

Alaska State Medical Association

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February 14, 2018

Representative Sam Kito, Chair
House Labor and Commerce Committee
State Capitol, Room 403
Juneau, Alaska 99801

Re: HB 326 – Naturopaths; Licensing

Dear Chair Kito:

The Alaska State Medical Association (ASMA) represents physicians statewide and is primarily concerned with the health of all Alaskans.

ASMA opposes HB 326 and any expansion of naturopath's scope of practice beyond that which is currently found in AS 08.45.

Naturopaths essentially wish to have the same scope of practice as Primary Care Physicians (MDs and DOs). It is a difficult if not impossible task to determine if a naturopath's education and training is comparable to that of an MD or a DO. ASMA questions that the naturopaths' education and training have comparable depth and breadth as that of an MD or DO.

It is extremely difficult, if not impossible, to compare U.S. medical schools with those from the rest of the world that educate a large number of physicians now practicing in America.

The Alaska State Medical Board (SMB) is a member of a federation of all states' licensing and disciplinary boards, the Federation of State Medical Boards (FSMB). FSMB's journal, "The Journal of Medical License and Discipline," contained, in an edition (Volume 94, Number 3, 2008), an interesting article by David Alan Johnson, M.A., Vice President for Assessment Services – FSMB. The title of the article is "Prospects for a National Clearinghouse on International Medical Schools." It contains an interesting proposal that identifies a way to establish a clearinghouse that contains quality indicators for international schools.

There are about 1,800 international medical schools and currently international medical graduates (IMGs) compose 25% of the U.S. physician workforce. According to Mr. Johnson the contribution of U.S. licensed IMGs is considerable and data exist that they are more likely to practice in medically underserved areas than U.S. graduates are. The FSMB has been dealing with trying to assess qualifications of the international medical schools for

many years, reported in its journals dating to 1916, according to Johnson. He states the challenge remains the same *“how to assess the qualifications of the physicians graduated from non-U.S. medical schools despite possessing limited information at best as to the educational curriculum of these schools...”*. However, he also stated that only 10 of these international schools contributed 60% of the IMGs in the U.S. from 1998 through 2002.

The approach for the clearinghouse includes data and information that serve as patent information indicators. Those indicators as put forth by Mr. Johnson are as follows:

- “Admission requirements including mandatory tests such as the MCAT;
- The number of years the medical school program has been in operation;
- School policies related to providing advance standing from students entering from related health professions;
- The degree to which distance learning is utilized in the curriculum; the number of weeks of instruction – culminating in a medical degree;
- The status of the school as it appears in other review processes involving licensure (e.g. the Medical Board of California review process), clinical clerkships (New York state’s clerkship approval list) and eligibility of federal student loans (National Commission on Foreign Medical Education and Accreditation);
- Aggregate United States Medical Licensing Examination performance data for students and/or graduates of the school;
- Student progression rates toward successful completion of degree requirements;
- The schools success rate in placing students in Accreditation Council for Graduating Medical Education or AOA-Approved residency programs; and
- Information on clinical clerkships such as whether these are performed outside the host country where the school is located or if an affiliation agreement exists with the hospital(s) where clerkships are being conducted.”

This approach is one of developing a “proxy” methodology short of an in-depth, on-going review of each of the 10 international medical schools, which is not feasible as it obviously would not be for 1,800 such schools. This is a methodology that could be termed “the proof of the pudding is in the tasting.”

ASMA does not believe that the information the Legislature has now, and is unlikely to have in the future, the objective information that would enable it to make the major patient-safety policy decision it is being asked to make in HB 326.

It is in the residency training where the physician really learns all aspects of patient care with hands-on experience in both the outpatient and inpatient (in hospital) settings. Attached is a comparison produced by the American Academy of Family Physicians that includes hours for the required residency in family medicine. AAFP compares its required 3-year residency program for a Family Physician to the 1-year optional residency program for naturopaths. As you can see, the house, respectively, are 9,000 to 10,000 versus 535 to 1,035.

ASMA would suggest that if you need more information about Family Medicine residency programs that you contact Harold Johnston, MD, who heads Alaska’s own Family Medicine program.

Parenthetically, for an IMB to be licensed in Alaska, that candidate must have successfully completed a minimum of a 3-year residency program accredited by the Accreditation Council of Graduate Medical Education for MDs and an American Osteopath Association (AOA) for DOs.

In February 2011 Alaska's Department of Health and Social Services released a bulletin with news that Alaska has now placed near the bottom in rates of childhood immunizations, based on a national survey done by the US Centers for Disease Control and Prevention (CDC). Alaska is 49th among all states, with a rate of immunizations of 56.6% compared with the national average of 70.5%. A University of Washington study reported in 2009 in the Maternal and Child Health Journal ("Pediatrics Vaccination and Vaccine Preventable Disease Acquisition: Associations with Care by Complementary and Alternative Medicine Providers," Volume 14, Number 6, 922-930, DOI: 10.1007/s10995-009-0519-5): "*Children were significantly less likely to receive each of the four recommended vaccinations if they saw a naturopathic care.*" Furthermore it stated "*Children aged 1-17 years were significantly more likely to be diagnosed with vaccine preventable disease if they received naturopathic care.*" It would seem that if the naturopathic standard of care for children does not include recommendations for parents to have their kids vaccinated for preventative illnesses, there is a gap in their knowledge base. Are there other gaps in naturopaths' standard of care for children?

ASMA will oppose bills such as HB 326 that expand the scope of practice for naturopaths beyond what is currently allowed in AS 08.45 until:

- (1) The US and Canadian schools of naturopathy that grant doctoral degrees are accredited by the same accrediting bodies for the U.S. and Canadian medical schools: Liaison Committee on Medical Education (LCME) or the American Osteopathic Association (AOA), Commission on Osteopathic College Accreditation (COCA);
- (2) All candidates for admission to U.S. and Canadian schools of naturopathy are required to take the medical College Admission Test (MCAT);
- (3) All graduates of U.S. and Canadian schools of naturopathy pass all three steps/levels of the United States Medical Licensing Examination (USMLE) or the Comprehensive Osteopathic Medical Examination (COMLEX – USA), using the same passing criteria as the MDs or DOs, respectively;
- (4) All naturopaths seeking licensure must successfully complete at least a three-year residency program that is accredited by the same accrediting body, Accreditation Council for Graduate Medical Education (ACGME), for MDs and AOA-approved residency programs for DOs;
- (5) All naturopaths are subject to the same standard of care criteria as MDs and DOs for licensing sanction actions and in litigation, including allegations of malpractice;
- (6) All naturopaths are required to report to the state the outcome of each malpractice or action for which damages have been or are to be paid, whether by judgment or settlement; and
- (7) The state reports all actions against a naturopath to the National Practitioner Data Bank.

Such requirements are appropriate to protect the public.

ASMA believes that patient safety and public health trump all other considerations – even workforce shortages. Additionally, ASMA feels that the Legislature in evaluating HB 326 and other issues involving scope of practice needs to adopt the judiciary's highest standard of proof – that the extension of the increased scope of practice beyond a reasonable doubt will provide for the public's safety.

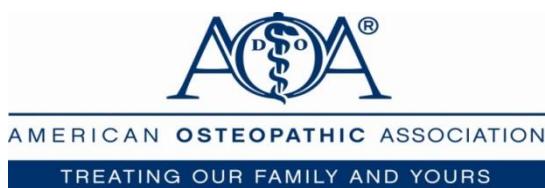
ASMA urges you to oppose HB 326 and any other measure to expand the naturopath's scope of practice beyond that which currently exists in AS 08.45.

Sincerely,



Peter Lawrason MD, President
Alaska State Medical Association

cc: House Labor and Commerce Committee Members



March 7, 2018

The Honorable Sam Kito
Chairman
Alaska State House Labor & Commerce Committee
State Capitol
Room 403
Juneau, Alaska 99801

Dear Chairman Kito:

The American Osteopathic Association (AOA) and the Alaska Osteopathic Medical Association (AKOMA) are writing in opposition to HB 326. This bill redefines the practice of “naturopathy” as a system of medical practice and greatly expands naturopaths’ scope of practice to include independently prescribing certain controlled substances, performing operative procedures and performing and ordering orificial examinations and clinical laboratory tests for diagnostic purposes. The AOA and AKOMA believe that such a large increase in scope of practice, without any additional education, training or competency demonstration requirements, could place the safety of Alaska patients at risk.

The AOA represents 137,000 osteopathic physicians (DOs) and medical students, promotes public health, encourages scientific research, serves as the primary certifying body for DOs and is the accrediting agency for osteopathic medical schools. More information on DOs/osteopathic medicine can be found at www.osteopathic.org. AKOMA is a professional medical organization that represents over 200 DOs providing patient care in Alaska.

The AOA and AKOMA support the “team” approach to medical care because the physician-led medical model ensures that professionals with complete medical education and training are adequately involved in patient care. While we value the contributions of all health care providers to the health care delivery system, we believe that naturopaths’ education and training lacks the comprehensive and robust requirements needed to safely provide patients with the broad range of unsupervised primary care services authorized by this bill.

Osteopathic and allopathic (MD) physician education includes:

- **Four years of medical school**, which includes two years of didactic study totaling upwards of **750 lecture/practice learning hours** just within the first two years, plus two more years of clinical rotations done in community hospitals, major medical centers and doctors’ offices.

- **12,000 to 16,000 hours of supervised postgraduate medical education**, i.e., residencies, where DOs and MDs develop advanced knowledge and clinical skills relating to a wide variety of patient conditions.

Naturopathic education:

- **Varies by school**, there are seven naturopathic schools accredited by the Council on Naturopathic Medical Education (CNME) in the United States.
- Traditionally **focuses on holistic and nontoxic approaches** to therapy with a strong **emphasis on disease prevention and optimizing wellness**.
- **May not include any residency training**. While opportunities for one- to two-year residencies exist, this training is still optional and standard residency curriculum, rotations or experiences do not exist.
- This bill **eliminates language requiring naturopaths to complete a four year naturopath education program** and **does not specific clinical training requirements** for naturopaths.

This bill:

- **Redefines “naturopathy” from a homeopathic practice to a system of health care similar to what physicians practice.**
- **Eliminates the prohibition on naturopaths prescribing any prescription drugs** and allows them to prescribe most drugs, including **contraceptive devices** and the **controlled substances testosterone and zolpidem**. The only drugs that naturopaths are not allowed to prescribe under this bill are cancer chemotherapeutic agents and some controlled substances.
- **Deletes the prohibition on the performance of surgery** by naturopaths and allows them to perform procedures using “operative, electrical or other methods” and use local anesthetics.
- Allows naturopaths to perform **“naturopathic manipulative therapy,”** and perform and order **orificial examinations** and **clinical laboratory tests** for diagnostic purposes.

Alaska's current law appropriately recognizes that naturopathic education and training focuses on alternative and natural therapies.¹ Naturopaths do not complete the comprehensive medical education, training, and examination requirements that physicians complete, which prepare them to safely deliver the services described in this bill. **We urge you to protect the health and safety of Alaska patients by opposing HB 326.** Should you need any additional information, please feel free to contact Raine Richards, JD, Director of State Government Affairs at rrichards@osteopathic.org or (312)-202-8199.

¹ AS 08.45.200 (3). Available at:

<http://www.touchngo.com/lglctr/akstats/Statutes/Title08/Chapter45/Section200.htm>.

The Honorable Sam Kito

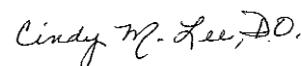
March 7, 2018

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Sincerely,

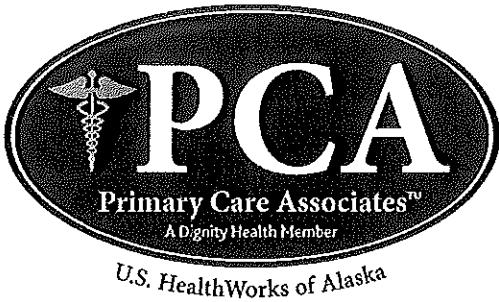


Mark A. Baker, DO
President, AOA



Cindy Lee, DO
President, AKOMA

CC: William S. Mayo, DO, President-elect, AOA
Joseph M. Yasso, Jr., DO, Chair, Department of Governmental Affairs, AOA
Thomas L. Ely, DO, Chair, Bureau of State Government Affairs, AOA
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February 25, 2018

Rep. Sam Kito, Chair
House Labor and Commerce Committee
State Capitol, Room 403
Juneau, AK 99801

RE: HB 326 < Naturopaths Licensing Letter of Opposition

Dear Rep. Kito:

I have serious concerns about HB 326 to dramatically expand the scope of practice for naturopaths. As the past president for the Alaska State Medical Association and the Alaska Academy of Family Physicians, I have opposed this issue multiple times over the past decade. None of the original concerns have been resolved.

This is not an issue of limiting competition. It is simply an issue of patient safety. Please help protect the public by opposing this expansion of scope of practice beyond the level of training and experience provided by naturopathic training. Prescribing medications and doing surgery are clearly not in the definition of naturopathy.

There is a place for complementary and integrative medicine. However, safety demands that we all practice within the scope of our training, "minor" surgery. Even in the office injections, repairs and removal of foreign bodies have potential risks and complications that require significant training and practice. All of our patients deserve to have the safest possible care for their surgical and medical needs.

It is well-known that we have a serious issue with opioids and other controlled substances. To allow naturopaths to prescribe Testosterone, hormones and Ambien simply makes no sense. These controlled medications have serious risks and side effects.

I trust that you share my concern for the health and safety of our fellow Alaskans.

Please do not pass HB 326 from your Committee.

On behalf of the practitioners at PCA.

Sincerely,

Mary Ann Foland
Mary Ann Foland, MD

MF/ILHS/HUD.TUP

cc: Labor & Commerce Committee

From: Hal Smith
To: [Rep. Sam Kito](#)
Subject: Opposition to SB326
Date: Friday, March 9, 2018 10:03:54 AM

PO Box 869

Homer, Alaska 99603

March 9, 2018

Representative Sam Kito
Chair, House Labor and Commerce Committee
Alaska Legislature
Juneau, Alaska

Dear Representative Kito:

I have been a practicing emergency physician in Homer, Alaska since 1982 and am writing in strong opposition to SB326, which seeks to increase the scope the practice of naturopaths.

Allopathic and osteopathic physicians spend 4 years in Medical School after a bachelor's degree then 3 or more years in residency in the specialty of their choice. This prepares us to evaluate, diagnose and treat patients with all the tools available to us, be they laboratory tests or imaging and the vast array of medications currently being used. In addition to the initial training we must keep up to date with the technological changes that occur regularly as well as the new treatments and multitude of medications available. The changes since my graduation have certainly been significant.

Naturopathic training does not prepare a practitioner to use the tools granted in SB326. So unless they are required to obtain the same amount of training as an allopathic or osteopathic physician, they should not be allowed to prescribe medications requiring a prescription nor have their procedural abilities increased.

If I may be of any assistance in this matter, please do not hesitate to contact me.

Thank you for your time.

Hal Smith MD, FACEP

Medical Director Emergency Department, South Peninsula Hospital

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March 7, 2018

To Whom It May Concern:

My first introduction to naturopathy was when I was fresh out of family practice residency and had moved to Anchorage, Alaska. I had a patient who was a type I diabetic. She was a teenager who was having an adjustment problem with her diagnosis - not uncommon at that age. Type I diabetic patients require lifelong insulin since their pancreas has stopped functioning. This patient was told that she should be able to stop her insulin if she took supplements and watched her diet. This advice was unencumbered by knowledge or reason. She ended up in the ICU in a diabetic coma. The naturopath who gave her this advice declined our invitation to visit her there.

I heard from another physician that the patient wanted to submit tissue for pathologic examination. She had been passing this tissue vaginally. He was very distraught to tell her that she had endometrial cancer. She surprisingly was pleased because she was told that this meant the treatment she was getting from her naturopath was working since she was expelling the cancer. Absolutely heartbreaking because this would be a very late sign of untreated endometrial cancer.

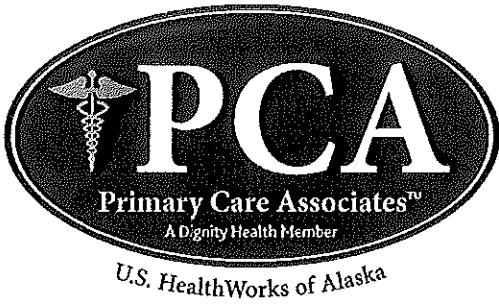
A physician assistant in my office was seeing a 9-year-old who had been diagnosed by an allergy specialist with formaldehyde sensitivity. This is not IgE mediated allergy and, therefore, cannot be desensitized by allergy shots. Her mother was told that the only solution was to avoid exposure. She sought a second opinion from her naturopath and was told that they would be glad to treat her with formaldehyde infusions to desensitize her. Hearing this gave me a sensation that was a blend of anger and fear for this child.

I would truly hope that these are isolated instances. I am afraid they are not. Certainly, there are competent and caring naturopaths. I am also aware of instances with allopathic medicine where patients do not do well and may be harmed.

However, a practitioner with a totally different training and experience is significantly more at risk if allowed to practice beyond a reasonable scope of practice. Please take this into consideration when once again thinking of allowing naturopaths to have medical and surgical privileges.

Sincerely,

Mary Ann Foland, MD
MF/ILHS/HPC.PU



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