumor to pop out of the skin, Slavsky said.

Charges were first lodged against O'Connell after several patients were rushed to Lutheran Medical Center after receiving treatments at O'Connell's office, including a 17-year-old girl who went into cardiac arrest March 25.

The girl had undergone a procedure called photoluminescence, or ultraviolet blood irradiation, in which blood was removed from her body, passed under ultraviolet light and then injected back into her body, Slavsky said. The procedure is supposed to combat illness by increasing oxygen in the blood, stimulating the immune system and fighting viruses and toxins.

O'Connell is not a physician. He says he holds a doctorate in naturopathic medicine, but police say he received his training from a correspondence course.

He refers to himself as Dr. Brian O'Connell on his Web site, which features a photo of him in a white jacket with stethoscope. He also has allegedly told patients he was a pharmacist for 10 years, which police said is untrue.

Naturopaths are not licensed in Colorado.

O'Connell told police that following the blood treatment, the 17-year-old gasped for breath and passed out after he injected her with vitamins B12 and C.

"He said he had never seen anything like that in 25 years," Wheat Ridge police Sgt. Peter Ellis said in the arrest affidavit.

O'Connell attributed it to a panic attack, but physicians said she had a heart attack possibly triggered by an air bubble or embolism, anaphylactic shock or a contaminated product, the affidavit said.

Physicians at Lutheran Medical Center told police they were concerned about O'Connell's practices and that he was advising doctors how to treat his patient while she was there, the affidavit said.

Dr. Joanne Edney told police that the blood treatment O'Connell used "dates

back over 100 years" but she didn't know if it had any medical value, the affidavit said.

Another physician told police she feared O'Connell's treatment may have hastened the death of a 55-year-old male cancer patient brought to Lutheran Medical Center two days before the 17-year-old girl, the affidavit said.

Patients involved in the new set of charges said O'Connell drew blood samples, which he said showed abnormalities. O'Connell gave them each two capsules and re-examined the blood a few minutes later, showing them a screen he said was their blood sample, which demonstrated vast improvement.

The son of one patient told police "the difference was so dramatic that he wondered if Dr. O'Connell was really showing his mother's blood," Slavsky said.

Police said they found many controlled substances at O'Connell's office. He had a DEA license to possess controlled substances that police say was fraudulently obtained and would not be valid for his work in the Wheat Ridge clinic.

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http://www.rockymountainnews.com/drmn/local/article/0,1299,DRMN_15_3238940,00.html

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Family targets naturopath in wrongful death suit

By Sue Lindsay, Rocky Mountain News

October 8, 2004

The parents of a boy who died while under a Wheat Ridge naturopath's care filed a wrongful death lawsuit against him Thursday in Denver District Court.

Brian O'Connell is accused in the suit of causing the premature death of 19-year-old Sean Flanagan, who was terminally ill with cancer when his parents took him to O'Connell's clinic at 4964 Ward Road in Wheat Ridge last December.

O'Connell already faces criminal charges of practicing medicine without a license in Jefferson County.

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O'Connell could not be reached for comment Thursday, but has said in the past that the criminal case against him is part of an effort by medical doctors to discredit the practice of naturopathy.

Flanagan developed an infection that led to pneumonia after O'Connell used an unsterile procedure to remove blood from his body, the lawsuit charges.

The family paid O'Connell \$7,400 for a series of "photoluminescence" treatments in which blood was removed from Flanagan's body, exposed to ultraviolet light and then returned to the body, the lawsuit says. A diluted solution of hydrogen peroxide also was injected into the bloodstream during the treatments.

The lawsuit charges that O'Connell continued the treatments even though Flanagan's blood oxygen saturation level plummeted to increasingly dangerous levels with each treatment.

Sean Flanagan died Dec. 19, the day after his last treatment.

The lawsuit charges that O'Connell led the Flanagans to believe he had a medical background when in actuality his training came from a discredited correspondence school.

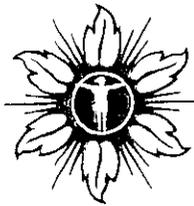
He also told the family that he personally had "cured" many patients suffering from the same type of cancer and showed them a plastic bag containing an object he claimed was a cancerous tumor removed from a patient, the lawsuit said.

The boy's parents, David and Laura Flanagan, are seeking damages for wrongful death, fraud and violation of the Consumer Protection Act.

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	Alabama	Alaska	Arizona	Arkansas	California	Colorado	Connecticut	Delaware	District of Columbia	Florida	Idaho	Illinois	Indiana	Iowa	Kansas
Licensed	no	yes	yes	no	yes	no	yes	no	yes	no current law	yes	no	no	no	no
Prescription Drugs	no	no	yes	no	yes with MD	no	no	no	yes, not controlled subs	yes/limited	no	no	no	no	no
Mind Surgery	no	no	yes	no	yes	no	yes	no	yes	yes	no	no	no	no	no
Hydrotherapy	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes
Colonic Irrigation	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes
Physiotherapy	no	yes	yes	no	yes	no	yes	no	yes	yes	no	no	no	no	yes
Naturopathic Manipulation	no	yes	yes	no	no	no	yes	no	yes	yes	no	no	no	no	yes
Electrotherapy	no	yes	yes	no	yes	no	yes	no	yes	yes	no	no	no	no	yes
X-ray	no	yes	yes	no	yes	no	yes	no	yes	yes	no	no	no	no	yes
Venipuncture	no	yes	yes	no	yes	no	yes	no	yes	yes	no	no	no	no	yes
Obstetrics	no	no	yes	no	yes/midwife	no	no	no	yes with specialty exam.	yes	no	no	no	no	yes
Gynecology	no	yes	yes	no	yes	no	yes	no	yes	yes	no	no	no	no	no
Biological Medicine	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	no	no	no	no	yes
Acupuncture	no	no	yes	no	no	no	no	no	yes	yes	yes	yes	yes	no	yes
Nutrition	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes
Herbology	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes
IV Therapy	no	no	yes	no	with MD support	no	no	no	pending board formation	no	no	no	no	no	yes

	Kentucky	Louisiana	Maine	Maryland	Massachusetts	Michigan	Minnesota	Mississippi	Missouri	Montana	Nebraska	Nevada	New Hampshire	New Jersey	New Mexico	New York	North Carolina	North Dakota	Ohio
	no	no	yes	no	no	no	no	no	no	yes	no	no	yes	no	no	no	no	no	no
	no	no	yes/unlimited	no	no	no	no	no	no	yes	no	no	yes/unlimited	no	no	no	no	no	no
	no	no	yes	no	no	no	no	no	no	yes	no	no	yes/unlimited	no	no	no	no	no	no
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	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes
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	no	no	order/not perform	no	no	no	no	no	no	yes	no	no	yes	no	no	no	no	no	no
	no	no	yes	no	no	no	no	no	no	yes	no	no	yes	no	no	no	no	no	no
	no	no	no	no	no	no	no	no	no	yes	no	no	yes	no	no	no	no	no	no
	no	no	no	no	no	no	no	no	no	yes	no	no	yes	no	no	no	no	no	no
	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes
	no	no	yes/unlimited	no	no	no	no	no	no	yes	no	no	yes	no	no	no	no	no	no
	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes
	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes	yes
	no	no	yes	no	no	no	no	no	no	yes	no	no	yes	no	no	no	no	no	no



The Coalition for Natural Health

INFORMATION PROVIDED BY

THE COALITION FOR NATURAL HEALTH, INC., (CNH)

TO THE 2005 NATUROPATHIC PHYSICIANS SUNRISE REVIEW

For the past ten years, naturopathic physicians through their trade organizations have continued to seek licensure in all 50 states. While they have succeeded in passing licensure in two states, California and Idaho, the overwhelming majority of state legislatures have rejected these attempts. In this report submitted to the Virginia Department of Health Professions' Board of Health Professions, we will show that naturopathic physicians fail to meet the statutory requirements for sunrise.

Before providing CNH's information in opposition to the sunrise, I want to introduce the Coalition for Natural Health. CNH is headquartered in Washington, DC with a regional office in San Diego. It is a non-profit organization representing thousands of individuals nationwide, and in Virginia, who share a common goal: to promote the holistic approach to health and to ensure that natural health alternatives remain widely accessible to the public.

The mission of the Coalition for Natural Health is to promote natural health freedom and to protect the rights of natural health practitioners.

2005 REVIEW

Before getting into the specifics of this report, we would like to clarify a number of issues, and set the proper context for subsequent review. Many different approaches

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to healthcare are available in the United States today. The most widespread is the conventional – or “allopathic” – care that people have generally known since childhood and which is practiced by medical doctors/physicians. Another approach is “Traditional Naturopathy,” as practiced by “Traditional Naturopaths.” “Naturopathic medicine,” as defined and described by the American Association of Naturopathic Physicians (AANP), is an attempt at combining allopathic and naturopathic techniques and is practiced by self-styled “naturopathic physicians.”¹

In the following pages we will look at some of the attributes of allopathic medicine, traditional naturopathy, and AANP-style “naturopathic medicine”. We will show that traditional naturopathy and AANP-style “naturopathic medicine” are two distinctly different approaches to healthcare. We will also show that naturopathy, as practiced by traditional naturopaths, is inherently safe and is not in need of regulation. By contrast, we will show that there are definite health and safety issues involved in the practice of AANP-style “naturopathic medicine” and that Virginia should not regulate or license it.

Principles Contrasted

A person who is ill and sees a conventional medical doctor will typically receive a diagnosis to identify the disease and then a prescription for medication to eradicate the germs that cause the illness. Once the symptoms have disappeared, the person is considered healthy. This approach to healing is to find the agent of disease – that is, bacteria or virus – and then to kill it.

Vis medicatrix naturae, or the healing power of nature, is central to traditional naturopathic practice. This theory of practice holds that disease occurs when toxins that have accumulated internally – usually due to incorrect lifestyle, a poor diet, and improper care of the body - weaken a person. Bacteria and viruses, which are always present, seldom cause problems

¹ The AANP and the CANP are trade organizations whose primary goal is to seek licensure for so-called naturopathic “physicians” to practice

in a healthy body. While conventional medical treatments may rid the body of symptoms, these treatments alone do not bring about true healing. The human body is designed to heal itself. Naturopathic modalities muster the body's inner forces to rid it of accumulated toxins and thereby allow true healing to take place. Rather than trying to attack specific diseases, naturopaths focus on cleansing and strengthening the body.

Traditional Naturopaths do not use procedures that are common to medical care such as -- prescribing drugs and pharmaceuticals, performing invasive surgical procedures, and delivering babies. Instead, naturopaths focus on health and education, teaching their clients how to create internal and external environments that are conducive to good health. This is the function that traditional naturopathy was meant to serve as evidenced by a New York Times story on the death of Benedict Lust, universally regarded as the father of naturopathy, "*The members of the American Naturopathic Association do not believe in ...drug treatments, medicinal remedies or vivisection*" (Exhibit 1) The common person on the street knows, and has known for over 100 years, the generally accepted meaning of the word "naturopathy" is synonymous with NOT using drugs or surgery. The American Heritage Dictionary of the English Language, 3rd edition, copyright 1996, defines naturopathy as "*naturopathy, n. a system of therapy that relies on natural remedies, such as sunlight supplemented with diet and massage.*"

Traditional naturopathy is **not** a medical practice. Prescribing drugs and pharmaceuticals, performing surgery, giving injections and drawing blood, and performing other invasive procedures are medical practices that are outside the scope of naturopathy. A naturopath who performs these procedures is practicing medicine and can be prosecuted for doing so without a

license. While self-styled “naturopathic physicians” seek to claim the same core philosophy as naturopaths, in practice, they move into territory long held by conventional medical doctors.

“Naturopathic physicians” seek to have laws enacted that would authorize them to perform minor surgery, practice obstetrics including episiotomies, prescribe certain drugs including synthetic antibiotics, ephedrine, morphine, coumadin, etc., and use many conventional medical diagnostic procedures including X-rays, electrocardiograms, ultrasound, and clinical laboratory tests. These procedures move “naturopathic medicine” far from the realm of traditional naturopathy and into the practice of medicine. This is why, “naturopathic physicians” are seeking to be licensed; otherwise, under their desired scope of practice, they would be illegally practicing medicine. Dr. Rena Bloom, a practicing “naturopathic physician” was quoted in the Colorado Daily (Exhibit 2) on Monday, January 18, 1999, as stating, *“We need this bill because at this point, we’re illegal --- we’re practicing medicine without a license.”* Interesting to note is Ms. Bloom’s admitted incentive for seeking licensure - it’s not for the good of the public, but rather it is to legitimize her own violations of the law for her own self-interest.

In 1997, the State of Minnesota Legislature directed the Department of Health to complete a comprehensive study of complementary and alternative medicine. The Legislature directed the Commissioner of Health to convene a Complementary Medicine Advisory Committee. The Advisory Committee recognized and clearly stated the difference between “naturopathy” and “naturopathic medicine.” The committee defined naturopathy as,

“...a distinct system of non-invasive health care and health assessment in which neither surgery nor drugs are used, dependence being placed only on education, counseling, naturopathic modalities, and natural substances, including without limitation, the use of foods, food extracts, vitamins, minerals, enzymes, digestive aids, botanical substances, topical natural substances,

homeopathic preparations, air, water, heat, cold, sound, light, the physical modalities of magnetic therapy, naturopathic non-manipulative bodywork, and exercise to help stimulate and maintain the individual's intrinsic self-healing processes."

In contrast, the Minnesota Advisory Committee defined "naturopathic medicine" as:

"...the following diagnostic and treatment modalities: utilization of all methods of clinical and laboratory diagnostic testing including diagnostic radiology and other imaging techniques; minor surgery and naturopathic obstetrics (natural childbirth), nutritional medicine, psychotherapy and counseling; dietetics and therapeutic fasting; medicines of mineral, animal and botanical origin; hygiene and public health measures; homeopathy; acupuncture; Chinese medicine; naturopathic physical medicine, including naturopathic manipulative therapies; hydrotherapies; heat and cold; ultrasound; and therapeutic exercise."

This definition is consistent with that which has been generally used by the promoters of so-called "naturopathic medicine" during its short history, and is confusing to a consumer who is trying to find a true naturopath, but may wind up receiving "medical treatment." In fact, so-called "naturopathic physicians" are not "naturopaths" at all, and mislead the consumer who is seeking true natural healing, not legend drugs or surgery.

WHAT IS THE JUSTIFICATION FOR LICENSING?

The proponents argue that licensing is necessary to "protect the public" and to allow so-called "naturopathic physicians" to "practice to the full extent of their training." Regarding public protection, there has been no demonstrated harm or need to protect the public regarding true naturopathic practice. In fact, there are already sound and effective consumer protections in existing law. Regarding the "naturopathic physicians'" demand for authority to practice to the fullest extent of their training, this boot-strap argument can not legitimately be used to justify the licensing of a new profession. This is especially true because the quality of that training is itself suspect, as we will show later. A new licensing law would permit them to prescribe drugs,

perform minor surgery, and deliver babies; services that are already available from conventional medical doctors who are much better trained and qualified to provide these services than are the so-called "naturopathic physicians." In fact, allowing "naturopathic physicians" to practice to the full extent of their training seems likely to provide *less* consumer protection than *currently exists*.

Since the public is not requesting the licensure of "naturopathic physicians," then who is? The movement for licensure is coming from exactly seven, 7, "naturopathic physicians" in Virginia, and their special interest group, the American Association of Naturopathic Physicians (AANP). This movement for licensure has nothing to do with public protection: it is motivated by economic protection of this small group. The seven "would-be physicians" who comprise the potential licensees made an informed decision to go to school for a profession that did not then, and does not now exist in 37 of the 50 states, and they are now trying to get the State of Virginia to recognize them as a distinct new medical profession. In demonstrating the AANP's need to protect their economic self-interest, Nancy Aagenes, Former President of the American Association of Naturopathic Physicians, made the following statement in 1996 and it is still true today, "*Nonetheless a student coming out of our schools, uncertain and anxious anyway often simply will not practice in an unlicensed state. If enough of us default on our loans, a major source of income for our schools is cut off.*" Another motivation for the naturopathic physicians to seek licensure is third-party reimbursement, which will put more money into their pockets, but will almost surely push up the costs of health care for everyone else.

Further documented reasons why naturopathic physicians seek licensure were detailed by Bruce Milliman, ND, faculty member at Bastyr, when he presented to the AANP Leadership Convention in January of 2004. He discussed with the attendees the dangers facing naturopathic physicians if they do not secure licensing and third party reimbursement. He stated,

“Failure to prioritize the securing of our role in reimbursement and preservation and advancement of our role in primary care will result in:

- *Graduates unable to earn a living*
- *Loan default*
- *Loss of accreditation*
- *Failure of Educational Institutions*
- *Extinction of Naturopathic Medicine.”*

A study titled “Profiling the Professions: A Model for Evaluating Emerging Health Professions,” conducted by the Center for the Health Professions at the University of California, San Francisco, September 2001, stated,

“Although regulation is the legislature’s decision, legislatures virtually never seek to regulate a profession on their own. When regulation is sought, it is always at the behest of members of the profession. When it is enacted, it is almost always after long and contentious battles between competing or would-be competing professions. Therefore, though informative, the existence of regulation may or may not mean much more beyond the capacity of the would-be regulated profession to garner sufficient political power.” (Page 13)

Licensing will create more problems than it will solve. Naturopathic physicians seek “primary care status” which would put them in a position to be gatekeepers to real medical doctors. Thomas Kruzel, former Chief Medical Officer at Southwest College of Naturopathic Medicine and former President of the American Association of Naturopathic Physicians, was quoted in the Spring 1994 edition of The Naturopathic Physician (Exhibit 3) as saying,

“Naturopathic physicians are primary care, family practice physicians, and as such are gatekeepers to the medical system, along with family practice MDs and DOs.” Granting licensure for “naturopathic physicians” would legislatively create a new medical profession and create an expectation that initial and continuing medical competence is assured. Since licensure signifies

approval by the state, *those “naturopathic physicians” will be so elevated in stature that they will be perceived by the public as being equal to the far more extensively-trained allopathic and osteopathic physicians, thus creating the potential for harm.*

With “naturopathic medicine” the potential for harm exists, and the training of “naturopathic physicians” is so questionable that this form of medicine does not justify a “stamp of approval” by the State. The State simply *does not need to create a new medical profession* known as “naturopathic medicine.” The committee has no basis for endorsing the position of the licensure, and just as the twenty states that considered and rejected this type of legislation since 1996 did not.

A Look at the Sunrise Criteria

Before addressing specific criteria, we question the basic premise which suggests that the problem in Virginia is that naturopathic physicians are not licensed by the State. The fact is, problems occur when individuals without proper medical education and training attempt to practice medicine. Unfortunately, the licensing of medical doctors cannot stop charlatans and misguided people from doing illegal things. However, the state already has adequate means to deal with unfortunate situations by prosecuting perpetrators to the fullest extent of the law.

In evaluating whether to license the practice of so-called “naturopathic medicine,” certain criteria must be met for a recommendation to the legislature that the practice be regulated by the state. Following is a commentary on the criteria:

1) The risk of harm posed by the unregulated practice of the profession is identifiable.

Proponents of licensure state that only through licensure can the public be protected from incompetent natural health practitioners. However, licensure does not guarantee that the quality

of the profession will be better than it is unlicensed. The only guarantee is that the cost of services will go up due to the cost of licensure being passed on to the consumers.

Unfortunately, there will be malpractice and incompetence in every profession, whether or not the government licenses that profession. Licensure has not protected the public from malpractice by other licensed individuals. Iatrogenic – that is, physician-caused – illness is widespread in the United States. It is not uncommon for an incompetent physician to retain a medical license simply because his medical board is reluctant to bring public censure. There is no reason to believe the situation would be different among so-called “naturopathic physicians.” In fact, these dangers would be heightened with licensed “naturopathic physicians” because of their limited education and training.

The local district attorney or the state attorney general can prosecute anyone who practices medicine without a license –that is, anyone who diagnoses an illness, prescribes medication and/or performs an invasive procedure without being licensed to do so. As to the argument that harm must occur before legal action can be taken, this is true whether or not licensure is in effect. Has any medical doctor ever been sued for malpractice *before* an offense occurred?

2) Specialized skills and training are required which require assurance of initial and continued competency;

We are concerned that a licensing law would imply the State of Virginia’s “stamp of approval” on the Council on Naturopathic Medical Education (CNME), an accrediting agency that has been stripped of its recognition by the United States Department of Education (“DOE”) twice in the last fourteen (14) years. In 1990, the first time that the CNME had recognition removed, the DOE cited four areas of concern:

- 1) Lack of sufficient experience with respect to geographic scope;
- 2) Lack of knowledge and competence of on-site evaluators and policy decision-making bodies;
- 3) Insufficient controls to prevent conflict of interest; and,
- 4) Failure to terminate accreditation of institutions that do not adequately document achievement of students.

In 1999, the CNME came before the DOE seeking a four-year extension as a DOE-recognized accreditor of “naturopathic medical colleges.” The staff analysis cited ten different areas of total non-compliance with Department regulations, and eight areas of partial compliance. Some of the major deficiencies cited in the DOE Staff Analysis included:

- The CNME’s failure to consistently apply and enforce its standards and criteria for institutions that it oversees. Specifically, in 1997 and 1998, the CNME identified the following deficiencies regarding an institution under its purview: 1) Failure to implement recommendations that the CNME itself had recommended; 2) An inability to retain key personnel; 3) Unraveling of the college’s infrastructure; 4) Operating under “crisis management and uncertainty” for an extended period of time, and; 5) Delays in the school’s ability to come into compliance with state requirements.

Despite these deficiencies, the CNME reaffirmed the college’s candidacy status.

- The CNME’s failure to base its decisions regarding accreditation or pre-accreditation on its published criteria.
- The CNME’s failure to demonstrate that its review program serves as: 1) A *valid* measure of the aspects of educational quality the program is intended to measure, and 2) A *consistent* basis for determining the educational quality of the institutions and programs under its purview.

It was based on these fundamental deficiencies that the staff of the DOE recommended that the CNME be denied recognition as an accrediting agency. Secretary Riley concurred with the staff recommendation and, for the second time since 1990, the CNME's recognition was withdrawn. History demonstrates, in our opinion that the CNME is fundamentally unfit to serve in the role of "gatekeeper" for naturopathic medical *education*. Notwithstanding these previous failures, in 2003 the DOE gave the CNME a third chance.

Moreover, we believe that Virginia should, before creating a new medical scope of practice, do an objective comparison of the quality and comprehensiveness of the medical education taught at all of the "naturopathic medical" programs with that of the curriculum taught at conventional Virginia medical schools. Such a comparison would determine whether, in fact, the education and training, faculty composition, physical plant, selection of students, and criteria for admission, including an entrance exam, is sufficient to support the proposed scope of practice. Medical schools utilize national examinations and the most stringent admissions criteria to ensure that only the best and brightest are admitted and eventually become medical doctors. *By contrast, the "naturopathic medical" schools have no standardized entrance exam and do not require completion of a bachelor's degree.* For the sake of public safety, the State of Virginia should determine for itself that "naturopathic physicians" are qualified to perform minor surgery, prescribe legend drugs, and deliver babies.

Regarding the issue that relates to the staffing of the "naturopathic medical" schools, we strongly urge your office to carefully analyze "naturopathic medical" schools to ascertain whether inherent problems exist with this type of education. An examination of the faculty of Bastyr University highlights the limitations of the "medical" education claimed by graduates of these schools. Recent information from www.bastyr.edu shows a total of 51 faculty members in the

naturopathic medicine program with 47 of those only listing the degree of “N.D.” as their primary qualification. Of the four “non-N.D.” degreed professionals, there is only one medical doctor. 43 out of 47 of Bastyr's faculty members hold N.D. degrees from Bastyr itself as their primary qualification. Twenty three of the forty-seven (almost 50%) have had their degrees for five years or less. Three hold N.D.'s from National College of Naturopathic Medicine in Portland, Oregon.

One of the schools, Southwest College of Naturopathic Medicine (SCNM) located in Tempe, AZ, is the newest of the naturopathic medical colleges. However, SCNM has an extensive list of problems. For the majority of time that SCNM has been in existence, the school was only able to attain candidacy status with the CNME (discussed above). SCNM only reached full accreditation after the CNME violated its own policies to accredit the school less than 90 days after SCNM suspended operations to address severe financial problems in the summer of 1999. This violation was one of the primary reasons the DOE revoked CNME's recognition.

In addition, The Arizona Republic reported hazardous environmental conditions at SCNM in a September 12, 2001 article which stated, *“Several students have alleged that the school, one of four of its kind in the country, has made them sick because of improper ventilation of its cadaver lab, among other things.”*

The proponents of licensure often provide regulatory offices a chart that compares three of their naturopathic medical schools to top medical schools such as Johns Hopkins, and Stanford. While this chart compares only course hours, it suggests that these naturopathic medical schools are academically on par with, or better than, the best medical schools in the United States. This comparison is questionable; however, as these schools have virtually no medical doctors on staff, and the first of the schools to be accredited (Bastyr) was not accredited

until the late 1980s. National College and SCNM were only recently accredited. Most of the instructors at these schools are “naturopathic physicians,” which means that most instructors either graduated from unaccredited schools or are relatively new to practice. We encourage you to closely examine the faculty at National College where you will find that 21 (45%) of the 47 full-time and adjunct faculty members with National College degrees received their degree prior to the National receiving their accreditation in 1991. In fact, the faculty member who teaches oncology and gynecology lists National College as her only credential.

Naturopathic medical education and training mimics medical education and training in form, but not in content. Conventional medical students start clinical work under physician supervision in their third and fourth years, and are assigned to work in major teaching hospitals and clinics. Even after four years of medical school, graduates are ineligible for full medical licenses but must enter residency programs which last between three and eight years.

Naturopathic medical colleges in the United States do not provide the equivalent of a medical education. None of the “naturopathic medical” schools require their students and graduates to complete a residency or internship program. Dr. Richard Roberts, Board Chairman of the American Academy of Family Physicians wrote in The Wall Street Journal, August 22, 2002, that, “...*naturopathic medical schools don't provide enough training to prepare their graduates to act as family doctors and to distinguish between a minor ailment and a medical emergency...[they] should not be the coordinator of care. There's a world of difference [compared with M.D.s] in terms of the training, the ongoing education, the day-to-day work. It is like having the flight attendants fly the plane.*”

- 3) *Autonomous practice exists for the profession which requires independent judgment and functioning;*

4) Scope of practice is distinguishable from other regulated professions, despite possible overlapping professional duties, method of examination, instrumentation, or therapeutic modality;

Proponents of licensure assert that few individuals can reasonably be expected to differentiate between trained naturopathic physicians and other practitioners. However, if confusion to the public is the concern, the far greater danger will be created by licensing naturopathic physicians as the public will not be able to differentiate between medical doctors and naturopathic physicians who will both be holding themselves out as primary care providers.

Proponents of licensure will argue that in most licensed jurisdictions, naturopathic physicians function as primary health care providers, and that the public utilizes the naturopathic physicians in two ways. They are consulted as specialty medical professionals from whom patients seek advice for their expertise in natural health care and as an adjunctive approach to standard medical care. Naturopathic physicians are also utilized *as family doctors, gate keepers, and the first health care professional to talk to or see when not feeling well*. It is important to remember that these “naturopathic physicians,” who are attempting to function as primary care physicians, would be given equal status with medical doctors in this role. Medical doctors are required to have years of clinical and hospital experience before beginning a practice. In contrast, “naturopathic physicians” have very little clinical or hospital experience. Moreover, the fact that few, if any, “naturopathic physicians” would have hospital privileges in a state immediately calls into question whether they are suitable for the role of primary care physician.

5) The economic cost to the public of restricting the supply of practitioners and cost of board and agency operations to regulate the profession are outweighed by the benefit to the public;

Despite assertions to the contrary, were a restrictive naturopathic physician licensing bill to pass, the availability of natural health services will decrease while the true cost to the public will increase. Although such a licensure law might result in a few more “naturopathic physicians” moving to Virginia, it is unlikely that the current figure would change significantly. Except for Washington and Oregon, the number of “naturopathic physicians” in any of the states that license “naturopathic medicine” is small. There has been no substantial increase in naturopathic physicians when states have adopted licensure laws.

The provisions of these “naturopathic medicine” licensure laws put traditional naturopaths – those whose practice is non-medical – out of business. If a bill to license naturopathic physicians were signed into law in Virginia, a valuable resource would be lost to the public. Seven “naturopathic physicians” would be licensed, while the bill would make it unlawful for hundreds of traditional naturopaths and practitioners of other natural health modalities to practice their profession.

As with any other business, when competition is reduced, prices tend to go up. There is no reason to expect that the field of natural health would prove to be different and every reason to believe that it would follow a trend that has been documented for almost half a century.

“In 1945 Nobel Prize winning economists Milton Friedman and Simon Kuznets blamed licensing restriction for income variations among professional and non-professional healthcare workers. Licensing artificially elevated salary ranges... Later studies showed providers commanded higher incomes in cities that did not recognize out-of-state licenses. Friedman said ‘The justification for licensure is always the same: to protect the consumer. However...observe who lobbies for imposition or strengthening of licensure. The lobbyists represent the occupation in question, not customers...’”²

² *The Natural Advocate*, Winter 1997-1998

6) There are no alternatives to regulation which adequately protect the public;

There is now a movement in state legislatures away from restrictive licensing laws in favor of natural health freedom laws. In the last three years, natural health freedom laws have passed the legislatures of three states, Minnesota, Rhode Island and California. In the 1980's, the State of Idaho passed the first health freedom law exempting practitioners from the practice of medicine who use natural modalities and therapies and this law requires all clients to declare informed consent. Idaho became the first state to recognize the value of unlicensed health care practices and passed legislation that addressed the recognition without the need for overburdening and expensive regulatory frameworks.

In July of 2001, the State of Minnesota became the second state to address the issue of "Health Freedom," by enacting the "Complementary and Alternative Health Freedom of Access Act." To assure consumer access to as many practitioners as possible, the state of Minnesota has set up a new office to provide government oversight to unlicensed practitioners. In turn, the practitioners practicing under the new statute will be exempt from charges of practice of medicine without a license. The office will oversee those who are practicing "the broad domain of complementary and alternative healing methods and treatments." Naturopathy, Homeopathy and Herbalism are just a few of the therapies listed in the statute as examples of practices that the new chapter of law deals with. A set of 24 rules of ethical conduct is given for the new office to oversee. The office will receive consumer complaints, investigate them, and enforce the ethical rules. The ethical rules include prohibitions against fraud, false or misleading advertising, sexual contact with a client, and inability to practice "with reasonable safety ... to the client." The White House Commission on Complementary and Alternative Medicine Policy reported favorably in its 2002 report on the Minnesota law and the law's reliance on the principle of

informed consent. It reported, *“In short, the Minnesota law preserves maximum freedom for CAM practitioners and consumers and relies primarily upon informed consent for protection of health care consumers.”* The report went on to state, *“The emphasis in Minnesota is placed on granting all CAM professionals the freedom to practice with minimal restrictions, while holding them accountable to outcomes.”*

Following in the footsteps of the State of Minnesota, the State of Rhode Island in June of 2002 passed the *Unlicensed Health Care Practices’ Act*. The new law makes freedom of access to complementary and alternative health care a fundamental right for the citizens of Rhode Island. It exempts from the medical practices’ act over 20 natural health modalities that pose no material risk to the public, thus allowing natural health practitioners to operate without fear of prosecution. It creates a three-way partnership between consumers, practitioners and the state. Consumers must approve, in writing, all services to be performed. Practitioners must disclose all items in the “Bill of Rights,” and the State of Rhode Island has oversight authority. The bill has 5 important components:

- It defines “Unlicensed Health Care Practices” as 20 different therapies commonly used to complement conventional allopathic interventions.
- It defines what “Unlicensed Health Care Practices” is not—namely, it does not include diagnosing and treating disease, performing surgery, or prescribing, administering or dispensing legend drugs.
- It requires “Unlicensed Health Care Practitioners” to provide each client a “Bill of Rights” disclosing education and training, services to be provided, fees to be charged, name, address, and the telephone number of the Department of Health where complaints can be filed.
- It requires the Department of Health to handle client complaints and to invoke disciplinary measures on practitioners who fail to follow the law.
- It requires the client to sign a disclosure statement that all parts of the “Bill of Rights” have been provided to the client before any services begin.

Also in 2002, SB 577, the California Freedom of Access Act, was introduced in the California legislature. *CNH* teamed up with the California Health Freedom Coalition to lobby for passage of the bill. Earlier this year the bill passed out of the Senate unanimously, and on August 15, 2002, the bill passed out of the Assembly by a vote of 75-0. The bill was sent to Governor Gray Davis on August 19, 2002 for his signature. The law creates an exemption for “complementary and alternative practitioners” in the California Medical Practices’ Act by allowing complementary and alternative (CAM) practitioners to offer their services, provided they do not conduct surgery, administer X-rays, prescribe legend drugs, recommend the discontinuance of legend drugs, willfully cause or create risk of bodily harm or injury, set fractures, treat lacerations or abrasions through electrotherapy, or hold oneself out as a licensed physician. In addition, the bill requires that all CAM practitioners must disclose to all clients in plain language that the client understands that the CAM practitioner is not a licensed physician, the nature of the services, and the practitioner’s educational and training experience. Finally, the CAM practitioner must obtain a written acknowledgement from the client that the client received the disclosure, and the acknowledgement must be kept on file for three years.

With the passage of a new law in Idaho, naturopathic physicians have at long last recognized the rights of traditional naturopaths to use the titles Doctor of Naturopathy and N.D. The law defines natural health care services as those that do not need to be regulated and that can be provided by practitioners who are not licensed as “naturopathic physicians.” Under the new law many traditional naturopaths would, depending on their education and training, have the right to use the titles Doctor of Naturopathy and N.D. The law also licenses naturopathic physicians to diagnosis, prescribe legend drugs, and perform minor office procedures.

These four states have established the progressive trend in this area by developing statutory frameworks to address the public's right to choose the health care of their choice within a framework of informed consent but without overly burdensome and expensive licensing procedures. The 2002 report of the White House Commission on Complementary and Alternative Medicine Policy emphasized this point when it stated, *"The public has expressed interest in maintaining easy access to CAM practitioners and in having sufficient information about them to make informed choices."*

7) If regulation is required, the least burdensome level of regulation which will protect the public is to be recommended;

The "naturopathic physicians" maintain that an act that licenses "naturopathic physicians" would protect the citizens of Virginia from potential harm. However, an act to license these practitioners would increase the likelihood of harm in Virginia. William T. Jarvis, past president of the National Council Against Health Fraud, recently stated in 2001,

"The difference between more or less educated naturopaths is ... like comparing more or less educated doctors. It could actually be argued that less schooled naturopaths are safer because they may have a smaller bag of tricks and, because they don't consider themselves "primary health physicians," they are more apt to refer patients to M.D.'s for additional care."

Using Mr. Jarvis's reasoning, the harm to the public would be escalated through this proposed licensure.

What the Naturopathic Physicians Have Said about Themselves

Regardless of the type of service which an individual provides, it is essential that the individual be aware of his or her limitations. That is, he or she must understand the parameters as defined by law and be thoroughly aware of his or her limitations in abilities and training. Evidence suggests that the AANP style “naturopathic physicians” cannot be trusted in this regard.

For example, in a deposition Thomas A. Kruzel, N.D., former president of the AANP, defined minor surgery in this way: “...generally it means that you do not enter a body cavity.”⁶ The Oregon naturopathic medicine licensing law defines minor surgery as “the use of electrical or other methods for the surgical repair and care incidental thereto of superficial lacerations and abrasions, benign superficial lesions, and the removal of foreign bodies located in the superficial structures; and the use of antiseptics and local anesthetics in connection therewith.”⁷ It is difficult to reconcile Kruzel’s definition of minor surgery with the actual wording of the law.

Furthermore, Kruzel has given the following sworn testimony regarding his qualifications to perform vasectomies:

Q: You mentioned that you could do vasectomies on male gonads; is that correct?
A: That’s correct...Q: You don’t consider that to be an invasive procedure? A: Certainly it’s an invasive procedure, but it doesn’t invade a body cavity, the scrotum is considered an appendix. Q: And is this procedure taught at National College? A: I don’t know if it is or not... I’m saying that it’s within the scope of naturopathic medical practice, and I believe that it probably is taught in school...Q: How many vasectomy operations did you do in school?...A: I did no vasectomies. Q: Do you feel that the fact that you did no vasectomies in school qualifies you to do them in the scope of practice out here with the public? A: Yes. It’s a relatively simple procedure to do. Q: Could you learn this procedure by a video tape? A: Possibly.⁸

⁷ Oregon Revised Statutes, 1995 Edition, Chapter 685 Naturopaths, 685.010(4)

⁸ Deposition of Thomas A. Kruzel, N.D., Wed., August 2, 1995, Case No. 94-1137-RE

Evidence suggests that the AANP is liberal with procedural definitions and qualifications in other aspects of health care. In New Hampshire, the law specifically forbade all naturopathic practitioners from using the term “naturopathic physician.” However, in their official publications, the AANP began to celebrate the passage of the New Hampshire law, stating that “naturopathic physicians” had been granted licensure. (Exhibit 4) A letter from two New Hampshire legislators tells the story. The full text of the letter is attached hereto as Exhibit 5. An excerpt reads as follows:

The opening sentence of the above cited article states: ‘On June 10th, New Hampshire governor Stephen Merrill signed legislation approving the licensing of naturopathic physicians.’ This is not true. Under the new law the use of the title ‘naturopathic physician’ is illegal. RSA 328-E:14, I states: ‘Whoever, . . . , being licensed as provided in this chapter, shall advertise or call oneself or allow oneself to be called a physician or a doctor, . . . , shall be guilty of a misdemeanor. . . .’ At no time during the legislative process did the legislature ever consider naturopathic doctors to be of a similar professional stature or training to physicians licensed in the state. We believe that allowing naturopaths to use this term in their title would be very misleading to the public.

We note that New Hampshire naturopath Dr. Pamela Herring is a member of your Founder’s Club. Dr. Herring was quite involved with every stage of the legislative process and is fully aware that she is prohibited from representing herself as a naturopathic physician.⁹

With regard to the education of naturopathic physicians, members of the CANP claim that their education is the equivalent of allopathic medical education. However, a paper written by Clyde Jensen, Ph.D., Past-President of National College of Naturopathic Medicine, calls the claim into question. In comparing the requirements for entrance into allopathic, osteopathic, and naturopathic schools, Jensen says, “The minimum acceptable grade point average [GPA] ranges from 2.5 to 3.2 on a scale of 4.0 at all schools.”¹⁰ However, the number of applicants per place in allopathic schools is approximately ten times the number for naturopathic schools. It would

⁹ Letter from Representatives William F. Kidder and Kathleen W. Ward, State of New Hampshire, to Mr. Paul Bergner, Editor, “The Naturopathic Physician,” Sept. 1, 1994.

appear that the naturopathic medical schools are not as discriminating as their allopathic counterparts. In fact, Jensen states that 75% of those admitted to allopathic medical school in 1995 had GPA's above 3.26, while he does not address the GPA's for students admitted to naturopathic medical schools except to say that they are lower.

According to Jensen, "Allopathic and osteopathic medical schools require competitive scores on the Medical College Admissions Test (MCAT) while naturopathic medical schools have elected against using the MCAT."¹¹ (Nor do they use any other competitive admissions test.)

Other Voices

In 1993, a Sunrise Application in Colorado was submitted to the Department of Regulatory Affairs. In the Department's report to the legislature, the Department determined that licensure should not be granted. In recommending that the General Assembly should not license naturopathic medicine, the Department concluded:

"The Colorado Association of Naturopathic Physicians has not shown that the public is being substantially harmed by the unregulated practice of naturopathic physicians. In addition, the number of naturopathic physicians in Colorado comprises such a small number that a regulatory program is not appropriate at this time. Civil, criminal, and administrative means exist to address the unlicensed practice of medicine by naturopathic physicians and there are no documented cases of harm, no further benefit would accrue to the public by regulating the profession. Concerns do exist concerning the scope of practice of naturopathy physicians and the public's perception of their title 'physician'. By licensing naturopaths, the State would be giving recognition to the profession. This may mislead the public about the effectiveness of certain naturopathic services, which may have no clinically proven value. The Department has not found any significant harm to the public resulting from the unregulated practice of naturopathic physicians that could be effectively addressed by the proposed regulatory scheme."

10 Jensen, "Common Paths in Medical Education: The Training of Allopaths, Osteopaths, and Naturopaths"

11 *ibid.*

Despite the Department's determination of a lack of a need for regulation, the Colorado Association of Naturopathic Physicians (CANP) submitted yet another application 5 years later. Although the 1998 Sunrise Review recommended licensing to the legislature, the Office of Policy and Research admitted that the proponents had not met the sunrise criteria for regulation. In fact, even with a report recommending licensure, the state legislature, in 1999, soundly rejected a licensing bill sponsored by Representative Russ George, Speaker of the House at the time.

Concern about the quality of naturopathic medical education is widespread. In December of 2002, Dr. Kimball C. Attwood IV, MD, of the Massachusetts Medical Society said:

“The duration and setting of naturopathic clinical training, even overlooking its content, is inadequate for producing competent primary care physicians. This is clear from a comparison of the training of medical doctors to that of naturopaths. Just as a newly graduated medical doctor, no matter how well-intentioned, would not be allowed to assume the role of a primary care physician, neither should this be allowed for a naturopath whose training is clearly inferior.”

The AANP consistently attempts – and sometimes succeeds – in crossing into territory rightfully reserved for true medical doctors. For example, in Oregon, AANP-style “naturopathic physicians” are allowed by law to prescribe broad-spectrum antibiotics such as penicillins and cephalosporins, as well as tetracycline and erythromycin. Among other drugs that may be prescribed or administered are opium, atropine, coumadin, codeine, cocaine Hcl, oxytocin, and the synthetic steroid prednisone. Drugs such as these have harmed many people in the past and will cause harm in the future. It is inappropriate to authorize the prescription of these drugs to a practitioner who is not thoroughly trained.

Florida, which in January of 2004 completed a sunrise report for naturopathic physicians, concluded that the licensure of naturopathic physicians would not be in the best interest of Floridians. The report concluded the following:

- **“The proponents of regulation did not provide evidence that there is substantial harm or that the public is endangered from the unregulated practice of the profession;**
- **The department and other sources indicate there is a risk of harm to the public from licensing naturopathic physicians with an expanded scope of practice;**
- **Licensure of naturopathic physicians would negatively impact practitioners of traditional and alternative healing techniques that currently do not have to be licensed; and,**
- **The broad scope of practice of naturopathic physicians will overlap and compete with related licensed health professionals, including chiropractic physicians, acupuncturists, massage therapists, and midwives.”**

As demonstrated below, these statutory requirements have not been met.

Why Licensure Should NOT Be Considered for the Practice of “Naturopathic Medicine”

Today, there are even more reasons why licensure should not be considered. It is clear that the education of “naturopathic physicians” does not come up to the standard one would expect for individuals who perform invasive and potentially dangerous procedures. Granting licensure for “naturopathic physicians” would create an expectation that “initial and continuing professional or occupational competence” is assured. *If licensure is considered, those so-called “naturopathic physicians” will be so elevated in stature that they will be perceived by the public as equal to the far more extensively trained allopathic physicians, thus creating the potential for*

¹⁴ Idaho – 1998, 1999, 2000, 2001, 2002, 2003, 2004; Iowa – 1998; Kentucky – 1998, 2003; Minnesota – 1998; Colorado – 1999; Texas – 1999; California – 1999; Massachusetts – 1999, 2003, 2004, 2005; Oklahoma – 1999, 2000, 2001; Missouri – 1999, 2000, 2002, 2003, 2004, 2005; Kansas – 1999, 2000; Ohio – 2000, 2004; New York – 2001, 2003, 2004; Pennsylvania – 2001; West Virginia – 2002; Florida – 2002, 2003, 2004, 2005; North Carolina – 2003, 2005; New Mexico – 2003, 2005; Louisiana – 2004; South Dakota – 2004, Virginia – 2005.

harm. The Florida Sunrise Report summed it up best when it found there is, **“Potential risk from licensing naturopathic physicians to allow them to provide a broad range of primary care services.”**

If licensure is not considered, “naturopathic physicians” may continue to practice in the same manner that is legal today – without making diagnoses, without prescribing medications, and without performing invasive procedures. Those who do these things without a license will be practicing medicine without a license and will be breaking the law. *Legal procedures are already in place for addressing this problem, at no added cost to the state.*

There has been no change in the State of Virginia that would now indicate a new need for licensing “naturopathic physicians,” There is absolutely no demonstrated need to create a new medical profession by licensing “naturopathic physicians.” In the over 50 different occasions state legislatures have looked at this question in 1997, 1998, 1999, 2000, 2001, 2002, 2003, 2004, and thus far in 2005, they concluded that there is no need to create a new medical profession styled as “naturopathic medicine.”¹⁴

Licensing a health care profession automatically elevates that profession in the eyes of the public, since licensure signifies approval by the State. While traditional naturopathy holds great potential benefit, it poses no danger to the public so state regulation is unnecessary and would prove nothing but a burden. Traditional naturopathy does not need to be licensed. With “naturopathic medicine” the potential for harm exists, and the training of “naturopathic physicians” is so questionable that this form of health care should not receive approval by the State of Virginia. “Naturopathic medicine” should not be licensed. The State of Virginia *does not need to create a new medical profession* known as “naturopathic medicine.”

CONCLUSION

This attempt at regulation is driven not by the need to protect the public, but by the naturopathic physicians' own desire to protect their newly-created profession from competition, to legalize their unlawful and unwarranted scope of practice, and to secure third party reimbursement. Because the proponents have absolutely failed to meet the criteria for licensing a new profession called for in the sunrise criteria, the Department of Health Professions has no choice but to recommend against licensing.

EXHIBIT 1

'Apartment Houses' Found In Ancient Arizona City

TUCSON, Ariz., Sept. 5.—An ancient city located in a remote part of the San Carlos Indian Reservation has been discovered by two scientists, who report that it had housing facilities similar to present-day apartment units. Dr. Emil Haury, head of the University of Arizona Department of Anthropology, and E. B. Sayles, curator of the State museum, stated yesterday that water tanks also were in evidence. The housing, Dr. Haury said, showed development of small houses, then small pueblos, and on up to large structures, some of which contained up to 800 rooms. Extensive digging is planned for next year to determine the importance of the discoveries.

DR. LUST, ADVOCATE OF WATER HEALING

Special to THE NEW YORK TIMES. BUTLER, N. J., Sept. 5.—Dr. Benedict Lust, who founded the American Naturopathic Association in 1896 and had been its president ever since, died here last night in his sanitarium of a heart attack. Born in Germany seventy-three years ago, he had lived in this country since 1892 and was a naturalized citizen. His New York office was at 343 Lexington Avenue. In Germany Dr. Lust had become a believer in Father Sebastian Knapp's water-healing methods, and in his own naturopathic system water treatments played a principal part. He established in East Fifty-eighth Street, New York, one of the first health-food stores in the city. The members of the American Naturopathic Association do not believe in vaccination, drug treatments, medicinal remedies or vivisection. The president said at the association's convention in 1926 that "most people die from the effects of wrong living and drugs. Cancer can be cured by natural processes without medicine or surgery. Most diseases and chronic sicknesses are only aggravated by the use of medicine." Among the writings of Dr. Lust are "The Crime of Vaccination," "Vitalism Series" and "Biological Blood Washing Method." He leaves two brothers, Louis Lust of Flushing, L. I., owner of the Lust Health Food Bakery at 311 East Fifty-sixth Street, New York, and Leo Lust of Butler.

ROBERT H. SEXTON

Ex-Director of Home Exposition Company Dies Here Robert H. Sexton, former president, treasurer and managing director of Own Your Home Exposition, Inc., which before the war presented home exhibitions here and in Chicago, died yesterday of a heart attack at his home, 600 West 160th Street, born in Fort Worth, Tex. He attended the high school there and the Fort Worth Business College. Mr. Sexton was head of a chain of mercantile stores, 1900-05; head of the public business...

JAMES CLARKE, 93, EX-PUBLISHER, DIES

Leader in Field a Half Century Issued 'Peck's Bad Boy' and Encyclopaedia Britannica Special to THE NEW YORK TIMES. WHITE PLAINS, N. Y., Sept. 5.—James Clarke, retired president of the old New York book publishing firm of James Clarke & Co., died here last night at his estate, Rosebank, on North Street, after a four-year illness. He was 93 years old. His wife, the former Ellen Mundy, died many years ago. He leaves two brothers, John of Toronto and George Clarke of Miami Beach, Fla., and two sisters, Mrs. William Walsh and Mrs. James W. McCabe, both of Toronto, Ont.

Had Distinguished Career

Mr. Clarke was long one of America's most successful and distinguished book publishers, but the public knew little or nothing about him. Among publishers and authors, however, he had a wide circle of friends and admirers and was known as one of the grand old men of the book field. His estate, Rosebank, was long a gathering place of noted literary personages, to whom he was affectionately known as "Uncle Jim." He flourished as a publisher in the Seventies, Eighties and Nineties and the first two decades of this century. Among the greater works he published were American editions of the Encyclopaedia Britannica, the Century Dictionary and Cyclopaedia and The Child's Book of Knowledge. Born in Toronto on Feb. 20, 1852, Mr. Clarke was of Irish descent and maintained a lifelong interest in things Hibernian. George H. Doran, retired publisher, in his "Chronicles of Barabbas," published in 1935 by Harcourt, Brace & Co., Inc., told how Mr. Clarke and the late Alexander Belford founded the book-publishing firm of Belford, Clarke & Co. in Toronto in the late Seventies. The firm prospered and was soon moved to Chicago, where many important works, including Dickens and Thackeray, were issued.

Expanded Book Marketing

One of the company's greatest successes was with "Peck's Bad Boy," written by George Peck of Wisconsin. Several million copies of that hilarious volume were marketed. Originally Mr. Peck sold all rights to the book for \$1,000, but later Mr. Clarke voluntarily paid handsome royalties to the author. Mr. Doran, in his book, credited Mr. Clarke with having started the idea which eventually led to the widespread practice of American department stores operating book sections. When some book stores declined to sell his firm's products he sent representatives to clothing stores near them and had his books installed. The new plan proved an immediate success. In the days before the international copyright agreement of 1891...



JAMES CLARKE

MISS FLORENCE M. LEE, USO CANTEN OFFICIAL

Special to THE NEW YORK TIMES. WHITE PLAINS, N. Y., Sept. 5.—Miss Florence M. Lee of 98 North Broadway, this city, an organizer of canteens for the United Service Organizations for the last two years, died today in the White Plains Hospital. Miss Lee was born in Richmond, Va., and came to White Plains fifteen years ago. She was the first director of the USO Station-Door Canteen here and held similar positions in Tennessee, Kentucky, West Virginia and Ohio. She was a graduate of Columbia University and for ten years taught home economics at the College of Hawaii in Honolulu. During the first World War she served in the Women's Overseas Division of the Young Men's Christian Association, operating canteens in battle areas of France. After the war she joined The New York Tribune as assistant editor of the food department, serving for two years. Miss Lee leaves a sister, Mrs. H. Bethune Weiss of White Plains, and two brothers, Ronald C. of Bedford Village, N. Y., and Hampton Lee of Scarsdale, N. Y.

THOMAS J. WHITE

Former Exporter Was a Leader in Racing and Hunting Clubs Special to THE NEW YORK TIMES. CEDARHURST, L. I., Sept. 5.—Thomas J. White, former president of the White Exporting Company of New York and during recent years active in the local development of the Good Homes Realty Company, of which he was a director, died here of a heart attack today at his home on White Lane. He was 62 years old. A director and a leader in the West Hills Radio Association, Mr. White was a member of the United Hunts Association, Rockaway Hunting Club and the Turf and Field Club and director of the Penicular National Bank of Cedarhurst. He leaves a widow, Ethel White, a son, Capt. Thomas J. White Jr., and a daughter, Mrs. Mabel R. Marsh of White Plains.

HARRY L. HOTSFORD, ARTIST, PUBLICIST

Specialist in Etching Dies —Retired Official of the Oliver Mining Company NEW HAVEN, Conn., Sept. 5.—Harry Lindley Hotsford of Old Lyme, artist and retired public-relations director, died today in New Haven Hospital at the age of 68. Mr. Hotsford, who specialized in etching, came to Old Lyme in 1943 when he retired as public-relations director of the Oliver Mining Company of Duluth, Minn., a subsidiary of the United States Steel Corporation. Born in Terre Haute, Ind., Mr. Hotsford studied at the National Academy of Design and the New York School of Art. He also studied under William M. Chase, Frank V. Dumond and Francis Jones. He was represented in the Smithsonian Institution, Library of Congress, Minneapolis Art Institute and Bibliotheque Internationale, Paris. He won several prizes in art exhibits. He was secretary of the Department of Health of the State of Pennsylvania from 1911 to 1917. He held memberships in the Old Lyme Art Association, the National Press Club and the Century Club of New York. He leaves a widow, a son and three daughters.

DR. EDWARD F. MARSH

Retired Brooklyn Physician Was in Practice 51 Years Special to THE NEW YORK TIMES. WHITE PLAINS, N. Y., Sept. 5.—Dr. Edward F. Marsh, retired Brooklyn medical practitioner, died here yesterday in his home, 28 Prescott Road, after a three-month illness. His age was 85. Born at Granby, N. Y., a son of Edward C. and Martha Preston Marsh, he attended schools there and at Fulton, N. Y., and in 1882 was graduated from the Albany, N. Y., Medical College. He practiced in Fulton for eleven years and in Brooklyn for forty years. He retired in 1933 and came to White Plains. Dr. Marsh was a past district Deputy Grand Master of the Third Masonic district of the State and a Past Master of Minerva Lodge of the Masons in Brooklyn. He was a member of the Kings County and New York State Medical Societies. He leaves a son, Col. Edward H. Marsh of the Army, and a daughter, Miss Mabel R. Marsh of White Plains.

REV. WALTER G. CRAIG

Rector of Episcopal Church in Bridgeton, N. J., Dies at 44 BURLINGTON, Vt., Sept. 5.—The Rev. Walter Gordon Craig, rector of St. Andrew's Episcopal Church, Bridgeton, N. J., died today in the Fanny Allen Hospital at the age of 44. He suffered a heart attack in near-by Jericho on Aug. 18 while walking to the home of a friend.

E. H. J. C. CHICAGO Bean, dir go Zoolo ill. died Hospital, suffered bile accid was 69 y Widely expert, M from Mil the build Brookfil 1934 by U city. Ha ington Pa twenty-or career wi lmal train Fil: in 18 was asac trainer at Chicago. Burrivi: assistant Staff Sgt in the P George B, a sister, J VAL Telephone in F Spect: RIDGE Vaughn P gineer for oratories, New York sturctor I company's ing, 250 H died here lack. Mr. 32 Hollis I had been c vember. H Born in in the air t half in t was abou when the graduated with a B. engineering, joined the He serv- phons Com department: he was stu and voice- developm ment of 12 and Telegr Bell Tele 1924 for work. A Mason Tau Beth F (radio) group ing group widow. Mr a brother. Thorp of U member of on leave. Loran Brad Brodie, bot WILL HODGET William P. ator, died sau Murray illness, at U Born in 8 Mr. Nash w ola for forty sted for 64 Mack Hotel

EXHIBIT 2

CU's No. 1 complaint

Student insurance check-off system gets thumbs down from most officials

By JULIE GORDON

Faculty members want the voices of students to be heard.

A faculty manager of student mailing at CU's bursar's office, said thousands of people call or stop by with questions and complaints

about being charged for health insurance. They want to change a check-off system to its negative check-off system.

Negative check-off in the process, when the school sends students a form asking them whether they already have

health insurance or want it provided by Wardenburg. CU assigns insurance to students unless they return the form declining it. Student health insurance costs between \$280 and \$555 a semester.

SEE CU PAGE 2

House eyes health care bill

Measure would grant status to naturopathic practitioners

By BRIAN HANSEN
Colorado Daily Staff Writer

The Colorado State Legislature is slated to consider a bill today that would regulate and further legitimize the practice of naturopathic health care, but opponents of the measure argue that licensing natural wellness practitioners is bad medicine.

House Bill 99-1051, sponsored by Rep. Russell George, R-Rifle, and supported by Sen. Dorothy Rupert, D-Boulder, declares naturopathy to be a "distinct health care profession" that provides a "viable and needed option" for Coloradans seeking quality health care.

Proponents of the bill say it's "absolutely essential" to protect public health.

"We need this bill because at this point, we're illegal — we're practicing medicine without a licence," said Dr. Rena Bloom, a naturopath. "Under the present law, people have no way to accurately distinguish between us and the quacks selling vitamins

SEE BILL PAGE 4



Kickin' it

Charlie Johnson/Colorado Daily

Wendy Lonnes kicks the ball past an opponent during a pickup game next to CU's business school on Friday. A group of about 12 law school students organized the match.

Conviction without impeachment?

Rep raises idea of convicting Clinton, leaving him in office

WASHINGTON (UPI) — Rep. Lin Boon Graham, R-S.C., one of the House managers in the trial of President Bill Clinton, has raised the idea that it may be possible for the Senate to convict the president on the articles of impeachment, but not remove him from office.

Speaking on C-SPAN's "Face The

Nation" on Sunday, Graham said that a conviction by the Senate, with two separate votes, one on the charges of perjury and obstruction of justice, and another on the president's political fate, Graham said. "That's, I think, a constitutional option," and he added that before 1916 there were impeachment trials that separated the two actions.

Following Graham on the show, Sen. Pete Domenici, R-N.M., said one of his staffers had raised the idea, but that hasn't been discussed extensively in Capitol Hill.

Domenici said "The constitution

is talking about a rebuttal issue, in a sense, the United States Senate could do what it wanted in that regard, if they made that decision, that could happen."

The Senate will be off Monday to observe the federal holiday in honor of Martin Luther King Jr., but will return Tuesday to hear presentations by the president's lawyers. On Tuesday night, Clinton will deliver his State of the Union address before a joint session of Congress. Sen. Phil Gramm, R-Texas, said on ABC's "This Week" that he likes Clinton as a person, but is uncomfortable

SEE CLINTON PAGE 2

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naturopathic docto

BILL FROM PAGE 1

at the health food stores."

The bill would legislate naturopathic health care and its practitioners in a number of ways. It would establish minimum educational qualifications for people wishing to call themselves "naturopathic doctors." It would grant "title protection" to these qualified practitioners, giving them the exclusive right to affix the term "ND" to their names. It would require them to register with the state. And it would criminalize the "unauthorized" practice of naturopathy with a class 3 misdemeanor.

But the central — and most controversial — aspect of the bill is simply its definition of naturopathy, opponents of the measure say. The scope of the practice as defined in Colorado's bill, they point out, encompasses the diagnosis and treatment of injury and disease — a clear tip-off of the measure's "hidden" agenda.

"Traditional naturopathy isn't about diagnosing and treating disease — that's the role of the medical community," said Boyd Landry, executive director of the Washington, D.C.-based Coalition for Natural Health. "The proponents of the Colorado bill — all three dozen of them — are simply doing this out of greed."

Landry, whose 2,500-member organization lobbied heavily against Colorado's bill, said the measure's proponents simply want to create an economic monopoly for themselves.

"It's not for the protection of the public — there's no evidence that naturopaths from 'unaccredited' schools have ever harmed anyone in Colorado," Landry said. "They just want to get licensed so they can tap into the state and federal insurance industries."

But that's not the only "hidden agenda" behind the measure, said Landry. Colorado's bill, he noted, would grant licensure only to graduates of federally accredited naturopathic colleges — of which there are currently four throughout the country. And since only 11 states currently license naturopathic doctors, the job market for these "accredited" graduates is extremely tight, he said — providing yet another motivation for this type of legislation.

"Graduates of these expensive programs naturally want to practice in states with less stringent licensing requirements because of the tremendous economic advantages," Landry said. "But unless the states pass this legislation, their graduates are starting defaulting on the loans."

"Once that starts to happen, it isn't long before the schools are going to go out of business."

Nothing could be further from the truth, said Bloom, who steadfastly denied that the bill has any "hidden agenda."

"This is about public health — this is a way to distinguish between qualified practitioners and graduates of night-mail-order mills," Bloom said. "If this bill, people will not be able to buy their 'degree' for several hundred dollars."

For several hundred dollars noted with alarm, anyone who can currently purchase a "naturopathic" degree from one of several order outlets. The state of Colorado to crack down on the holders of bogus degrees, she said, to protect public health.

Dr. Tara Skye Goldin, a naturopath, agreed.

"More and more unqualified people are passing themselves off as naturopathic doctors," Goldin said. "Advertising can be very misleading."

"The proponents of the Colorado bill — all three dozen of them — are simply doing this out of greed."

—Boyd Landry
Executive director
Coalition for Natural Health.

"We s... the p... ability to k... naturopathic doctors are appropriately trained and educated," said Stephen Hamilton, CMS director of government relations. "Right now there are people there who call themselves naturopaths who have simply purchased diplomas."

House Bill 99-1051 is slated for a hearing at 1:30 p.m. this afternoon in the Health, Environment, Welfare and Institutions committee.



1.25 \$ | 25 FATTY FOLD

From the President

Thomas A. Kruzel, ND

EXHIBIT 3

Imagine what it would be like for you to hear about an exciting new product which would vastly affect the quality of your life. Imagine further that some of your friends used this product and that you and they have seen the benefit they have obtained. Now imagine what it would be like if you were to find out that access is limited; because while the demand is high the supply is low. Being consumers of this product, what would you do? Most of us would demand more product and look for ways to produce it. This is what is happening now with naturopathic medicine. The public, and in particular corporations, who spend millions of dollars on health care every year are demanding access to this product we term naturopathic medicine.



The question is: Can we as a profession deliver? The delivery I am talking about is not the ability of individual doctors to provide quality care, but rather the ability of our profession to produce more physicians. General-practice physicians with a prevention and wellness orientation are needed to fill the void left by specialization and hospital-based medical care.

Consider too that when a demand arises, variations on the theme sprout up which do not live up to the standards of the original product. Quality assurance becomes compromised as pretenders fill the void and the public is left to ponder why more of the real thing is not available.

The solution is of course to produce more physicians. But in order for this to occur, more schools are needed. We, as a profession, must make the commitment to develop more schools and further support the existing institutions that are already turning away qualified students. Public demand for our product requires that we be responsive or see the medical market flooded with imitations.

Several years ago I interviewed Dr. John Bastyr in Seattle for a class I was teaching at NCNM. He spoke about how some of the physicians who taught at NCNM when it first opened would drive several hundred miles after they were through seeing patients on Friday afternoon, in order to teach on Saturday and Sunday. After they were through, they drove back home to begin their practices again on Monday mornings. This pattern continued for many years. I was struck by the high level of dedication to the profession and by the idea of naturopathic medicine whose time was yet to come. These physicians did not need to do this sort of thing but kept the vision alive through those early days of the profession's reemergence, often at great sacrifice to their own health and well being.

In a way, we are in a similar situation today. We are being asked to make sure there are enough naturopathic physicians to lay the foundation for fu-

ture generations and supply the need for alternative care practitioners. The difference is that what we now offer is in greater demand and the need for qualified physicians is increasing and will continue to do so.

The Institute for Naturopathic Medicine, which represents the public's interest has made it a priority to start a new naturopathic medical college on the east coast within the next five years. Five years is simply not soon enough! We need it within the next two years. Within the next five years we need at least five new schools for a total of seven U.S. schools, not including the Canadian College of Naturopathic Medicine. This number must be doubled five years after that, in order to meet the demand for naturopathic physicians.

Will we be able to achieve this goal or will we allow others to position themselves as providers of an inferior product? While this may seem like a particularly ambitious agenda, if you consider what we have accomplished in a short period of time, adding new schools should not be that

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Kruzel (from previous page)

difficult. This time, we are not doing it alone like our forebears, rather, we have unprecedented public support. The time to consider if new schools are needed has passed, now it is time for us to act.

Why the public interest in naturopathic medicine at this time? In addition to offering non-toxic medications and a wellness and prevention orientation, we are seen by the public as a role model for what the future of medicine can be. In this model, each family has access to a primary care physician who utilizes specialists when appropriate. Naturopathic physicians fit well the model of primary care physician because it is a role we have been trained for. Our view of ourselves, however, is not necessarily shared by others. Repeatedly naturopathic physicians are categorized as specialists by Physician Provider and Health Maintenance Organizations. This means that referrals only come from MDs and DOs, excluding NDs. The public no longer benefits because they have limited access to primary care physicians and no freedom of choice in picking the type of health care they wish.

Naturopathic physicians are primary care, family practice physicians, and as such are gate keepers to the medical system, along with family practice MDs and DOs. This does not mean that a naturopathic physician will not refer when appropriate. It means that health care can be delivered more efficiently and at less cost when general practice

physicians provide patient access to the medical system. This is the message that we need to repeat over and over again until it is heard by legislators and policy makers. It does not preclude specialization of individual physicians within the naturopathic community, rather it is the type of training received in our medical schools that we, as a profession, need to provide primary care services in order to be competitive.

The AANP Board of Directors voted at their meeting to endorse the American Naturopathic Physician Association (ANIPA) to provide primary care physicians with a means of competing in the marketplace.

As with the need for an increased number of primary care physicians, all of the projects being undertaken by the AANP, be it through volunteered time or contributions, support the various projects. Further, support for projects such as the Institute for Naturopathic Medicine for Health and local and state naturopathic citizen groups lets them know that it is our intention to produce a product termed naturopathic medicine.

The vision held by those early naturopathic physicians is alive and well and now includes public support is there — now we must be up to the task.

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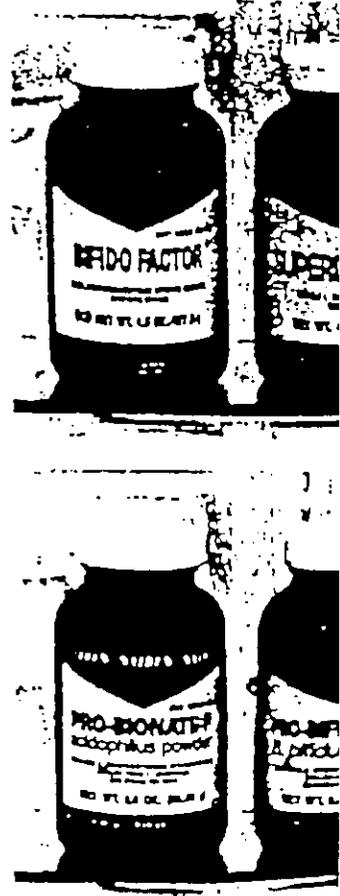
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THE NATUROPATHIC PHYSICIAN

THE AMERICAN ASSOCIATION OF NATUROPATHIC PHYSICIANS™

Volume 9 Number 2
Summer 1994

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NEW HAMPSHIRE LICENSES NDS

On June 10th, New Hampshire governor Stephen Merrill signed legislation approving the licensing of naturopathic physicians. This law, which closely follows the AANP's model for legislation, allows a full scope of practice, including, with specialty certification, natural childbirth and acupuncture. The New Hampshire Association of Naturopathic Physicians (NHANP) has been working closely with the AANP for the last four years to get the legislation passed.

"We hope this will lead the way for renewed licensure throughout the U.S.," stated Bob Timberlake after the signing. Timberlake is State Affairs consultant to the AANP, and was the lobbyist for the NHANP during the campaign.

One key to passage, according to Dr. Jim Sensenig, former AANP State Affairs Chair, was its grandfathering provisions. It allows licensing for all practitioners — even those who do not meet the law's four-year educational requirement — who were practicing in New Hampshire prior to 1991. The scope of practice is limited to the level of education and experience. "Working together was how we made it happen," says Sensenig, pointing out that these provisions of the law treat all the practitioners in the state fairly while at the same time protecting the public.

This news arrived at press time, too late for full coverage. Look for a full feature on New Hampshire in the next *The Naturopathic Physician*.

Access to Medical Treatment Act Includes NDS

by Paul Bergner

On May 18th Senator Thomas Daschle (D-SD), introduced the "Access to Medical Treatment Act" (Senate Bill 2140). The bill would permit an individual to be treated, with some restrictions, by a health care practitioner with any method of medical treatment the individual requests. AANP Federal Affairs efforts of recent years apparently paid off with the inclusion of NDs along with MDs, DOs, and DCs in the definition of health care practitioners.

The bill is co-sponsored by Senators Tom Harkin (D-IA) and Claiborne Pell (D-RI), both of whom had lengthy meetings with representatives of the Institute for Naturopathic Medicine in recent months. Pell visited the campus of the Southwest College of Naturopathic Medicine and Health Sciences last year.

See Federal Affairs on page twelve.

Notice

By the time you read this, you should have received your Convention preview and registration pamphlet. We have extended the early registration deadline to July 15, and the hotel's guaranteed room rate is good only until August 8. So, take advantage of the cost savings by acting early! This Convention will be a great one — don't miss it! For more on the convention, see page fifteen.



William F. Kidder
Chairman

State of New Hampshire

HOUSE OF REPRESENTATIVES

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Kathleen W. S.
Vice Chairman

EXHIBITS
EXHIBIT

September 1, 1994

Mr. Paul Bergner, Editor
"The Naturopathic Physician"
P.O. Box 33080
Portland, Oregon 97233

Dear Mr. Bergner:

As the Chairman and Vice-Chairman of the New Hampshire House Executive Departments and Administration Committee, we are writing to express our extreme concern over some blatant misstatements made in the lead article in the latest edition of "The Naturopathic Physician." This is the article entitled "New Hampshire Licenses NDs." The ED&A Committee is the standing legislative committee that has direct oversight over all of the professional licensing boards in the state. Our committee worked extensively on the bill to license naturopaths (HB 451), many issues were hotly debated and we sincerely hope that the full coverage that you promise for your next edition of "The Naturopathic Physician" provides an accurate description of the law that did pass in New Hampshire.

The opening sentence of the above cited article states: "On June 10th, New Hampshire governor Stephen Merrill signed legislation approving the licensing of naturopathic physicians." This is not true. Under the new law the use of the title "naturopathic physician" is illegal. RSA 328-E:14, I states: "Whoever, ..., being licensed as provided in this chapter, shall advertise or call oneself or allow oneself to be called a physician or a doctor, ..., shall be guilty of a misdemeanor and, upon conviction, shall, if licensed, have such license revoked." The word "physician" was very deliberately removed from the list of titles that may be employed by naturopaths. At no time during the legislative process did the legislature ever consider naturopathic doctors to be a similar professional stature or training to physicians licensed in the state. We believe that allowing naturopaths to use this term in their title would be very misleading to the public.

We note that New Hampshire naturopath Dr. Pamela Herring is a member of your Founder's Club. Dr. Herring was quite involved with every stage of the legislative process and is fully aware that she is prohibited from representing herself as a naturopathic physician licensed in New Hampshire. We believe that Dr. Herring has a responsibility to inform her national colleagues of this situation and trust she has done so.

We also note that your article claims that the New Hampshire law "allows a full scope of practice." It is true that naturopaths in New Hampshire are permitted to use natural medicines and therapies, but we feel compelled to point out that they are specifically prohibited from prescribing, dispensing or administering any legend or controlled substances, performing surgical procedures, practicing emergency medicine, and practicing or claiming to practice medicine, and surgery, osteopathy, dentistry, podiatry, optometry, chiropractic, physical therapy or any other system or method of treatment not authorized by law. This is hardly a "full scope of practice."

As we stated earlier, we look forward to reading a retraction of the claim or your latest article and an accurate article in your next issue of "The Naturopathic Physician."

Sincerely,

William F. Kidder
Representative William F. Kidder

Kathleen W. Ward
Representative Kathleen W. Ward

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Virginia Chapter

July 29, 2005

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Elizabeth Carter, PhD
Virginia Board of Health Professions
6603 West Broad Street
Fifth Floor
Richmond, VA 23230-1712

Dear Dr. Carter:

Thank you for the opportunity to comment on the need to regulate naturopaths in Virginia.

The Virginia Chapter of the American Academy of Pediatrics represents over 900 practicing pediatricians in the Commonwealth of Virginia who are Fellows of the American Academy of Pediatrics.

The Board of Directors of the Virginia Chapter, AAP, has reviewed the materials distributed by the Virginia Board of Health Professions and information available from the accredited Naturopathic Schools in consideration of its response to the Board of Health Professions. The safety of children and newborn infants is always the concern of the American Academy of Pediatrics and is the primary consideration of our response.

Our recommendations are as follows:

- ❖ The practice of Naturopathic Doctors (ND) should be licensed and regulated by the Virginia Board of Medicine, with the Board of Medicine responsible for establishing the qualifications of NDs who are eligible for licensure and the ND's scope of practice.
- ❖ The scope of practice should be limited to adults 18 years and older, as they have the legal right of consent for their own health care.
- ❖ Children, under the age of 18, who do not have the right of consent for their health care should be excluded from the ND scope of practice.

Our recommendations are based on the following considerations:

- ❖ The education and training of Naturopathic Doctors in the care of infants and children, as reported by the accredited ND schools, is extremely limited. Didactic training is reported at a maximum of 30-36 hours. Pediatric clinical

Virginia Chapter
1200 East Clay Street
Richmond, VA 23219
Phone: 804/643-6631
Fax: 804/788-9987
mcconnell@ramdocs.org

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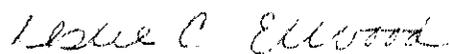
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training is not reported separately, but total clinical training for all specialties is often less than 120 hours. In contrast, the average allopathic pediatrician will have received more than 240 hours of pediatric clinical training in medical school and nearly 10,000 hours of clinical training during a three-year pediatric residency.

- ❖ Although NDs allege a scientific basis for their therapy modalities, we question the efficacy and safety of botanical medicine, homeopathic medicine, massage therapy, colonic irrigations, acupuncture, acupressure, oriental botanical medicines, detoxification, immune restoration therapies, hydrotherapy, hypnotherapy, and other naturopathic modalities as the primary treatment for pediatric medical and psychiatric conditions.
- ❖ The scientific basis of allopathic pediatric health care has contributed to significant improvements in the health and survival of our children over the last century in contrast to the previous “natural methods” of health care advocated by naturopathic doctors. Immunizations that have eliminated diseases that crippled and killed children were not the result of naturopathic medicine. Antibiotics, judiciously used, have countered bacterial diseases which left children disabled or dead over the centuries when natural remedies were the only modality available. Chemotherapeutic medications, developed by allopathic physicians in the last 40 years, have restored children with leukemia and childhood cancer to a full life. Restoring the “natural balance of the body” is an unproven therapy for these devastating diseases of childhood.
- ❖ Pediatricians (MD and DO), as the best trained primary care providers for infant, children, and adolescents, see no advantage to partnering with naturopathic doctors in the care of children, as suggested by naturopathic doctors who seek the cover of allopathic physicians for their practices.

We remain available to support the decisions of the Virginia Board of Medicine as its addresses the issue of Naturopathic Doctor regulation in the Commonwealth. Point of contact is Susan McConnell, Chapter Manager, 1200 Clay Street, Richmond, VA 23219, 804 643 6631, or smcconnell@ramdocs.org.

Sincerely,



Leslie Ellwood MD, FAAP
President

Acupuncture Society of Virginia
Position Statement on Licensure of Naturopaths
August 5, 2005

Background:

During the 2005 General Assembly Session, Delegate Chap Peterson introduced HB 2488 which would have created licensure for those who practice naturopathic medicine. The bill specifically excluded the use of physical therapy, chiropractic, or osteopathic manipulative techniques. ASVA asked that the patron further clarify the bill by specifying that the practice of acupuncture would not be included in the practice of naturopathic medicine. However, HB 2488 had little to no support among the committee members and the bill died in committee.

This summer, the Board of Health Professions is conducting a study on the need to license naturopaths. The Board is seeking public comment from interested groups. Once the feedback from the public is received, the Board will release a recommendation on the need for licensure of naturopaths which will then be used by the General Assembly should a licensure bill resurface.

At the public hearing on July 14th, representatives from the American Association of Naturopathic Physicians and the Virginia Association of Naturopathic Physicians argued for licensure to protect the public through a defined scope of practice. A representative from the Coalition for Natural Health and one from the Virginia Chapter of Certified National Health Professionals argued against licensure.

The Board of Medicine had granted licensure to naturopaths years ago, but the Board of Medicine dropped licensure because there were no practicing naturopaths and no applicants for licensure. Estimates vary on the number of people practicing naturopathic medicine. According to the American Association of Naturopathic Physicians, there are 8-10 members in Virginia and approximately 5,000 people are being treated by naturopaths. There are four accredited schools providing doctoral programs for naturopaths in the United States.

Position:

As the professional association for licensed acupuncturists in the state of Virginia, ASVA supports state licensure for naturopaths. Licensure will help ensure that these practitioners are fully trained by accredited schools of naturopathy. Since we look forward to working with naturopaths as colleagues, oversight by the state will help to protect our patients from inadequately-trained practitioners. While ASVA hopes that the request of naturopaths to be licensed is granted, we will oppose any efforts by naturopaths or any other group who seeks to expand their scope of practice to include acupuncture. Acupuncture is a highly complex system of medicine requiring extensive training and practice to master the skills and theory behind diagnosis and treatment. For this reason, ASVA would like to stress that only fully-qualified, licensed acupuncturists should employ it.



THE MEDICAL SOCIETY OF VIRGINIA

Representing Virginia Physicians and Patients Since 1820

August 8, 2005

Elizabeth A. Carter, Ph.D.
Virginia Board of Health Professions
6603 West Broad Street, 5th Floor
Richmond, VA 23230-1712

Dear Dr. Carter:

Listed below are recommendations from the Medical Society of Virginia concerning the need to regulate naturopaths in Virginia. Our Scope of Practice Task Force thoroughly researched this issue and prepared a report that established the recommendations below. The Task Force reviewed many materials in the process, including:

- The language of HB 2488;
- Websites and curricula of naturopath education programs that are accredited by the Council on Naturopathic Medical Education (CNME), in addition to websites and curricula of programs without such accreditation;
- Requirements of the North American Board of Naturopathic Examiners (NABNE) and technical manuals detailing the certifying examination;
- Multiple statutes and regulations from states that currently license naturopaths;
- Florida's 2004 Sunrise Report on the Proposed Licensure of Naturopathic Physicians.

After extensive discussion and analysis of the issue, the Medical Society of Virginia would support the establishment of licensure for naturopathy in Virginia, subject to the following recommendations:

RECOMMENDATIONS:

1. The Virginia Board of Medicine should be responsible for licensing of naturopathic doctors (NDs). An advisory board appointed by the Governor should report to the Board of Medicine. The advisory board should consist of two physician members (MD or DO), two naturopathic doctor members, and one citizen member.

2. The Code that establishes licensing of NDs should specify that the Board of Medicine will determine requirements for education and testing of the competence of NDs. Board of Medicine regulations should require graduation from a CNME-accredited college and successful certification from the NABNE.
3. The Code should require the Board of Medicine to establish regulations to assist the public in differentiating between naturopathic and allopathic/osteopathic doctors. MSV recommends that the regulations include language *similar* to District of Columbia Municipal Regulations (chapter 50): 5003.2:

"...shall provide to all clients or patients a written notice which shall read as follows: This notice is provided to you pursuant to D.C. Law. I am a registered Doctor of Naturopathy, but I am not a licensed medical doctor and therefore do not practice 'the application of scientific principles to prevent, diagnose, and treat physical and mental diseases, disorders, and conditions and to safeguard the life and health of any woman and infant through pregnancy and parturition.' An identical notice, in printing of a size to be easily readable, shall be posted in a prominent place in each office or location of practice."

In addition, consideration should be given to restricting the title "physician" to those with MD or DO degrees.

4. The Code should include the following definition of Naturopathy (which was present in the Code of Virginia in 1973):

"'Practice of Naturopathy' means the treatment of human ailments, diseases, or infirmities by means of heat, light, diet, massage, baths and other natural agents, but does not include the use of surgery, the X-ray, X-ray therapy, electrotherapeutics, obstetrics, osteopathy, or the prescribing of any drug or medicine."

The Code should direct the Board of Medicine to formulate regulations that detail the scope of practice of naturopaths based on this definition. It is anticipated that the Board of Medicine, based on this definition, would prohibit naturopaths from performing "minor" surgery or writing prescriptions. The ordering of laboratory tests and X-rays should be restricted.

5. Special consideration should be given to those patients under the age of 18 and those patients who are unable to legally provide their own informed consent. Since they cannot legally make informed decisions, the Commonwealth has a special interest in their protection. Treatment of pediatric patients by naturopaths should be done only with supervision of physicians trained in the care of pediatric patients. Similarly, those patients who cannot give their own legal consent should be treated by naturopaths only under the supervision of an allopathic or osteopathic physician.

Please note that the final MSV recommendation was to provide the Scope of Practice Task Force Report on Naturopathic Doctor Licensing to the Board of Health Professions during the public comment period of the study on HB 2488. This report is attached.

We would suggest strongly that the Board of Health Professions, in its deliberations, be mindful of the fact that naturopathy should be complementary to, but not in lieu of allopathic medicine. Thank you for providing the opportunity to comment on this issue. Should you have questions, please contact Jeff Buthe at (804) 377-1035 or jbuthe@msv.org.

Sincerely,

A handwritten signature in black ink that reads "David A. Ellington, MD". The signature is written in a cursive style with a large, sweeping initial "D".

David A. Ellington, MD
President

Attachment

SCOPE OF PRACTICE TASK FORCE REPORT NATUROPATHIC DOCTOR LICENSING

BACKGROUND

During the 2005 session of the Virginia General Assembly, Delegate Chap Petersen sponsored HB2488 at the request of one of his constituents, Mr. Ed Rodriguez, who is a lawyer and is helping to form the Virginia Association of Naturopathic Physicians (VAANP). Mr. Rodriguez's daughter is a Naturopathic Doctor (ND) who practices in Washington, DC where licensing is permitted. The bill, which would have required licensure for naturopathic physicians and the establishment of an advisory board, was tabled in order to allow the Board of Health Professions to study the issue. At the January 2005 meeting of the Medical Society of Virginia Board of Directors, the Scope of Practice Task Force was charged with evaluating the issue and providing recommendations for MSV's policy about licensing of NDs.

There are currently four 4-year graduate schools accredited by the Council on Naturopathic Medical Education (CNME) that produce NDs (Baystr, Canadian College of Naturopathic Medicine, National College of Naturopathic Medicine, and Southwest College of Naturopathic Medicine). *On paper*, the curriculum for the first two years is very similar to the basic sciences in medical schools. The third and fourth year clinical education includes "conventional" diagnostics, nutrition, botanical medicine, natural childbirth, Chinese medicine, hydrotherapy, manipulation techniques and minor surgery. These schools prepare their students for a certifying exam administered by the North American Board of Naturopathic Examiners (NABNE) which, *on paper*, appears to be modeled after the National Board Exams taken by physicians.

In addition to the schools that are accredited by the CNME, there are several schools that offer "on-line education" or "distance learning" (Clayton, Trinity, and Capital Colleges for example). Based on examination of their websites, it appears that all the courses and exams are done through the internet. They usually claim to be accredited, but by a different organization (for example Trinity is accredited by the "American Naturopathic Medical Certification and Accreditation Board, Inc").

There are currently 13 other states (as well as Washington, DC, Puerto Rico, and the US Virgin Islands) that license NDs. Mr. Rodriguez believes there are approximately 60 NDs in Virginia that would qualify for licensing.

According to Mr. Rodriguez, licensing would serve two purposes:

- The public would be protected from NDs who had not passed the NABNE certifying exam (and thus excluding those NDs who received degrees from "diploma mills").
- Licensed NDs would be permitted to practice the things they are reportedly trained to do such as: diagnose (draw blood tests, order labs and X-rays), treat and refer patients, perform gynecologic exams, and serve as primary care physicians.

Naturopaths have previously been licensed in the Commonwealth. Dr. Warren Koontz, former Executive Director of the BOM, provided the following synopsis:

- 1884 - General Assembly enacts legislation to form a Board of Medicine (BOM).
- 1885 - First meeting of the BOM.(32 MD's)
- 1886 - 2 Homeopathic physicians added to BOM
- 1914 - Reduced to 1 Homeopath
- 1944 - 1 Naturopath added to the BOM (9 MDs, 1 Homeopath, 1 Osteopath, 2 Chiropractors)
 - Dr. H. E. McKinney appointed to BOM as Naturopath
- 1950 - First Podiatrist to Board
- 1958 - Homeopathic Physician discontinued on BOM
- 1969 - Homeopathy deleted from Code
- 1972 - Dr. Moir Bowman suggested that Naturopathy be phased out since only 4 were practicing in the state.
- 1979 - BOM informed that it had to continue to regulate the 4 Naturopaths in the state.
- 1999 - My last year on the BOM we still collected a license fee from the last Naturopath who was over 90 years old and in a nursing home in Florida

COMPOSTION OF THE TASK FORCE

The membership of the Task Force was modified to address the ND issue. Appointees by Dr. Ellington included a member who worked closely with NDs, a former executive director of the Board of Medicine, and an academic physician with extensive knowledge of testing and medical education.

MATERIALS REVIEWED

Members of the Task Force reviewed the language of HB2488, web sites and curricula of non-accredited and CNME-accredited naturopathic schools, requirements and sample questions from the NABNE exam, the NPLEX technical manual (which describes the requirements and statistical methods of the certifying examination as well as the type of questions and knowledge base required), and multiple statutes and regulations from states that currently license naturopaths. We have examined the Florida Sunrise Report from 2004 (Florida's Committee on Health Care performed the same study that Virginia's Department of Health Professions is about to undertake. Their requirements for deciding whether or not to license naturopaths are identical to Virginia's). The Task Force reviewed the history of licensing of naturopaths in Virginia. The Chair of the Task Force has had several discussions with Mr. Rodriguez and with Theresa Collier, ND who is president of VAANP. We have reviewed a memo from Dr. Collier that listed the scope of practice desired by VAANP.

QUESTIONS EXAMINED

The Task Force examined many issues associated with the licensing of naturopaths, including:

- Should MSV oppose licensing under any circumstances?
- Should licensing be done to allow patients to differentiate CNME graduates from “diploma-mill graduates”?
- Should licensing be allowed with specific limits on scope of practice stated in the Code of Virginia, or should the Code allow the Board of Medicine or some other group to set restrictions by Regulation?
- Should the Board of Medicine be the group responsible for licensing naturopaths (like chiropractors), or is the practice of naturopathy so outside the scope of allopathic medicine that a separate board within the Department of Health Professions should be created (like nutritionists or funeral directors)? Should the licensing be done instead by the Department of Professional and Occupational Regulation (which currently licenses barbers, cosmetologists, nail technicians and opticians)?
- If naturopath licensing is to be opposed, what rationale and what methods should MSV use? How will we differentiate naturopaths from other “providers” (such as chiropractors, acupuncturists, and massage therapists) who have little scientific basis for their treatments, but are still licensed by the Commonwealth?
- If naturopaths are licensed, what is a scope of practice that is commensurate with their training? Specifically, should naturopaths be restricted to traditional naturopathic practices such as homeopathy, diet, herbal and “Eastern” medicine, hydrotherapy, colonic irrigation, physiotherapy, naturopathic manipulation, electrotherapy, botanical medicine, acupuncture, and nutrition? Should naturopaths be allowed to practice aspects of allopathic/osteopathic medicine (as per the request of VAANP) such as ordering prescription drugs, IV therapy, ordering X-ray and diagnostic imaging, ordering laboratory testing, performing minor surgical procedures (removal of foreign bodies and minor wound repairs), gynecology and “natural” childbirth?

FINDINGS OF THE TASK FORCE

The Task Force noted the findings of the Florida Sunrise Report. They found that licensure of naturopaths with an expanded scope of practice might actually result in more harm to the public compared with leaving naturopaths unregulated and restricted to traditional naturopathic scope of practice. Since the Virginia DHP will use the same basic criteria to determine if naturopathy should be licensed, it is possible the DHP will come to the same conclusion.

However, the Task Force appreciates the significant differences in training between NABNE-certified NDs and those that attended non-CNME schools. The science of naturopathy can be questioned; however the BOM currently regulates chiropractors.

There is a long history of previous licensing of naturopaths in the Commonwealth. We feel that patient safety will best be served by having naturopaths regulated by the BOM. An advisory board that reports to the Board of Medicine should be created. We recommend that it consist of two physician (MD or DO) members, two naturopathic members, and one public member. The scope of practice should be determined by the BOM and every effort should be made to keep specific scope issues out of the Code of Virginia.

It is clearly possible for the public to be confused about the difference between allopathic/osteopathic physicians and naturopaths. Legislation passed at the request of naturopaths has made this even greater by changing the name of the profession from naturopathy to naturopathic medicine and the title of the practitioners from naturopaths to naturopathic doctor or naturopathic physician. As a counter to this trend, Washington DC requires naturopaths to provide written notice to their patients and post notices in their offices. Massachusetts was able to pass a law that restricted the term "physician" to MDs, DOs, podiatrists, and chiropractors (some in that state lament that the "horse was already out of the barn" when it came to chiropractors). Virginia needs to be certain that the public can tell the difference between NDs and MDs/DOs.

The Bastyr University (one of four CNME-accredited schools) describes naturopathic medicine as "a distinct profession of primary health care, emphasizing prevention, treatment and the promotion of optimal health through the use of therapeutic methods and modalities, which encourage the self-healing process, the *vis medicatrix naturae*. The philosophical approach of naturopathic medicine includes prevention of disease, encouragement of the body's inherent healing abilities, natural treatment of the whole person, personal responsibility for one's health, and education of patients in health-promoting lifestyles. Naturopathic practice blends centuries-old knowledge of natural, nontoxic therapies with current advances in the understanding of health and human systems. The scope of practice includes all aspects of family and primary care, from pediatrics to geriatrics, and all natural medicine modalities."

The curricula from the CNME-accredited schools do appear to prepare the students for this profession. Our committee member who has had a professional relationship with naturopaths has seen significant benefits in many patients who were treated with the methods *in conjunction with* standard allopathic medicine.

The curricula also cover some allopathic medicine subjects. In addition to the basic science lectures, there are lecture courses in cardiology, dermatology, orthopaedics, minor office procedures, etc. However the requirements for learning the traditional naturopathic subjects clearly limit the time and clinical experience for the allopathic portion of the curricula. Lecture notes and exam questions that were reviewed demonstrated that a fairly basic level of knowledge was obtained, but this could in no way be compared with the standard medical school or even nurse practitioner school instruction. In addition, all MDs/DOs are required to have an internship year and the great majority do a residency that entails 3-5 years of additional training in medical

treatments and techniques. The knowledge base and training of naturopaths in allopathic medicine is not sufficient to allow them to do allopathic medicine.

The philosophy of naturopathic medicine is to emphasize disease prevention and lifestyle modification. In addition, naturopaths encourage the use of the “body's inherent healing abilities” and “natural, nontoxic therapies”. The use of prescription medicines and “minor” surgical procedures is not natural or nontoxic. Laboratory tests and X-rays should not be used to diagnose and monitor medical conditions by those who are not licensed to treat those conditions. Naturopathy should be complimentary to, but not in lieu of, allopathic medicine.

RECOMMENDATIONS

1. MSV should be in favor of licensing of naturopathic doctors (NDs) under the Board of Medicine. An Advisory Board should be appointed by the Governor that reports to the Board of Medicine. MSV should recommend that this consist of two physician (MD or DO) members, two naturopathic members, and one citizen member.
2. The Code that establishes licensing of NDs should specify that the Board of Medicine will determine requirements for education and testing of the competence of NDs. MSV recommends that these regulations require graduation from a Council on Naturopathic Medical Education (CNME)-accredited college and successful certification from the North American Board of Naturopathic Examiners (NABNE).
3. The Code should require the Board of Medicine to establish regulations that will assist the public in differentiating between naturopathic and allopathic/osteopathic doctors. MSV recommends that the Regulations include language *similar* to District of Columbia Municipal Regulations (chapter 50): 5003.2 “...shall provide to all clients or patients a written notice which shall read as follows: This notice is provided to you pursuant to D.C. Law. I am a registered Doctor of Naturopathy, but I am not a licensed medical doctor and therefore do not practice ‘the application of scientific principles to prevent, diagnose, and treat physical and mental diseases, disorders, and conditions and to safeguard the life and health of any woman and infant through pregnancy and parturition.’ An identical notice, in printing of a size to be easily readable, shall be posted in a prominent place in each office or location of practice.” In addition, consideration should be given to restricting the title “physician” to those with MD or DO degrees.

4. The Code should include the following definition of Naturopathy (which was present in the Code of Virginia in 1973): “‘Practice of *Naturopathy*’ means the treatment of human ailments, diseases, or infirmities by means of heat, light, diet, massage, baths and other natural agents, but does not include the use of surgery, the X-ray, X-ray therapy, electrotherapeutics, obstetrics, osteopathy, or the prescribing of any drug or medicine.” The Code should direct the Board of Medicine to formulate regulations about the scope of practice of naturopaths based on this definition. It is anticipated that the Board of Medicine, based on this definition, would prohibit naturopaths from performing “minor” surgery or writing prescriptions. The ordering of laboratory tests and X-rays should be restricted, but this may require lobbying the BOM.

5. Special consideration should be given to those patients under the age of 18 and those patients who are unable to legally provide their own informed consent. Since they cannot legally make informed decision, the Commonwealth has a special interest in their protection. MSV should recommend that treatment of pediatric patients by naturopaths be done only with supervision of physician trained in the care of pediatric patients. Similarly, those patients who cannot give their own legal consent should be treated by naturopaths only under the supervision of an allopathic or osteopathic physician.

6. MSV should provide this report to the Board of Health Professions during the public comment period of the study on HB2488.

Stamey, Carol S.

From: Carter, Elizabeth A.
Sent: Tuesday, August 02, 2005 5:05 PM
To: 'dawn coffelt'
Subject: RE: [SPAM] - Natural Health Freedom - Email has different SMTP TO: and MIME TO: fields in the email addresses

Dear Ms. Coffelt:

Thank you for your comments. They will be incorporated into the Virginia Board of Health Professions' evaluation of the need to regulate naturopaths.

Cordially,

Elizabeth A. Carter, Ph.D
Executive Director for the
Virginia Board of Health Professions
6603 W. Broad Street, Fifth Floor
Richmond, VA 23230-1712
E-mail: Elizabeth.Carter@dhp.virginia.gov Alternate E-mail: Carol.Stamey@dhp.virginia.gov

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Sent: Tuesday, August 02, 2005 4:55 PM
To: Carter, Elizabeth A.
Subject: [SPAM] - Natural Health Freedom - Email has different SMTP TO: and MIME TO: fields in the email addresses

Dear Dr. Carter,

Please OPPOSE the licensing of Naturopathic Physicians. I am a Registered Nurse and have worked in pediatrics for 23 years. Over the years, I have seen health problems from the neonate to the teenager, including Diabetes Type II, Cancers, Arthritis, Digestive problems, ADD and ADHD, and now the number one problem Obesity, which I believe is caused by poor dietary habits. I believe that most of these conditions are from poor food choices.

I became involved in naturopathy because of what I have experienced personally and seen in the hospital, office setting and home health settings. My studies in naturopathy have reinforced my beliefs that better food choices are the key to a healthy lifestyle. Choosing a diet without processed foods, preservatives, hormones, steroids and antibiotics is a healthier way to live. DO NO HARM.

I have overcome Arthritis, Irritable Bowel Syndrome and Infertility with better food choices and nutritional supplements. In fact, after I discussed a more natural approach with the Gastroenterologist that had been treating me for at least 15 years with several prescription drugs, some have since been removed from the market, he advised me that if I did not adhere to the traditional medical protocol that he advised, he would refuse to treat me...and my insurance company was dictating who I could see, what medications I could take and what tests and surgeries would be paid for..the insurance company would pay for a \$15,000 gall bladder surgery, but refused to pay for a \$3,000 preventative medicine test... I had a prescription drug reaction that caused my heart rate to drop so low that I had to be hospitalized...after 3 years of fighting and convincing the medical community to work with me, it was proven that all of my symptoms could be treated with better food choices...I still have my gall bladder and I have not seen that physician since the day he gave me a choice...I chose to educate myself and be responsible for my own health...about the same scenario occurred when I was diagnosed as an infertility patient...Medical Doctors and the insurance company dictated my care and treatments...again, I chose to educate myself and take a more natural approach to my health care, refusing many medications, but agreeing to some of the less invasive surgeries. I now have 2 healthy

Stamey, Carol S.

From: Carter, Elizabeth A.
Sent: Friday, August 05, 2005 3:25 PM
To: Stamey, Carol S.
Subject: FW: Natural Health

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From: Carter, Elizabeth A.
Sent: Friday, August 05, 2005 3:06 PM
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Thank you.

I believe that licensing Naturopathic Physicians will dictate a similar approach to health care. Diet can change many health problems. If it were not so, why do all cardiologists advise their patients to change their diets and lifestyle, same with endocrinologist advising diet and lifestyle changes to the Diabetic. It would be nice to have integrated medicine recognized by everyone, allowing people to make choices about their own healthcare instead of their healthcare being dictated to them by insurance companies and only licensed healthcare professionals. Teaching good nutritional health habits and lifestyle should be every health practitioners common goal. Licensing should not be the required criteria for teaching good nutritional habits.

~ HOME IS WHERE THE HEALTH IS ~

Sincerely,
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Virginia Board of Health Professions,
6603 West Broad Street, Fifth Floor,
Richmond, VA 23230-1712,
Elizabeth.Carter@dhp.virginia.gov
Fax (804)-662-7098

Date 8/3/05

Ref: HB2488

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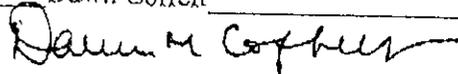
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Only a few Natural Health Education Institutions would be recognized under this bill. This will not only cause a monopoly but will also be very expensive. The state will have to provide a licensing board for a minimal group of individuals.

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Date _August 3, 2005

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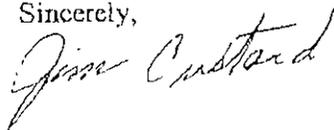
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Mildred S. Deviers

Stamey, Carol S.

From: Carter, Elizabeth A.
Sent: Wednesday, August 10, 2005 12:46 PM
To: 'dae3m@virginia.edu'
Subject: RE: [SPAM] - In re: HB2488 (Licensing of Naturopathic Physicians) - Found word(s) drugs in the Text body.

Thank you for your comments. They will be incorporated into the Virginia Board of Health Professions' study of the need to regulate naturopaths.

Cordially,

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Virginia Board of Health Professions
6603 W. Broad Street, Fifth Floor
Richmond, VA 23230-1712
E-mail: Elizabeth.Carter@dhp.virginia.gov
Alternate E-mail: Carol.Stamey@dhp.virginia.gov

From: Dan Etlin [mailto:dae3m@virginia.edu]
Sent: Wednesday, August 10, 2005 11:14 AM
To: Carter, Elizabeth A.
Subject: [SPAM] - In re: HB2488 (Licensing of Naturopathic Physicians) - Found word(s) drugs in the Text body.

Dr. Elizabeth A. Carter, Ph.D.
Virginia Board of Health Professions,
6603 West Broad Street, 5th Floor
Richmond, VA 23230-1712

8/10/2005

In re: HB2488

Dr. Carter,

I oppose the licensing of naturopathic physicians as outlined in the bill HB2488. As a patient of both traditional MDs, naturopaths, and a host of other health care practitioners in the past several years, I have developed a clear picture of what each group of practitioners typically have to offer. I have been dealing with recurring arthritic pain for over nine years now. The past five years, the pain has been a part of my daily life. In the past three years, it has actually been debilitating at times, and is always handicapping. Having been a cross-country runner, avid mountain biker, gymnast, and all-around athlete, it was depressing seeing and feeling my body give way under the force of some unknown demon. Every doctor (M.D.) physical therapist I saw failed to offer anything except a "Here, try this." Anti-inflammatories and cortico-steroids were frequently prescribed to combat the inflammation that developed as a result of what I later found out was "autoimmune" in function. The first thing a traditional doctor does, in most cases, is reach for the Rx pad, and prescribe a blue pill for a blue problem, a red pill for a red problem. The blue pills and red pills unfortunately cause yellow, green, and periwinkle problems, with an occasional burnt-sienna for a bonus. January 5, this year, I received a diagnosis from a rheumatologist. I have ankylosing spondylitis, or something that looks exactly like it radiographically and

Stamey, Carol S.

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Sent: Friday, August 05, 2005 3:25 PM
To: Stamey, Carol S.
Subject: FW: Natural Health

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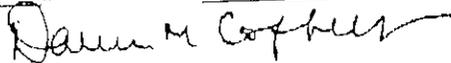
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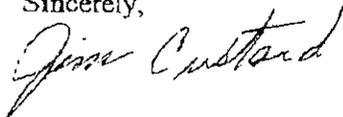
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Only a few Natural Health Education Institutions would be recognized under this bill. This will not only cause a monopoly but will also be very expensive. The state will have to provide a licensing board for a minimal group of individuals.

Again, I wish to express my opposition to the licensing of Naturopathic Physicians, which I believe will result in a monopoly, a financial burden on the state and a misinterpretation of the true meaning of Naturopathic Practitioner.

Sincerely,

Mildred S. Deviers

Stamey, Carol S.

From: Carter, Elizabeth A.
Sent: Wednesday, August 10, 2005 12:46 PM
To: 'dae3m@virginia.edu'
Subject: RE: [SPAM] - In re: HB2488 (Licensing of Neuropathic Physicians) - Found word(s) drugs in the Text body.

Thank you for your comments. They will be incorporated into the Virginia Board of Health Professions' study of the need to regulate naturopaths.

Cordially,

Elizabeth A. Carter, Ph.D
Executive Director for the
Virginia Board of Health Professions
6603 W. Broad Street, Fifth Floor
Richmond, VA 23230-1712
E-mail: Elizabeth.Carter@dhp.virginia.gov
Alternate E-mail: Carol.Stamey@dhp.virginia.gov

From: Dan Etlin [mailto:dae3m@virginia.edu]
Sent: Wednesday, August 10, 2005 11:14 AM
To: Carter, Elizabeth A.
Subject: [SPAM] - In re: HB2488 (Licensing of Neuropathic Physicians) - Found word(s) drugs in the Text body.

Dr. Elizabeth A. Carter, Ph.D.
Virginia Board of Health Professions,
6603 West Broad Street, 5th Floor
Richmond, VA 23230-1712

8/10/2005

In re: HB2488

Dr. Carter,

I oppose the licensing of naturopathic physicians as outlined in the bill HB2488. As a patient of both traditional MDs, naturopaths, and a host of other health care practitioners in the past several years, I have developed a clear picture of what each group of practitioners typically have to offer. I have been dealing with recurring arthritic pain for over nine years now. The past five years, the pain has been a part of my daily life. In the past three years, it has actually been debilitating at times, and is always handicapping. Having been a cross-country runner, avid mountain biker, gymnast, and all-around athlete, it was depressing seeing and feeling my body give way under the force of some unknown demon. Every doctor (M.D.) physical therapist I saw failed to offer anything except a "Here, try this." Anti-inflammatories and cortico-steroids were frequently prescribed to combat the inflammation that developed as a result of what I later found out was "autoimmune" in function. The first thing a traditional doctor does, in most cases, is reach for the Rx pad, and prescribe a blue pill for a blue problem, a red pill for a red problem. The blue pills and red pills unfortunately cause yellow, green, and periwinkle problems, with an occasional burnt-sienna for a bonus. January 5, this year, I received a diagnosis from a rheumatologist. I have ankylosing spondylitis, or something that looks exactly like it radiographically and

symptomatically. Having done my research, I agree with his assessment. The rheumatologist's prognosis, however, was totally unacceptable. Upon finding out that one has an autoimmune disorder that can cause the fusing of the entire spine into one solid bone, there are few things worse than being told this in one sentence with a dry, matter-of-fact tone, and having the suggestion made to maintain good posture so that if the spine does fuse, it fuses straight. The treatment options offered started with anti-inflammatories, namely Piroxicam, which caused such a fuss in my gastric system that I got the hiccups for 36 hours straight. When I tried to resolve this with the office, I was told to hold my breath, try bitters on a slice of lemon, or drink water from the opposite rim of a glass! I tended bar for a year in college, and know all the common cures for *common* hiccups, but this was caused by a powerful, and caustic pharmaceutical. I wanted to laugh, but I hiccupped instead, then cursed under my breath. Anti-inflammatories, antibiotics, and cortico-steroids are three main causes of autoimmune dysfunction. Little did I know at the time that the treatment administered may exacerbate my condition. Each time I took a steroid, the pain subsided temporarily. When the course was over, the pain returned with a vengeance, and new pains and problems arose. I'm male, and I had my first ever yeast infection because of a course of Prednisone. The other treatment option was the immune-suppressive pharmaceuticals, such as Sulfasalazine, and the various new, and wonderfully effective anti-TNF α agents. There are effective at suppressing symptoms because they nearly eliminate immune function. An autoimmune disorder is not an over-active immune system that doesn't discriminate, it is an over-worked, damaged immune system that is fighting more than it can handle, most often because of a digestive system failure. The anti-TNF α drugs drive this problem deeper into the system. The list of side-effects associated with taking these DMARDs (disease modifying anti-rheumatic drugs) could only be more frightening if it included *spontaneous combustion!* They are as follows:

"In the case of anti-TNF α agents, such conclusions are still difficult because of limited data and experience. However, the early experience with anti-TNF α therapy has identified seven types of adverse events that seem to be of particular concern: (a) infections, including sepsis and tuberculosis; (b) malignancies such as lymphoma; (c) haematological disorders such as anaemia and pancytopenia; (d) demyelinating disorders and neuropathy; (e) exacerbation of congestive heart failure; (f) production of autoantibodies and autoimmune responses; and (g) infusion or injection and hypersensitivity reactions."

My favorite, of course, is autoimmune responses. That's why I was there in the first place. When I asked the rheumatologist about alternative treatment options, he waved his hand and responded with, "None of them are proven." Suffice it to say, that was an unacceptable answer. My father had ulcerative colitis, had taken the immune-suppressants, had a cancer removed, almost had his spleen removed, and went the route of alternative treatments. My father has had no issue with or sign of his colitis for about ten years now.

Please forgive my long-winded correspondence, but I wanted to illustrate what the traditional doctors have done for me. I sought my treatment elsewhere, and am now recovering from what is considered an "incurable" disease. I actually had Dr. John Flynn at Johns Hopkins, the nation's foremost expert on ankylosing spondylitis, tell me that some of his patients get better, and he doesn't know why. All they do is treat it in whatever way they can pharmaceutically. I have spoken with several people who have beaten, nay *cured*, autoimmune diseases, and every one of them went the route of natural healing leaving the prescription drugs at the pharmacy. I have a small team of naturopathic "doctors" guiding my recovery, among them a couple of MDs, but I rely on the ability to choose my health care practitioners. The bill would eliminate a great deal of the selection that I enjoy, since only a handful of Natural Health Education Institutions would be recognized. The best people I have found thus far would drop out of the picture because their practices would either be eliminated or put on hold while they went through some new certification, just to be able to practice in a way they choose not to anyway.

Traditional doctors have their place in the health care system and in my health care as well. However, the naturopaths definitely have their place as well. I strongly oppose HB2488 because those of us who seek alternative medical treatment and advisement have a hard enough time finding practitioners. I travel a great deal now because the people I choose to see are scattered about. We need more naturopaths, not fewer. The MD with a pen and pad is a "dime-a-dozen" doctor, and there are almost as many as there are Starbucks locations these days. Please, allow those practicing alternative medicine to continue doing so without financial burden and threat of monopolization removing them from the network of healers. We need them as much as we need any other kind of doctor.

Sincerely,

Daniel Eflin
856 Hacktown Rd.
Keswick, VA 22947-2626

Dr. Elizabeth A. Carter, Ph.D.
Virginia Board of Health Professions,
6603 West Broad Street, Fifth Floor,
Richmond, VA 23230-1712,
Elizabeth.Carter@dhp.virginia.gov
Fax (804)-662-7098

Date 8/8/2005

Ref: HB2488

Dr. Carter:

I wish to voice my opposition to the Licensing of Naturopathic Physicians.

Naturopathic is the alternative approach to health care that emphasizes preventive measures to maintain health using client education and active participation by the client in therapy. A Naturopathic Practitioner favors natural and non-invasive preventive care that enhances the body's own natural healing process; not the use of surgery or prescription drugs.

I oppose HB2488 because this bill would allow a Naturopath to be a primary care physician; diagnosing and treating diseases, injuries and other health conditions using prescription drugs and surgery, without the medical background that should include hospital internships, residencies and traditional allopathic and osteopathic medical school training.

Only a few Natural Health Education Institutions would be recognized under this bill. This will not only cause a monopoly but will also be very expensive. The state will have to provide a licensing board for a minimal group of individuals.

Again, I wish to express my opposition to the licensing of Naturopathic Physicians, which I believe will result in a monopoly, a financial burden on the state and a misinterpretation of the true meaning of Naturopathic Practitioner.

Sincerely,

Francine Kapur



Dr. Elizabeth A. Carter, Ph.D.
Virginia Board of Health Professions,
6603 West Broad Street, Fifth Floor,
Richmond, VA 23230-1712,
Elizabeth.Carter@dhp.virginia.gov
Fax (804)-662-7098

Date August 3, 2005

Ref: HB2488

Dr. Carter:

I wish to voice my opposition to the Licensing of Naturopathic Physicians.

Naturopathic is the alternative approach to health care that emphasizes preventive measures to maintain health using client education and active participation by the client in therapy. A Naturopathic Practitioner favors natural and non-invasive preventive care that enhances the body's own natural healing process; not the use of surgery or prescription drugs.

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Again, I wish to express my opposition to the licensing of Naturopathic Physicians, which I believe will result in a monopoly, a financial burden on the state and a misinterpretation of the true meaning of Naturopathic Practitioner.

I also find it very disturbing to have the Board of Medicine dictate the requirements for Naturopath. The medical institution has little to no regard for the natural health field and it would be a conflict of interest to have them outline the requirement for a Naturopathic Practitioner.

Sincerely,

Grace Galliano

Carter, Elizabeth A.

From: Carter, Elizabeth A.
Sent: Wednesday, August 03, 2005 11:34 AM
To: 'Gg379@aol.com'
Subject: RE: [SPAM] - Licensing of Naturopathic Physicians. - Found word(s) drugs in the Text body.

Dear Ms. Galliano:

Thank you for your comments. They will be incorporated into the Virginia Board of Health Professions' study into the need to regulate naturopaths.

Sincerely,

Elizabeth A. Carter, Ph.D.
Executive Director for the
Virginia Board of Health Professions
303 W. Broad Street, Fifth Floor
Richmond, VA 23230-1712
E-mail: Elizabeth.Carter@dhp.virginia.gov
Alternate E-mail: Carol.Stamey@dhp.virginia.gov

From: Gg379@aol.com [mailto:Gg379@aol.com]
Sent: Wednesday, August 03, 2005 10:15 AM
To: Carter, Elizabeth A.
Subject: [SPAM] - Licensing of Naturopathic Physicians. - Found word(s) drugs in the Text body.

Dr. Elizabeth A. Carter, Ph.D.
Virginia Board of Health Professions,
3603 West Broad Street, Fifth Floor,
Richmond, VA 23230-1712,
Elizabeth.Carter@dhp.virginia.gov
Fax (804)-662-7098

Date August 3, 2005

Ref: HB2488

Dr. Carter:

I wish to voice my opposition to the Licensing of Naturopathic Physicians.

Naturopathic is the alternative approach to health care that emphasizes preventive measures to maintain health using client education and active participation by the client in therapy. A Naturopathic Practitioner favors natural and non-invasive preventive care that enhances the body's own natural healing process; not the use of surgery or prescription drugs.

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Dr. Elizabeth A. Carter, Ph.D.
Virginia Board of Health Professions,
6603 West Broad Street, Fifth Floor,
Richmond, VA 23230-1712,
Elizabeth.Carter@dhp.virginia.gov
Fax (804)-662-7098

AUG 6 2005

Date August 3, 2005

Ref: HB2488

Dr. Carter:

I wish to voice my opposition to the Licensing of Naturopathic Physicians.

Naturopathic is the alternative approach to health care that emphasizes preventive measures to maintain health using client education and active participation by the client in therapy. A Naturopathic Practitioner favors natural and non-invasive preventive care that enhances the body's own natural healing process; not the use of surgery or prescription drugs.

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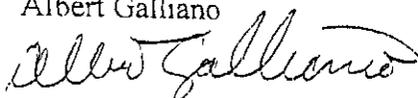
Only a few Natural Health Education Institutions would be recognized under this bill. This will not only cause a monopoly but will also be very expensive. The state will have to provide a licensing board for a minimal group of individuals.

Again, I wish to express my opposition to the licensing of Naturopathic Physicians, which I believe will result in a monopoly, a financial burden on the state and a misinterpretation of the true meaning of Naturopathic Practitioner.

I also find it very disturbing to have the Board of Medicine dictate the requirements for Naturopath. The medical institution has little to no regard for the natural health field and it would be a conflict of interest to have them outline the requirement for a Naturopathic Practitioner.

Sincerely,

Albert Galliano



Carter, Elizabeth A.

To: sgrob@marykay.com
Subject: RE: Naturopathic Medicine

Dear Ms. Grob:

Thank you for your comments. They will be incorporated into the Board of Health Professions' review of the need to regulate naturopaths.

Cordially,

Elizabeth A. Carter, Ph.D
Executive Director for the
Virginia Board of Health Professions
3603 W. Broad Street, Fifth Floor
Richmond, VA 23230-1712
E-mail: Elizabeth.Carter@dhp.virginia.gov
Alternate E-mail: Carol.Stamey@dhp.virginia.gov

From: Sara Grob [mailto:saragrob@yahoo.com]
Sent: Tuesday, August 09, 2005 3:38 PM
To: Carter, Elizabeth A.
Subject: Naturopathic Medicine

Hi,

It is my understanding - correct me if I am wrong - that the Virginia Board of Health Professions is studying whether "Naturopathic Medicine" should be licensed by the state.

It is important to understand what Naturopathic Medicine is. It is natural, healthy alternatives to improving the body and health, to learning what causes the symptoms, and to taking care of the body. There are many variations of the definition of Naturopathic Medicine.

Most importantly, a Naturopathic Doctor does NOT prescribe pills to treat illnesses. A Naturopathic Doctor does NOT do surgery or suggest surgery to "cure" a problem or to "fix" something wrong.

I am currently working towards my degree to become a Naturopathic Doctor. Yes, there are programs for becoming an ND through approved, licensed, and recognized schools. We have to pass exams on many levels to become certified as an ND. We have to do an internship. It is not an easy process.

When people ask what is a Naturopathic Doctor, I use the following examples to explain it:

1.) You have trouble seeing at night while driving. A regular doctor might look at your eyes and he might send you to an eye specialist. Most likely he will tell you to stop driving at night if you have night blindness!

As a ND, the focus is on education. Night blindness is a symptom of a Vitamin A deficiency. We would talk about what vitamin A does, what foods have it, and maybe talk about supplementing it as a dietary aid. We do NOT diagnose or prescribe.

2.) A woman goes to the doctor's office, complaining she can't sleep at night. The doctor will probably prescribe a sleeping pill to the extent of ordering a sleep study.

As a ND, we focus on the person, not the symptoms. Can't sleep at night? We ask what is going on and we listen. Maybe the person's parent recently died. Maybe the person's youngest child is in jail. Maybe the person is just needing someone to listen to. It is not our place to diagnose or prescribe, but we *do* listen. And we can guide someone to resources.

By law, we are not allowed to diagnose or to prescribe treatments. We focus on the person, not the symptoms. We educate. Why should we need to be licensed?

Please consider this information before voting to make it mandatory for someone who is involved in Naturopathic Medicine should be licensed or not.

Sincerely,
Sara Grob

Start your day with Yahoo! - make it your home page

Stamey, Carol S.

From: Carter, Elizabeth A.
Sent: Thursday, August 04, 2005 8:44 AM
To: 'hallion4@comcast.net'
Subject: RE: Licensing of Naturopathic Physicians

Thank you for your comments. They will be incorporated into the Virginia Board of Health Professions' review into the need to regulate naturopaths.

Cordially,

Elizabeth A. Carter, Ph.D
Executive Director for the
Virginia Board of Health Professions
6603 W. Broad Street, Fifth Floor
Richmond, VA 23230-1712
E-mail: Elizabeth.Carter@dhp.virginia.gov
Alternate E-mail: Carol.Stamey@dhp.virginia.gov

From: hallion4@comcast.net [mailto:hallion4@comcast.net]
Sent: Wednesday, August 03, 2005 6:24 PM
To: Carter, Elizabeth A.
Subject: Licensing of Naturopathic Physicians

Dr. Carter:

I am opposed to the licensing of naturopathic physicians. I want to maintain my freedom of choice for my medical treatment.

Thank you.

Stamey, Carol S.

From: Carter, Elizabeth A.
Sent: Monday, August 08, 2005 8:50 AM
To: 'Joy Halstead'
Subject: RE: Naturopathic Physicians

Dear Ms. Halstead:

Thank you for your comments. They will be included in the Virginia Board of Health Professions' study into the need to regulate naturopathic physicians.

Cordially,

Elizabeth A. Carter, Ph.D
Executive Director for the
Virginia Board of Health Professions
6603 W. Broad Street, Fifth Floor
Richmond, VA 23230-1712
New E-mail: Elizabeth.Carter@dhp.virginia.gov
Alternate E-mail: Carol.Stamey@dhp.virginia.gov

From: Joy Halstead [mailto:joyttworld55@cox.net]
Sent: Sunday, August 07, 2005 9:15 AM
To: Carter, Elizabeth A.
Subject: Naturopathic Physicians

Dr. Elizabeth Carter,

I'm sending this e-mail to express my concern for the issue of licensing of "naturopathic physicians". I'm asking you and the Board to vote in **opposition** to the licensing.

Joy Halstead CMT
733 Denver Avenue
Chesapeake, VA 23322

Dr. Elizabeth A. Carter, Ph.D.
Virginia Board of Health Professions,
6603 West Broad Street, Fifth Floor,
Richmond, VA 23230-1712,
Elizabeth.Carter@dhp.virginia.gov
Fax (804)-662-7098

Date

9/4/05

Ref: HB2488

Dr. Carter:

I wish to voice my opposition to the Licensing of Naturopathic Physicians.

Naturopathic is the alternative approach to health care that emphasizes preventive measures to maintain health using client education and active participation by the client in therapy. A Naturopathic Practitioner favors natural and non-invasive preventive care that enhances the body's own natural healing process; not the use of surgery or prescription drugs.

I oppose HB2488 because this bill would allow a Naturopath to be a primary care physician; diagnosing and treating diseases, injuries and other health conditions using prescription drugs and surgery; without the medical background that should include hospital internships, residencies and traditional allopathic and osteopathic medical school training.

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Again, I wish to express my opposition to the licensing of Naturopathic Physicians, which I believe will result in a monopoly, a financial burden on the state and a misinterpretation of the true meaning of Naturopathic Practitioner.

Sincerely,

A handwritten signature in black ink, appearing to be "Elizabeth Carter", written over a horizontal line.

7-31-05

Dear Dr. Carter,

I am writing to oppose the licensure of naturopathic medicine in Virginia. I am now enrolling in a Naturopathic College and wish to see this profession kept as pure and close to its intended nature as possible. True naturopathy is a noninvasive profession needing not to use surgery, prescribe medical tests, write medical treatments or bill insurance for its support—amazing how the money issue drives groups to go for more political control (often smoke-screened by licensure wording).

Today, Americans are paying more out of pocket cash for nonconventional health care than they pay for allopathic medicine. Compromising the purity of this natural care for the sake of elevating ones professional status or for insurance monies is reprehensible.

With licensure comes more control, rights, and privileges for certain professions and less control, rights, and privileges for others. There are a good number of naturopaths in our state that would not be licensed under this bill, but who have provided good honest help to hundreds of clients in the carrying out of their professions. Their professions will be restricted if licensure occurs. Certain wording that appears innocent at first gets put into these licensure bills and then later, anyone else using that wording becomes a law breaker.

A question needs to be addressed. Is the need for licensure present? Have there been any deaths or serious harm to even one person in the state? The lack of harm is reason enough to make licensure unnecessary.

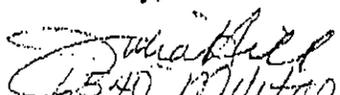
Certain rights and privileges granted to one group mean loss or denial of those rights and privileges to other groups. A monopoly boosts one profession at the expense of another. These things ought not to be so. This is America!

Some naturopaths in Virginia may be removing N.D. already from their business cards and other literature for fear that this monopoly favoring "naturopathic physicians" from select colleges will be passed and put their honest work in jeopardy. How sad.

I have lymes disease. My first allopathic physician prescribed an antianxiety drug for my restless leg syndrome instead of finding out the cause. The stress of not sleeping night after night, plus undiagnosed lymes disease resulted in a severe heart attack. My current allopathic physician is super, but all he could do was put me on antibiotics that only made my condition worse. The antibiotics caused me to have a yeast overgrowth in my digestive tract which decreased my ability to absorb vitamins and minerals necessary for my immune system. I hurt horribly at night, and felt wasted during the day.

I am much better today because I sought the help of a naturopath who had studied hard to help folks like me. I 'm sure I wouldn't be alive now without naturopathic help. Please don't take away the rights of those who currently practice pure naturopathy for the sake of a few who want licensure. Many people's health depends on your decision. Thanks for considering my request to oppose licensure.

Sincerely,


6540 Military Rd
Amelia, VA 23002

Carter, Elizabeth A.

To: John Hanks

Subject: RE: [SPAM] - letter opposing the Naturopathic Physician bill - Found word(s) drugs in the Text body.

Dear Ms. Hanks:

Thank you for your comments. They will be incorporated into the Virginia Board of Health Professions study into the need to regulate naturopaths.

Cordially,

Elizabeth A. Carter, Ph.D
Executive Director for the
Virginia Board of Health Professions
6603 W. Broad Street, Fifth Floor
Richmond, VA 23230-1712
E-mail: Elizabeth.Carter@dhp.virginia.gov
Alternate E-mail: Carol.Stamey@dhp.virginia.gov

From: John Hanks [mailto:theherbbasket@erols.com]
Sent: Tuesday, August 02, 2005 7:55 PM
To: Carter, Elizabeth A.
Subject: [SPAM] - letter opposing the Naturopathic Physician bill - Found word(s) drugs in the Text body.

Dr. Elizabeth A. Carter, Ph.D.
Virginia Board of Health Professions
Ref: HB 2488 Naturopathic Licensure

I wish to voice my opposition to the licensing of Naturopathic Physicians.

This bill would allow Naturopathic Physicians to become primary care physicians, licensed to diagnose, prescribe drugs and perform surgery and other medical tests without the background that comes with hospital internships, residencies and traditional allopathic and osteopathic medical school training. Having insurance companies paying for these diagnoses when they have not been trained is wrong.

If licensed, the public will think they have been trained in medicine because ultimately, that is what they will be doing. If someone needs medical tests, surgery or drugs, they should go to a medical doctor. Please do not mix the two. This will confuse the public. There have been no problems thus far.

Please leave the diagnosing, prescribing, drugs, surgery, medical tests and hospitals to the medical profession who have been trained in these areas. A true Naturopath does not need these modalities.

Thank you.

Becky Hanks, MH, DNM, President
Virginia Chapter - Certified Natural Health Professionals

Stamey, Carol S.

From: Carter, Elizabeth A.
Sent: Wednesday, August 03, 2005 11:25 AM
To: 'John Hanks'
Subject: RE: [SPAM] - letter opposing the Naturopathic Physician bill - Found word(s) drugs in the Text body.

Dear Ms. Hanks:

Thank you for your comments. They will be incorporated into the Virginia Board of Health Professions study into the need to regulate naturopaths.

Cordially,

Elizabeth A. Carter, Ph.D
Executive Director for the
Virginia Board of Health Professions
6603 W. Broad Street, Fifth Floor
Richmond, VA 23230-1712
E-mail: Elizabeth.Carter@dhp.virginia.gov
Alternate E-mail: Carol.Stamey@dhp.virginia.gov

From: John Hanks [mailto:theherbbasket@erols.com]
Sent: Tuesday, August 02, 2005 7:55 PM
To: Carter, Elizabeth A.
Subject: [SPAM] - letter opposing the Naturopathic Physician bill - Found word(s) drugs in the Text body.

Dr. Elizabeth A. Carter, Ph.D.
Virginia Board of Health Professions
Ref: HB 2488 Naturopathic Licensure

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Thank you.

Becky Hanks, MH, DNM, President
Virginia Chapter, Certified Natural Health Professionals

Carter, Elizabeth A.

From: Carter, Elizabeth A.
Sent: Thursday, August 04, 2005 8:45 AM
To: 'Joyce Jenkins'
Subject: RE: Objection to Licensure of Naturopathics

Thank you for your comments. They will be incorporated into the Virginia Board of Health Professions' evaluation of the need to regulate naturopaths.

Cordially,

Elizabeth A. Carter, Ph.D
Executive Director for the
Virginia Board of Health Professions
6603 W. Broad Street, Fifth Floor
Richmond, VA 23230-1712
E-mail: Elizabeth.Carter@dhp.virginia.gov Alternate E-mail: Carol.Stamey@dhp.virginia.gov

-----Original Message-----

From: Joyce Jenkins [mailto:gardenofeden3@msn.com]
Sent: Wednesday, August 03, 2005 7:19 PM
To: Carter, Elizabeth A.
Subject: FW: Objection to Licensure of Naturopathics

>From: "Joyce Jenkins" <gardenofeden3@msn.com>
>To: Elizabeth.Carter@dhp.virginia.gov
>Subject: Objection to Licensure of Naturopathics
>Date: Tue, 02 Aug 2005 15:27:11 -0400

>
>Dear Ms. Carter:

>
>I strongly urge you to reject licensure of Naturopathics. Naturopathics
>offer advise to clients on the natural means of staying healthy and
>preventing disease to the body. We do not diagnose, treat, or prevent
>human health conditions, injury and disease. We do not pretend to do
>those things.

>
>Our objective is to educate clients on how to maintain health
>lifestyles such as eating good foods, taking care to chew foods
>carefully, getting adequate exercise, drinking plenty of water and
>basically taking care of themselves.

>
>If we are forced to be licensed, many of us would no longer be able to
>help our friends, family and co-workers in their quest for good health.

>
>Again, I am asking that you oppose the licensure of Naturopathics.

>
>

August 3, 05

To whom it may Concern:

I do not want N.D.'s to be licensed.
I feel that would be unnecessary.

Mrs. Gladys King

100

AUG 03 2005

100

Carter, Elizabeth A.

To: Steve King
Subject: RE: Licensing of NDs

Dear Mr. & Mrs. King:

Thank you for your comments. They will be incorporated into the Virginia Board of Health Professions' evaluation of the need to regulate naturopaths.

Cordially,

Elizabeth A. Carter, Ph.D
Executive Director for the
Virginia Board of Health Professions
6603 W. Broad Street, Fifth Floor
Richmond, VA 23230-1712
E-mail: Elizabeth.Carter@dhp.virginia.gov
Alternate E-mail: Carol.Stamey@dhp.virginia.gov

From: Steve King [mailto:skking1@comcast.net]
Sent: Tuesday, August 02, 2005 3:44 PM
To: Carter, Elizabeth A.
Subject: Licensing of NDs

Dear Dr. Carter,

I tried to send this to you a moment ago, and can't be sure it made it! So, I am emailing you again, so please excuse me if our letter reaches you twice! Thank you!

My husband and I are emailing you to clearly convey we do not want NDs licensed!!! This is totally unnecessary! The natural path doesn't put its clients/patients at risk! Our present physicians-those refusing to grow and learn- are those overcome by their own importance, greed, and indifference. These have nothing to do with healing!!!!!!!!!!!!!!!!!!!!!!!!!!!!

The Natural Way has proven its worth since early Time. The cure for cancer is known and is purely natural! Why wouldn't anyone associated with healing not want to do all possible to be supportive of, and embrace, the Natural Way?!! The Natural Way is not an alternative, it IS the Way! So, the problem is actually greed, and certain greedy folks in the medical field and their drug company pals- NOT the Natural Way physicians and Natural Practitioners!!!!

It would be wise for all to recognize that we all will find ourselves in need of the NDs before we leave the planet!

Thank you sweetly, and here's to YOUR health!

Steve and Kay King

Dr. Elizabeth A. Carter, Ph.D.
Virginia Board of Health Professions,
6603 West Broad Street, Fifth Floor,
Richmond, VA 23230-1712,
Elizabeth.Carter@dhp.virginia.gov
Fax (804)-662-7098

July 29, 2005

Ref: HB2488

Dr. Carter:

I wish to voice my opposition to the Licensing of Naturopathic Physicians for the following reasons:

- 1) Naturopathic is the alternative approach to health care that emphasizes preventive measures to maintain health; patient education and active participation, by the client in therapy and non interference with the body natural healing process; not the use of surgery or prescription drugs.
- 2) A Naturopathic Practitioner favor natural and non-invasive preventive care based on educating clients.
- 3) This bill would allow Naturopathic to be primary care physicians with no medical background that comes with hospital internship, residencies and traditional allopathic and osteopathic medical school training. They will be allowed to diagnose, treat and prevent human health conditions, injury and disease with out proper training.
- 4) Only a few Natural Health Educational Institutions would be recognized which will not only be a monopoly but also it would be very expensive for the state to provided a licensing board for a minimal group of individuals.

Again I wish to express my opposition to the licensing which I feel will an monopoly, a financial burden and a misinterpretation of the true meaning of Naturopathic Medicine.

Sincerely,

Donna W. Lewis

Donna W. Lewis, CNHP MH DNM

Stamey, Carol S.

From: Carter, Elizabeth A.
Sent: Monday, August 01, 2005 2:24 PM
To: 'GAYLE LILLEY'
Cc: Stamey, Carol S.
Subject: RE: [SPAM] - Speaking out against licensing of naturopathic medicine' in VA - Email has different SMTP TO: and MIME TO: fields in the email addresses

Dear Ms. Lilley:

Thank you for your comments. They will be incorporated into the Virginia Board of Health Professions' evaluation of the need to regulate naturopaths.

Cordially,

Elizabeth A. Carter, Ph.D
Executive Director for the
Virginia Board of Health Professions
6603 W. Broad Street, Fifth Floor
Richmond, VA 23230-1712
New E-mail: Elizabeth.Carter@dhp.virginia.gov
Alternate E-mail: Carol.Stamey@dhp.virginia.gov

From: GAYLE LILLEY [mailto:glilley7@comcast.net]
Sent: Monday, August 01, 2005 1:23 PM
To: glilley7@comcast.net
Subject: [SPAM] - Speaking out against licensing of naturopathic medicine' in VA - Email has different SMTP TO: and MIME TO: fields in the email addresses

Dr. Carter, I have benefited for years from naturopathy and would not like to see this licensing of naturopathic practitioners and distinguishing them with the status of medical doctors. Healthcare is so very expensive now and naturopathy is such a reasonable and healthy way to prevent illnesses, build healthy bodies and to remedy minor ailments before they become health problem. Citizens of Virginia or anywhere should be able to choose whom they desire for remedies and not be forced into the system of the medical profession. Naturopathy is affordable, has few side effects and is available to most anyone through practitioners. I have been given the right to choose the care for myself and my family. If I need to go to a medical doctor, which I sometimes do, I will readily go. I have learned to eat right and to feed my body what it lacks so that it is healthy. I could not have done this unless there had been local practitioners/healers available so readily.

The licensing of these people must NOT be legislated.

Thank you for your work,

Gayle Lilley
7644 Rockfalls Drive

Richmond, VA 23225
804-523 3813
gilley7@comcast.net

Carter, Elizabeth A.

From: Morris [morrishuck@earthlink.net]
Sent: Tuesday, August 02, 2005 6:19 PM
To: Carter, Elizabeth A.
Subject: HB2488

August 2, 2005

Ref: HB2488

Dr. Carter:

Naturopathic is the alternative approach to health care that emphasizes preventive measures to maintain health using client education and active participation by the client in therapy. A Naturopathic Practitioner favors natural and non-invasive preventive care that enhances the body's own natural healing process; not the use of surgery or prescription drugs.

I oppose HB2488 because this bill would allow a Naturopath to be a primary care physician; diagnosing and treating diseases, injuries and other health conditions using prescription drugs and surgery, without the medical background that should include hospital internships, residencies and traditional allopathic and osteopathic medical school training. While medical school graduates are required to undergo one or more years of intensive clinical training under the supervision of experienced physicians, naturopaths usually are allowed to practice right after graduation without an internship or other extensive clinical training. I believe this is not in the best interest of public safety.

Only a few Natural Health Education Institutions would be recognized under this bill. This will not only cause a monopoly but will also be very expensive. The state will have to provide a licensing board for a minimal group of individuals.

By contrast, the overwhelming majority of traditional natural healers such as myself (I am a naturopathic physician, but in the traditional sense), who favor natural and non-invasive preventive care, based on educating clients how to maintain healthy lifestyles, and who pose no threat of harm to anyone -- would have to either abandon our chosen careers or face the threat of being fined and put out of business. This monopolistic, exclusionary legislation is bad news for naturopathy and for the citizens of Virginia. We have helped countless numbers of people to improve their lifestyles and their health, but with licensure would no longer be able to do so.

In 1968, naturopaths asked the federal government to recognize their treatments for Medicare reimbursement, and this is what the U.S. Department of Health Education and Welfare concluded: "Naturopathic theory and practice are not based on the body of basic knowledge related to health, disease, and healthcare that has been widely accepted by the scientific community. Moreover, irrespective of its theory, the scope and quality of naturopathic education do not prepare the practitioner to make an adequate diagnosis and provide appropriate treatment."

I wish to express my opposition to the licensing of Naturopathic Physicians, which I believe will result in a monopoly, a financial burden on the state, a danger to the public, and a misinterpretation of the true meaning of Naturopathic Practitioner.

Please OPPOSE the licensing of "naturopathic physicians".

Sincerely,

Chuck Morris, ND
Louisa, VA 23093
morrishuck@earthlink.net

Stamey, Carol S.

From: Carter, Elizabeth A.
Sent: Monday, August 08, 2005 4:31 PM
To: 'Margaret Morris'
Subject: RE: Naturopathis Physicians

Dear Ms. Morris:

Thank you for your comments. They will be incorporated into the Virginia Board of Health Professions' study into the need to regulate naturopaths.

Cordially,

Elizabeth A. Carter, Ph.D
Executive Director for the
Virginia Board of Health Professions
6603 W. Broad Street, Fifth Floor
Richmond, VA 23230-1712
New E-mail: Elizabeth.Carter@dhp.virginia.gov Alternate E-mail:
Carol.Stamey@dhp.virginia.gov

-----Original Message-----

From: Margaret Morris [mailto:mor11@co.henrico.va.us]
Sent: Monday, August 08, 2005 4:20 PM
To: Carter, Elizabeth A.
Subject: Naturopathis Physicians

Dear Dr. Elizabeth A Carter, Ph.D
Virginia Board of Health Professions
6603 W Broad St 5th Flr
Richmond, Va 23230-1712

Greeting Dr Carter:

My name is Margaret Morris and I am emailing you to let you know that I have been on this Healthy Heart Program since May 21, 2005. This is the only program that I have been able to stay with since I am about 90 lbs over weight. So far I have lost 27 lbs. My doctor knows that I am on this diet and my blood pressure is perfect, I don't have anymore swelling in my feet, I can breath again and I believe in myself again. I have a 15 year old daughter. I am almost 51 years old. Now she is proud to be with me in public, because I have a better outlook, a great personality, hair dyed a dark brown and her friends don't believe I am her mother at this age. Please urge the Board to OPPOSE the licensing of "naturopathics physicians." Please help me and other people to enjoy life and be happy with their families and themselves. I suffer with depression and anxiety. But right now I feel great. Thanks for reading this email and I hope this process will be opposed. Please help people like me. I'm trying to loose 20 more lbs by October. Please, Please, help make this possible.

With sincere thanks,

Margaret Morris, Account Clerk
4301 E Parham Rd
Henrico County Finance Dept
Richmond Va 23228

Stamey, Carol S.

From: Carter, Elizabeth A.
Sent: Wednesday, August 03, 2005 11:23 AM
To: 'Morris'
Subject: RE: HB2488

Dear Dr. Norris:

Thank you for your comments. They will be incorporated into the Virginia Board of Health Professions' study into the need to regulate naturopaths.

Cordially,

Elizabeth A. Carter, Ph.D
Executive Director for the
Virginia Board of Health Professions
6603 W. Broad Street, Fifth Floor
Richmond, VA 23230-1712
E-mail: Elizabeth.Carter@dhp.virginia.gov Alternate E-mail: Carol.Stamey@dhp.virginia.gov

-----Original Message-----
From: Morris [mailto:morrischuck@earthlink.net]
Sent: Tuesday, August 02, 2005 6:19 PM
To: Carter, Elizabeth A.
Subject: HB2488

August 2, 2005

Ref: HB2488

Dr. Carter:

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Only a few Natural Health Education Institutions would be recognized under this bill. This will not only cause a monopoly but will also be very expensive. The state will have to provide a licensing board for a minimal group of individuals.

By contrast, the overwhelming majority of traditional natural healers such as myself (I am a naturopathic physician, but in the traditional sense), who favor natural and non-invasive preventive care, based on educating clients how to maintain healthy lifestyles, and who pose no threat of harm to anyone -- would have to either abandon our chosen careers or face the threat of being fined and put out of business. This monopolistic, exclusionary legislation is bad news for naturopathy and for the citizens of Virginia. We have helped countless numbers of people to improve their lifestyles and their health, but with licensure would no longer be able to do so.

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and this is what the U.S. Department of Health Education and

welfare concluded: "Naturopathic theory and practice are not based on the body of basic knowledge related to health, disease, and healthcare that has been widely accepted by the scientific community. Moreover, irrespective of its theory, the scope and quality of naturopathic education do not prepare the practitioner to make an adequate diagnosis and provide appropriate treatment."

I wish to express my opposition to the licensing of Naturopathic Physicians, which I believe will result in a monopoly, a financial burden on the state, a danger to the public, and a misinterpretation of the true meaning of Naturopathic Practitioner.

Please OPPOSE the licensing of "naturopathic physicians".

Sincerely,

Chuck Morris, ND
Louisa, VA 23093
morrishuck@earthlink.net

Dr. Elizabeth A. Carter, Ph.D.
Virginia Board of Health Professions,
6603 West Broad Street, Fifth Floor,
Richmond, VA 23230-1712,
Elizabeth.Carter@dhp.virginia.gov
Fax (804)-662-7098

RECEIVED
AUG 17 2005
OFFICE OF THE ATTORNEY GENERAL

Date __August 3, 2005

Ref: HB2488

Dr. Carter:

I wish to voice my opposition to the Licensing of Naturopathic Physicians.

Naturopathic is the alternative approach to health care that emphasizes preventive measures to maintain health using client education and active participation by the client in therapy. A Naturopathic Practitioner favors natural and non-invasive preventive care that enhances the body's own natural healing process; not the use of surgery or prescription drugs.

I oppose HB2488 because this bill would allow a Naturopath to be a primary care physician; diagnosing and treating diseases, injuries and other health conditions using prescription drugs and surgery; without the medical background that should include hospital internships, residencies and traditional allopathic and osteopathic medical school training.

Only a few Natural Health Education Institutions would be recognized under this bill. This will not only cause a monopoly but will also be very expensive. The state will have to provide a licensing board for a minimal group of individuals.

Again, I wish to express my opposition to the licensing of Naturopathic Physicians, which I believe will result in a monopoly, a financial burden on the state and a misinterpretation of the true meaning of Naturopathic Practitioner.

Sincerely,

Anthony K. Newlin

Dr. Elizabeth A. Carter, Ph.D.
Virginia Board of Health Professions,
6603 West Broad Street, Fifth Floor,
Richmond, VA 23230-1712,
Elizabeth.Carter@dhp.virginia.gov
Fax (804)-662-7098

August 5, 2005

Ref: HB2488

Dr. Carter:

I wish to voice my opposition to the Licensing of Naturopathic Physicians.

Naturopathic is the alternative approach to health care that emphasizes preventive measures to maintain health using client education and active participation by the client in therapy. A Naturopathic Practitioner favors natural and non-invasive preventive care that enhances the body's own natural healing process; **not the use of surgery or prescription drugs.**

I oppose HB2488 because this bill would allow a Naturopath to be a primary care physician; diagnosing and treating diseases, injuries and other health conditions using prescription drugs and surgery; **without the medical background** that should include hospital internships, residencies and traditional allopathic and osteopathic medical school training.

Only a few Natural Health Education Institutions would be recognized under this bill. This will not only cause a monopoly but will also be very expensive. The state will have to provide a licensing board for a minimal group of individuals.

Again, I wish to express my opposition to the licensing of Naturopathic Physicians, which I believe will result in a monopoly, a financial burden on the state and a misinterpretation of the true meaning of Naturopathic Practitioner.

Sincerely,

Richard J. Podgorny, Ph.D., L.Ac.

Back To Balance Acupuncture, LLC
3401 Turnberry Circle
Charlottesville, VA 22911-7487


Signature

RECEIVED
AUG 09 2005
STATE OF VIRGINIA

Dr. Elizabeth A. Carter, Ph.D.
Virginia Board of Health Professions,
6603 West Broad Street, Fifth Floor,
Richmond, VA 23230-1712,
Elizabeth.Carter@dhp.virginia.gov
Fax (804)-662-7098

Date August 3, 2005

Ref: HB2488

Dr. Carter:

I wish to voice my opposition to the Licensing of Naturopathic Physicians.

Naturopathic is the alternative approach to health care that emphasizes preventive measures to maintain health using client education and active participation by the client in therapy. A Naturopathic Practitioner favors natural and non-invasive preventive care that enhances the body's own natural healing process; not the use of surgery or prescription drugs.

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Again, I wish to express my opposition to the licensing of Naturopathic Physicians, which I believe will result in a monopoly, a financial burden on the state and a misinterpretation of the true meaning of Naturopathic Practitioner.

Sincerely,

Rachael L. Robinson, M.D.

2626 West Mosby Rd.
Harrisonburg VA 22801
540-879-9115

Carter, Elizabeth A.

From: Carter, Elizabeth A.
Sent: Wednesday, August 03, 2005 11:36 AM
To: 'Swgypsrose@aol.com'
Subject: RE: [SPAM] - Naturopathic Doctors, vote with information - Found word(s) drugs herbal in the Text body.

Dear Ms. Rose:

Thank you for your comments. They will be incorporated into the Virginia Board of Health Professions' study into the need to regulate naturopaths.

Cordially,

Elizabeth A. Carter, Ph.D
 Executive Director for the
 Virginia Board of Health Professions
 6603 W. Broad Street, Fifth Floor
 Richmond, VA 23230-1712
 New E-mail: Elizabeth.Carter@dhp.virginia.gov
 Alternate E-mail: Carol.Stamey@dhp.virginia.gov

From: Swgypsrose@aol.com [mailto:Swgypsrose@aol.com]
Sent: Wednesday, August 03, 2005 10:18 AM
To: Carter, Elizabeth A.
Subject: [SPAM] - Naturopathic Doctors, vote with information - Found word(s) drugs herbal in the Text body.

Dear Elizabeth,

I am writing to you to share my thoughts on licensure of Naturopathic Doctors in the State of Virginia. I am just a few courses away from graduating myself as an ND. I have always been involved in the healing arts, but an unnecessary surgery which left me nearly dead from excessive bleeding even after discharge from the hospital, left me battling paralysis for over five years from all of the nerve and tissue damage. And the operation was only supposed to be exploratory.

I have made it this far, a long horrifying journey, thanks to my learning to heal and recover my health. The battle was harsh as the drugs were necessary for the constant unrelenting pain and as I progressed, the drugs dragged my health down further. I have won the battle against even the best Neurologist at Harvard and Johns Hopkins who treated me extensively, saying I would be in a wheel chair for life. Through my education I have learned how to repair injured nerve and muscle tissue and regenerate the vital functions of the body and immune system with the use of nutrition and herbal medicine. None of my Doctors, and I tried many once I was suddenly disabled, offered even a ray of hope, not one mentioned anything about actual "Healing"

My point is that you must look at the different classes of Doctors in order to make any decision which would affect the future of Naturopaths. I have been in training with the ND's who are also studying modern pharmacology, they are Naturopathic Physicians. Their concerns are much like that of the Allopathic Doctor, and their overall demeanor is as well.

To try and give you an example of what makes a traditional Naturopathic Doctor different from the hybrid would be an example like telling Jane Goodall that she could only study the apes in the city zoo under controlled conditions. We would have lost an important body of study had this been the case. Traditional Naturopaths work with human kind in the authentic form with the medicine from the earth and all which is compatible with our DNA.

I agree fully with the need for emergency medicine. I also agree with having drugs available for problems caused by abnormal living conditions due to modern toxicity. But not as a way of life and not on a long term basis.

The trend of the pharmaceutical companies establishing the guidelines for drug consumption and the busy Doctors overall just accepting the standards they set, leave the consumer no option. Without us, the Drugless Physicians, there is no true balance and I fear things will get out of control.

...just as the poets, artists, and medics of antiquity were jailed for having access

or knowledge of the truth, can this enlightened age possibly still allow the prosper and power to write the history books?

Thank you for your consideration,

Sincerely,

Bonnie Sophia Rose, BSNH, MS
Herbalist, AHG, Aromatherapist
The Tranquility Gardens & Organic Herbal Apothecary

Dr. Elizabeth A. Carter, Ph.D.
Virginia Board of Health Professions,
6603 West Broad Street, Fifth Floor,
Richmond, VA 23230-1712,
Elizabeth.Carter@dhp.virginia.gov
Fax (804)-662-7098

Date 2/3/05

Ref: HB2488

Dr. Carter:

I wish to voice my opposition to the Licensing of Naturopathic Physicians.

Naturopathic is the alternative approach to health care that emphasizes preventive measures to maintain health using client education and active participation by the client in therapy. A Naturopathic Practitioner favors natural and non-invasive preventive care that enhances the body's own natural healing process; not the use of surgery or prescription drugs.

I oppose HB2488 because this bill would allow a Naturopath to be a primary care physician; diagnosing and treating diseases, injuries and other health conditions using prescription drugs and surgery; without the medical background that should include hospital internships, residencies and traditional allopathic and osteopathic medical school training.

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Again, I wish to express my opposition to the licensing of Naturopathic Physicians, which I believe will result in a monopoly, a financial burden on the state and a misinterpretation of the true meaning of Naturopathic Practitioner.

Sincerely,

Larry Saunders
Print Name

Larry Saunders
Signature

910 Marshall St, Charlottesville, VA 22901
Address

Dr. Elizabeth A. Carter, Ph.D.
Virginia Board of Health Professions,
6603 West Broad Street, Fifth Floor,
Richmond, VA 23230-1712,
Elizabeth.Carter@dhp.virginia.gov
Fax (804)-662-7098

Date August 3, 2005

Ref: HB2488

Dr. Carter:

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Naturopathic is the alternative approach to health care that emphasizes preventive measures to maintain health using client education and active participation by the client in therapy. A Naturopathic Practitioner favors natural and non-invasive preventive care that enhances the body's own natural healing process; not the use of surgery or prescription drugs.

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Sincerely,

Terri L. Saunders
Print Name

Terri L. Saunders
Signature

910 Marshall St. Charlottesville, VA 22901
Address

July 30, 2005

Dr. Elizabeth A. Carter, Ph.D.
Virginia Board of Health Professions
6603 West Broad Street
Fifth Floor
Richmond, VA 23230-1712

Dear Dr. Carter:

The purpose of this letter is to urge you and the Board to oppose the licensing of "naturopathic physicians."

There are four schools in the United States that offer programs in "naturopathic medicine." These four-year programs include the use of prescription drugs and the use of surgery, but without the additional training and experience required of medical doctors, including the completion of an internship and residency following a four-year medical school regimen, which follows a four-year undergraduate program. Not by the broadest stretch of the imagination do naturopathic physicians possess the knowledge and expertise of allopathic physicians.

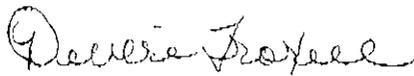
In contrast, traditional naturopathic programs, as found through the Clayton College of Natural Health, train students to the Ph.D. level in the practice of natural and non-invasive preventive care, based on educating clients on how to maintain healthy lifestyles. These traditional naturopaths pose no threat of harm to anyone and help to promote wellness, so needed in today's world of chemicals, processed non-foods, and toxins too numerous to mention here. These practitioners, who have earned advanced degrees, possess a body of knowledge comparable in this field to the knowledge acquired by allopathic medical doctors in their respective fields.

In my opinion, to provide the most comprehensive, competent care to Virginians, it makes good sense to have a system whereby medical doctors and traditional naturopaths are available to clients and even practice side by side to deliver a quality level of care. Traditional naturopathy complements our allopathic medical system and embraces a completely different approach.

By contrast, "naturopathic physicians" do not have the expertise of either of these disciplines. They complete neither a true medical nor naturopathic program.

In conclusion, I implore you and the Board members to oppose the licensing of "naturopathic physicians" - they are, in actuality, neither physicians nor naturopaths. Thank you for your consideration.

Respectfully yours,



Debbie Troxell
11900 Glen Gary Court
Richmond, Virginia 23233
Phone: 804-683-7774

Dr. Elizabeth A. Carter, Ph.D.
Virginia Board of Health Professions,
6603 West Broad Street, Fifth Floor,
Richmond, VA 23230-1712,
Elizabeth.Carter@dhp.virginia.gov
Fax (804)-662-7098

Date 08/09/05

Ref: HB2488

Dr. Carter:

I wish to voice my opposition to the Licensing of Naturopathic Physicians.

Naturopathic is the alternative approach to health care that emphasizes preventive measures to maintain health using client education and active participation by the client in therapy. A Naturopathic Practitioner favors natural and non-invasive preventive care that enhances the body's own natural healing process; not the use of surgery or prescription drugs.

I oppose HB2488 because this bill would allow a Naturopath to be a primary care physician; diagnosing and treating diseases, injuries and other health conditions using prescription drugs and surgery; without the medical background that should include hospital internships, residencies and traditional allopathic and osteopathic medical school training.

Only a few Natural Health Education Institutions would be recognized under this bill. This will not only cause a monopoly but will also be very expensive. The state will have to provide a licensing board for a minimal group of individuals.

Again, I wish to express my opposition to the licensing of Naturopathic Physicians, which I believe will result in a monopoly, a financial burden on the state and a misinterpretation of the true meaning of Naturopathic Practitioner.

Sincerely,



Dr. Elizabeth A. Carter, Ph.D.
Virginia Board of Health Professions,
6603 West Broad Street, Fifth Floor,
Richmond, VA 23230-1712,
Elizabeth.Carter@dhp.virginia.gov
Fax (804)-662-7098

Date August 3, 2005

Ref: HB2488

Dr. Carter:

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Sincerely,

Philip J. Weaver

Stamey, Carol S.

From: Carter, Elizabeth A.
Sent: Monday, August 08, 2005 8:48 AM
To: 'Renee Wiest'
Subject: RE: HB 2488 Licensure of Naturopath's

Thank you for your comment. It will be incorporated into the Virginia Board of Health Professions' study into the need to regulate naturopaths.

Cordially,

Elizabeth A. Carter, Ph.D
Executive Director for the
Virginia Board of Health Professions
6603 W. Broad Street, Fifth Floor
Richmond, VA 23230-1712
E-mail: Elizabeth.Carter@dhp.virginia.gov
Alternate E-mail: Carol.Stamey@dhp.virginia.gov

From: Renee Wiest [mailto:rwiest@comcast.net]
Sent: Friday, August 05, 2005 6:10 PM
To: Carter, Elizabeth A.
Subject: HB 2488 Licensure of Naturopath's

Please see attached letter.
Thank you,
Renee I. Wiest
10511 Christina Road
Chesterfield, VA 23832

Dr. Elizabeth A. Carter, Ph.D.
Virginia Board of Health Professions,
6603 West Broad Street, Fifth Floor,
Richmond, VA 23230-1712,
Elizabeth.Carter@dhp.virginia.gov
Fax (804)-662-7098

8/5/2005

Ref: HB2488

Dr. Carter:

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Only a few Natural Health Education Institutions would be recognized under this bill. This will not only cause a monopoly but will also be very expensive. The state will have to provide a licensing board for a minimal group of individuals.

Again, I wish to express my opposition to the licensing of Naturopathic Physicians, which I believe will result in a monopoly, a financial burden on the state and a misinterpretation of the true meaning of Naturopathic Practitioner.

Sincerely,
Rence I. Wiest
10511 Christina Road
Chesterfield, VA 23832
804-790-1049

Dr. Elizabeth A. Carter, Ph.D.
Virginia Board of Health Professions,
6603 West Broad Street, Fifth Floor,
Richmond, VA 23230-1712,
Elizabeth.Carter@dhp.virginia.gov
Fax (804)-662-7098

Date August 6, 2005

Ref: HB2488

Dr. Carter:

I wish to voice my opposition to the Licensing of Naturopathic Physicians.

Naturopathic is the alternative approach to health care that emphasizes preventive measures to maintain health using client education and active participation by the client in therapy. A Naturopathic Practitioner favors natural and non-invasive preventive care that enhances the body's own natural healing process; not the use of surgery or prescription drugs.

I oppose HB2488 because this bill would allow a Naturopath to be a primary care physician; diagnosing and treating diseases, injuries and other health conditions using prescription drugs and surgery; without the medical background that should include hospital internships, residencies and traditional allopathic and osteopathic medical school training.

Only a few Natural Health Education Institutions would be recognized under this bill. This will not only cause a monopoly but will also be very expensive. The state will have to provide a licensing board for a minimal group of individuals.

Again, I wish to express my opposition to the licensing of Naturopathic Physicians, which I believe will result in a monopoly, a financial burden on the state and a misinterpretation of the true meaning of Naturopathic Practitioner.

Sincerely,

Sally C. Whitaker
Print Name

Sally C. Whitaker
Signature

1615 Yorktown Drive, Charlottesville, VA 22901
Address

Carter, Elizabeth A.

To: Ayuko White
Subject: RE: "Naturopathic Medicine"

Dear Ms. Brown and Ms. White:

Thank you for your comments. They will be incorporated into the Virginia Board of Health Professions' review of the need to regulate naturopaths.

Cordially,

Elizabeth A. Carter, Ph.D
Executive Director for the
Virginia Board of Health Professions
6603 W. Broad Street, Fifth Floor
Richmond, VA 23230-1712
E-mail: Elizabeth.Carter@dhp.virginia.gov
Alternate e-mail: Carol.Stamey@dhp.virginia.gov
804-662-9910, 804-662-7098 (fax)

From: Ayuko White [mailto:ayukowhite@earthlink.net]
Sent: Wednesday, August 03, 2005 4:29 PM
To: Carter, Elizabeth A.
Subject: "Naturopathic Medicine"

Dear Dr. Carter,

We are writing to urge that the Virginia Board of Health Professions **not** to recommend licensing for "naturopathic physicians." We seek the advice of natural healers as an alternative to Western medical practitioners, especially when those practitioners seem only to prescribe palliative measures and do not take the time to investigate other, often less costly solutions to our health issues. If natural healers are forced to adhere to Western medical approaches to health, we would be deprived of alternate, and we believe, better ways of solving our health problems.

Thank you very much for your consideration,
Barbara Justine Brown and Ayuko Colleen White

Stamey, Carol S.

From: Carter, Elizabeth A.
Sent: Monday, August 01, 2005 8:53 AM
To: 'Eileen Williams'
Cc: Stamey, Carol S.
Subject: RE: [SPAM] - licensing naturopathic physicians - Found word(s) drugs in the Text body.

Dear Ms. Williams:

Thank you for your comment. It will be incorporated into the Virginia Board of Health Professions evaluation of the need to regulate naturopaths.

Cordially,

Elizabeth A. Carter, Ph.D
Executive Director for the
Virginia Board of Health Professions
6603 W. Broad Street, Fifth Floor
Richmond, VA 23230-1712
New E-mail: Elizabeth.Carter@dhp.virginia.gov
Alternate E-mail: Carol.Stamey@dhp.virginia.gov

From: Eileen Williams [<mailto:alaena@erols.com>]
Sent: Sunday, July 31, 2005 3:06 PM
To: Carter, Elizabeth A.
Cc: boydlandry@naturalhealth.org
Subject: [SPAM] - licensing naturopathic physicians - Found word(s) drugs in the Text body.

Dear Dr. Carter:

I am writing concerning the proposed legislation for licensing of naturopathic physicians within Virginia. I am very concerned that under licensure, persons from certain schools would be elevated to the status of primary care physician without the medical background that comes from allopathic training. These individuals would be licensed to diagnose, treat and prescribe medication for injury and disease without the medical school training that medical doctors have received.

Traditional naturopaths favor natural and non-invasive preventive care. They educate clients on how to maintain a healthy lifestyle through exercise, nutrition, meditation and other methods. They do not diagnose illness and do not prescribe drugs--these are left to the medical professionals.

Legislation that would license those individuals from four schools which teach "naturopathic medicine" and while preventing any other trained naturopath from practicing in the state of Virginia is monopolistic and exclusionary for the naturopaths in the state and is bad news for the citizens of Virginia.

Eileen Sullivan Williams
804.317.6150 cell
804.795.7445 fax

JOHN BENEDICT LUST, JR.

April 29, 1999

To whom it may concern:

We are the lineal descendants of Dr. Benedict Lust N.D., the acknowledged founder and primary advocate of Naturopathic Medicine in America.

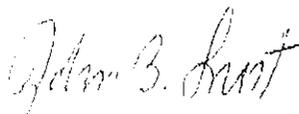
In the recent past many individuals have been associating themselves with Dr. Benedict Lust historically, currently, and professionally to create an aura of validity and authenticity for their various involvements with Naturopathic Medicine in the United States, Canada and Mexico.

This letter is meant to stand as an affirmation that the Family and Estate of Benedict Lust and its beneficiaries have not, do not, and shall not in the future give authority to use the reputation, credibility, or support of the Benedict Lust Heritage to various individuals who have without right or permission claimed such throughout the world of Naturopathic education.

The Lust family has in the past supported, and will continue to support genuine, licensed physicians and accredited institutions of higher learning who, with integrity and legitimate purpose, use the principals fostered and created by Benedict Lust and his associates to further the education of Naturopathic physicians. Those who have created mail order institutions, unlicensed and unaccredited degrees without substance are suspect in our mind and generally denigrate and destroy the principal educational processes established by our ancestor Benedict Lust. We repeat, no such institutions who have advanced a claim of association to us or Benedict Lust, have ever received the support of Benedict Lust's estate and his lineal descendants many of whom still engage in Naturopathic endeavors and support legitimate education in the field through accredited schools and those qualified by the Council on Naturopathic Medical Education as candidates for such accreditation.

We welcome the well intentioned dialogue of those who would seek to correct this situation by discrediting, disassociating, and disavowing any relationship to Benedict Lust or his estate and family. If you find yourself in a need to engage in such discourse please feel free to contact John Benedict Lust, Jr., P. O. Box 615, Branford, CT 06405-0615.

Respectfully,



John Benedict Lust, Jr.
On behalf of the Benedict Lust Family and Estate



Carter, Elizabeth A.

From: karen howard [khoward@naturopathic.org]

Sent: Thursday, August 18, 2005 3:34 PM

To: Carter, Elizabeth A.

Subject: Dr. Benedict Lust

Dear Elizabeth

I recently reread the 15 Jun Update and noted that it stated in regard to Dr. Lust, "Traditional naturopaths ... advocate continuation of the fundamental naturopathy ideals expressed by Benedict Lust ..." and also recalled that Mr. Landry opined that his clients were loyal to Dr. Lust, while naturopathic physicians were not. I just wanted to share with you a letter by a direct descendent of Dr. Lust that affirms our position on naturopathic medicine. Perhaps a small detail, but important all the same.

Thanks

Karen

Karen E. Howard
Executive Director
American Association of Naturopathic Physicians
4435 Wisconsin Avenue NW Suite 403
Washington, DC 20016
Phone 866-538-2267
Fax 202-237-8152

contained in all other naturopathic licensing statutes. The use of laboratory diagnosis is necessary for most healthcare providers to fully investigate the etiology of disease, the parameters associated with a disease process, and assist in monitoring treatment response and disease outcome. The ability to order labs and diagnostic imaging is absolutely necessary for safe practice of naturopathic medicine. The ability of an ND to perform venipuncture would save the patient an additional referral with the consequent time/scheduling issues and would facilitate easy alert to the ND of critical values.

f. Gynecology and other orificial examinations

The ability to care for all members of the community NDs serve is of great importance. Gynecology, including the ability to provide physical examinations, PAP smears, and anosopic examinations are included in the naturopathic education. Gynecological examinations are included in the scope of practice contained in all other naturopathic licensing statutes. For the ND to appropriately and safely address the healthcare needs of female patients, NDs need the ability to provide physical examinations including PAP smears, anosopic examinations, and manual vaginal examinations. Examinations are crucial to determining the nature and type of condition as well as the most appropriate treatment. Examinations are also essential for monitoring treatment response. Finally, prevention is a cornerstone of naturopathic medical practice and the ability to perform annual examinations including PAP smears and infectious disease screening is a critical component of women's preventive healthcare. Finally, there are many effective natural therapies for treating diseases of the cervix, vagina, etc. Some of these diseases are treated orally, but some require direct application to the affected tissue. Natural childbirth lies in the realm of those NDs with advanced training and additional certification in midwifery and would not be included in the scope of practice of an ND.

I hope you find this information helpful. Please let me or Mr. Rodriguez know if you have any questions or need any further information. I am available to meet with you and the members of the Task Force. Thank you.

TLC

b. Minor Office Procedures

The educational training of NDs includes training in minor office procedures. Again, a limited scope is desired. The purpose of this inclusion is to give NDs the ability to, remove foreign objects from superficial structures (not including the face or eyes), lance boils, and to remove warts and skin tags.

These relatively straight forward minor office procedures would enable NDs to provide comprehensive and cost-efficient healthcare.

c. IV Therapy

As NDs are uniquely educated in nutrition, intravenous therapy, and high dose nutrient therapy (orthomolecular medicine), the use of intravenous and intramuscular administration of the same will provide the most effective care for certain diseases. Those with advanced and certified training in chelation protocols may utilize IV therapy for chelation. This inclusion would necessarily increase the prescriptive authority to include IV and IM vitamins, minerals, amino acids, fluids (dextrose, saline, sterile water), lipids, and chelating agents. Venipuncture would also, necessarily, be included in the scope.

d. X-ray and Diagnostic Imaging

NDs are trained to order and interpret X-rays, The desire is to have the authority to order X-rays and other appropriate diagnostic imaging (CT, MRI, endoscopy, arthroscopy, barium swallow or enema with imaging, fluoroscopy, ultrasound, etc.) to do appropriate diagnostic work-ups. This is critical to determine the nature of the disease as well as the need for referral to specialists. Those with specialty training should interpret and report the findings. The ability to order X-rays and diagnostic imaging is included in the scope of practice contained in all other naturopathic licensing statutes.

e. Venipuncture and laboratory testing

Venipuncture is necessary for phlebotomy for laboratory diagnosis as well as for the administration of IV therapies. NDs receive extensive supervised practical training in venipuncture. Venipuncture is included in the scope of practice

I further understand that there are concerns regarding the inclusion of the following therapies in any scope of practice permitted NDs:

- a. prescription drugs,
- b. minor office procedures,
- c. IV therapy,
- d. X-ray and diagnostic imaging,
- e. venipuncture and ordering of laboratory testing, and
- f. gynecology and orificial examinations.

On behalf of the VAANP, I will address each of these therapies to explain why each should be included in the scope of practice permitted NDs.

a. Prescription Drugs

Limited prescriptive authority for NDs in the Commonwealth is desired. The educational training of NDs includes pharmacology and pharmacognosy. Limited prescriptive authority is included in the scope of practice contained in other naturopathic licensing statutes. Limited prescriptive authority allows NDs to prevent patients from needing duplicate and costly assessments to obtain indicated drug therapies. In addition, limited prescriptive authority, and the commensurate on-going required continuing medical education in pharmacology, will allow NDs to knowledgeable and safely guide patients in their decrease or discontinuance of certain prescription drugs. NDs would like the authority to employ agents such as hormones (natural and synthetic for thyroid, estrogens, progesterone, testosterone [a controlled substance], epinephrine [injection for the treatment of anaphylaxis]); first line therapy for the most prevalent, chronic conditions in the Commonwealth such as: oral hypoglycemic agents, diuretics, cholesterol reducing agents, albuterol inhalers; legend vitamins; oral chelating agents; antimicrobials; cromolyn sodium; butyric acid preparations. The inclusion of these items would allow NDs to write a prescription for the patient to use in the event that either the natural therapy fails to produce a therapeutic effect in a timely fashion (e.g., antibiotic for UTI to be filled on the weekend if symptoms persist) or in cases where a natural therapeutic is not indicated for the condition. The goal in granting limited prescriptive authority to NDs is to improve the health of the patients overall in an efficient and safe manner, ultimately decreasing the cost to the Commonwealth in terms of morbidity.

MEMORANDUM (via email)

To: Hugh M. Bryan, III, MD; Chair, Medical Society of Virginia
Task Force on Naturopathy

From: Theresa L. Collier, ND; President, Virginia Association
of Naturopathic Physicians

cc: Mr. Jeff Buthe, Policy Analyst, Medical Society of Virginia
Edward F. Rodriguez, Jr., Esq.

Date: June 10, 2005

Subject: Naturopathy Scope of Practice

Thank you for allowing the Virginia Association of Naturopathic Physicians ("VAANP") to respond to certain concerns regarding the scope of practice that naturopathic doctors ("NDs") may be permitted in the event that they are licensed to practice naturopathic medicine in the Commonwealth.

Please allow me to first state that the VAANP is the professional association of NDs, who are graduates of naturopathic medical schools that have been accredited by the Council on Naturopathic Medical Education (the only naturopathic medical education accrediting body recognized by the U.S. Department of Education) and who have passed the Naturopathic Physicians Licensing Examinations.

I understand that the Medical Society of Virginia ("MSV") Task Force on Naturopathy ("Task Force") is tentatively considering recommending to the MSV Board of Directors that it not object to inclusion of the following therapies in the scope of practice permitted NDs in the Commonwealth should they be licensed to practice naturopathic medicine:

- a. hydrotherapy,
- b. colonic irrigation,
- c. physiotherapy,
- d. naturopathic manipulation,
- e. electrotherapy
- f. botanical medicine,
- g. acupuncture,
- h. nutrition,
- i. homeopathy and
- j. obstetrics.

You may recall that Mr. Boyd Landry, as he spoke on behalf of the CHN, at last month's BHP's public hearing, estimated that there were approximately 100 traditional naturopaths (unlicensable NDs) in Virginia.

As for licensable NDs, there are approximately 10 in the Commonwealth and more are expected. (A 2004 Bastyr graduate recently relocated to Charlottesville.) This is in keeping with the BHP's own count. Update to the Research Committee, June 15, 2005, page 8.

Thank you for your time. Please let me know if you have any questions.

V/R

Ed Rodriguez

Attorney at Law

edrodriguezjr@cox.net

703.691.0184

703.591.9303 fax

4133 Evergreen Drive

Fairfax, VA 22032-1018

This email may contain confidential or privileged information. If you are not the intended recipient, please advise by return email and delete immediately without reading or forwarding to others.

Stamey, Carol S.

From: Ed Rodriguez [edrodriguezjr@cox.net]
Sent: Saturday, August 27, 2005 10:51 AM
To: Stamey, Carol S.
Cc: Theresa Collier, ND; Karen Howard
Subject: FW: MSV Scope of Practice Task Force Report on Naturopathy

Ms. Stamey:

Yesterday, after sending the below email to Dr. Carter, I received her out of office reply and noted that she will be away until after Labor Day. Consequently, I am forwarding my email to you as Dr. Carter suggested in her out of office reply. However, this isn't urgent.

Please let me know if you have any questions.

V/R

Ed Rodriguez
Attorney at Law
edrodriguezjr@cox.net
703.691.0184
703.591.9303 fax
4133 Evergreen Drive
Fairfax, VA 22032-1018

This email may contain confidential or privileged information. If you are not the intended recipient, please advise me by return email and delete this email immediately without reading or forwarding it to others.

-----Original Message-----

From: Ed Rodriguez [mailto:edrodriguezjr@cox.net]
Sent: Friday, August 26, 2005 7:16 PM
To: Elizabeth Carter, Ph. D.
Cc: Theresa Collier, ND; Karen Howard
Subject: MSV Scope of Practice Task Force Report on Naturopathy

Dr. Carter:

Since Ms. Karen Howard, Executive Director, American Association of Naturopathic Physicians ("AANP"), is away attending the AANP annual convention, I am taking the liberty of contacting you with regard to the MSV Scope of Practice Task Force Report on Naturopathy ("Report"), a copy of which Mr. Jeff Buthe, MSV Policy Analyst, sent to me today. I am that "Ed Rodriguez" mentioned in the Report.

I previously received, from Mr. Buthe, the MSV's Comment Letter, dated Aug. 8, 2005, to the BHP regarding its study into the question of whether the practice of naturopathic medicine should be regulated in the Commonwealth ("Study"). I note that the Report was provided to the BHP as an attachment to the MSV's Comment Letter.

The Report, on page two, mentions a memo from Theresa Collier, ND, President, Virginia Association of Naturopathic Physicians (VAANP) regarding the scope of practice desired by VAANP. A copy of that memo, dated June 10, 2005, is attached. I thought that the you and others involved in the Study might be interested in reading it.

Also, with respect to the Report, I would like to share with you a correction I gave to Mr. Buthe earlier today. It relates to this sentence on page one of the Report: "Mr. Rodriguez believes there are approximately 60 NDs in Virginia that would qualify for licensing." I may have confused Mr. Buthe in an early telephone conversation. Sixty was my rough count of unlicensable NDs in Virginia. I got the number from the Trinity College of Natural Health website. It indicates that 60+ of its ND graduates are in Virginia. See <http://nt3.healthkeepers.net:8080/trinity/FMPro?-db=trinitygrads.fp5&-lay=ONLY&-format=whicheverstate.html&-error=nofinds.html&-SortField=LNAME&-Max=All&-Op=eq&ST=VA&-Find>