

2017 SENATE HUMAN SERVICES

SB 2256

2017 SENATE STANDING COMMITTEE MINUTES

Human Services Committee
Red River Room, State Capitol

SB 2256
1/31/2017
Job Number 27644

- Subcommittee
 Conference Committee

Committee Clerk Signature

Emmery Brothertree for Marie Johnson

Explanation or reason for introduction of bill/resolution:

A bill relating to the regulation of naturopaths.

Minutes:

Attachments: #1 – 17

Chair J. Lee: Opened the hearing on SB 2256. All members were present.

Elizabeth Allmendinger, ND Association of Naturopathic Doctors (NDAND): (1:20-3:40) Testified in Support of SB 2256 (See Attachments #1a, #1b).

Senator Unruh, District 33: Testified in Support to SB 2256.

Elizabeth Allmendinger: (4:00-11:00) Miss Allmendinger continued with her testimony (See Attachment #1a, #1b). She provided the committee with supporting testimony from Dr. Ferguson and Eileen McNalley (See Attachments #2 - #3).

Dr. Stephanie Nishek, NDAND: (11:40-21:20) Testified in Support of SB 2256 (See Attachment #4).

Senator Anderson: Can you give us a timetable of the transition homeopathic medicine, naturopaths, and doctors of naturopathy and how that transition occurred over time?

Dr. Nishek: I would be happy to provide a more specific timeline in the future. It started as what we would call traditional naturopathy in this country adopted more so from Germany and other European countries. It was utilized in the US in the early 1900s. As early as the 1930s is when colleges of naturopathic medicine started to show up and those have developed over time. Today we still have traditional naturopaths or people who have taken certification courses in naturopathy or natural healing. That's not the same as a doctor of naturopathic medicine the material is not even comparable. It is a profession that has developed over time and continues to do so in order to participate in overall health care within this country.

Dr. Tonya Loken, Foundations Natural Medicine: (23:00-29:20) Testified in Support of SB 2256 (See Attachment #5).

Willow Hall, Doula, District 34: (29:50-30:50) Testified in Support of SB 2256 (See Attachment #6).

Chair J. Lee: I am pleased you are saying there is a need for midwife education and certification. You talked about a 3-year program to be a naturopath who attends childbirth. Is it a 3-year full-time academic program in addition to your regular training?

Willow Hall: 3 years in addition to the background that is already in place for naturopathic training.

Chair J. Lee: I think there is a need for midwives in the center of the state. We recognize that there are RNs who are certified midwives but a nurse-bed wife is different.

Senator Heckaman: The main reason I signed onto this bill is because I saw an opportunity in rural ND to have some training and I hope this will go forward.

Willow Hall: I truly hope this opens the door for the 2019 session to have certified professional midwives.

Jon Arenz: (33:45-41:12) Testified in Support of SB 2256 (See Attachment #7).

Dawn Arenz: Agreed with her husband.

Dr. Lezlie Link, Chair, ND Board of Integrative Health Care: (41:50-42:30) Testified in Support 2256 (See Attachment #8).

Dr. Ted Fogerty: (43:10-51:00) Testified Neutral to SB 2256. I am the president of the International Hyperbaric Medical Foundation which is foundation that is dedicated to the use of hyperbaric medicine for our patients. That is one of the outliers from the propriety medical complex that is coming through from the establishment and medicine. The naturopaths as a collective consciousness are defining ideas so as part of our hyperbaric conference in New Orleans, we had a naturopath speak about his work in oncology and the use of naturopathic medicine.

Dr. Fogerty said he believed the naturopaths are defining ideas and they may have to work with MDs to accomplish the goals of their patients. Dr. Fogerty said if the committee did not support the bill, he believed there would be physicians who would help these naturopaths get their prescriptions written.

Senator Anderson: In your position as a radiologist do you see any barriers for the naturopaths?

Ted Fogerty: From scope of practice, nurse practitioners and physician's assistants order plenty of things. There's a lot of non-physicians who rely heavily on radiologists. Again, that privilege is a good thing for the citizens in ND. At some level, that is going to happen in this state if there is an increase in the privileges for the naturopaths they will probably confer with the radiologists about these exams.

Chair J. Lee: Has there been any discussion about collaborative agreements between naturopathic doctors and physicians? Because we certainly have that with other practitioners.

Ted Fogerty: They are. So when you look at some of the education issues, PAs go through a curriculum where it is designed that they are under the authority of the physician.

Chair J. Lee: My question is whether or not a collaborative agreement with MDs might not solve this problem if it otherwise does not get solved.

Ted Fogerty: I think it would. There hasn't been discussion to my knowledge but that could be a solution to look at.

Courtney Koebele, ND Medical Association (NDMA): (51:39-56:00) Testified in Opposition to SB 2256 (See Attachment #9). Miss Koebele provided testimony from Britt M. Deegan Hermes (See Attachment #10).

Dr. Chris Meeker, MD: (56:25-1:01:05) Testified in Opposition to SB 2256 (See Attachments #11 – 12).

Joan Connell, past-President, ND chapter of American Academy of Pediatrics: (1:01:30-1:06:35) Testified in Opposition to SB 2256 (See Attachment #13).

Dr. Kim Krohn, MD, MPH, FAAFP: (1:06:50-1:09:55) Testified in Opposition to SB 2256 (See Attachment #14).

Chair J. Lee: I think you may have been a part of try twice to license certified midwives and we haven't been able to get anywhere and so I understand exactly what you are saying. However, if there is some training required and they would offer that for the people who are going to have a homebirth no matter what—I would ask you and your colleagues to think about if there is some tweaking we could do with this particular component because I continue to worry about our untrained, uncertified, uneducated midwives who are now working in ND and I think that is risky.

Kim Krohn: Perhaps more specificity on the part of what the actual midwife training would be?

Chair J. Lee: If your colleagues would have some suggestions we could discuss. If there is someplace that we might reach a point that there might be some agreement about that part, that shouldn't be the only answer to our midwife activities but I would like to see some training for people who are officiating at home deliveries because right now we have none.

Kim Krohn: Personally I believe birthing belongs in a hospital; at the minimum a birthing center.

Chair J. Lee: I don't disagree but what do we do about the folks who have homebirths?

Kim Krohn: There are very few physicians who would be willing to collaborate.

Chair J. Lee: We discussed having a requirement for an initial visit with a medical doctor so there would be a relationship; and we couldn't make that happen.

Kim Krohn: (1:13:10-1:13:55) Miss Krohn shared a home birth story.

Duane Houdek, Executive Secretary, ND Board of Medicine: (1:14:25-1:15:45) Testified in Opposition to SB 2256. We are often asked by legislators to license and regulate other occupations and traditionally we repel that request if we can if it is inconsistent with the practice of medicine. That's the case with naturopaths. We tried to work last session on parts of the bill and in the end it became obvious that this is not an expansion of scope of practice, this is a difference in kind of practice. This is a departure from the philosophy into medicine where there simply not medical training. You've heard one very moving story and we were all touched by that but it didn't involve any of these expanded duties, it involved what naturopaths are trained, studied, and believe to do. We opposed this last time and we continue that opposition. This is the same bill; nothing has changed.

Dr. Mary Aaland, MD, FACS: It is important that we address the expansion to surgical procedures and I think I can speak to that as a surgeon. It isn't just about the length of training. When I first started my training, my boss said we can teach monkeys to operate in one year, it takes 4 more years for surgical judgment. In this time, we are minimizing it but just because it is a little thing, doesn't mean it's not an important decision. Do not expand the practice and use the excuse that we have a shortage in rural America; our obligation is to provide well-trained, qualified and a performance improvement process to make sure our outcomes are on par with the big city.

Dr. Aaland provided the committee with examples of how surgery and biopsy has evolved and how important education is to understanding the body. She also said she was intimately involved in developing surgical care across ND and the rural areas.

Senator Piepkorn: Have you had to go into a wound where a naturopath has mucked around in?

Mary Aaland: I have been in numerous wounds that have been tampered with by individuals who did not have training for the complex wound. The goal of the program is that within 50 miles, any North Dakotan should be able to have an experienced surgeon to see what should be done.

Senator Piepkorn: You've had to deal with a naturopath's tamperings in particular?

Mary Aaland: I have not practiced in a state that has allowed naturopath to do surgical procedures. I don't think we should anecdotal that is not science.
Dr. Aaland recommended an article by Scott Gavera, published August 28th, 2014 to the committee.

Jerry Junera, President, ND Hospital Association: (1:23:05-1:23:30) Testified in Opposition to SB 2256 (See Attachment #15).

Testimony provided from Thomas Rohrer, MD, President, ASDSA (See Attachments #16-17 provided after.

Chair J. Lee: Closed the hearing on SB 2256.

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Minutes:

Attachment: #1

Chair J. Lee: Opened the discussion on SB 2256.

Chair J. Lee: I did mention to one of the people who testified the option of a collaborative agreement. I recognize not every physician wants to have a collaborative agreement but we have those in other circumstances which allows independent practice in some area but allows collaborative agreement with a physician for those areas that are beyond their scope.

Senator Piepkorn: Senator Anderson, what is your opinion on a naturopath's ability to prescribe certain drugs?

Senator Anderson: In response to Senator Piepkorn's question, the authority to develop the formula of the drugs they are talking about is left to board. If you look at some formularies in other states and as Dr. Meeker indicated, they can get pretty broad and include almost all drugs. The only ones that are really excluded are the schedule 1, 2, 3, and 4 drugs except they want the hormones which are in schedule 3. As long as the naturopath is not authorized to dispense which means any prescription they write is reviewed by one of pharmacists. I think our pharmacists are fairly comfortable if that review is in place so if they see something off with the patient, they can call back to the naturopath and get it strained out before the prescription goes forward. I don't think rural pharmacists are opposed to naturopaths prescribing as long as they have a chance to intervene with the patient and make sure the therapy is appropriate.

Two years ago I was the sponsor of the bill and I told the naturopaths to focus one of the three areas they are after: minor surgical procedures, prescription privileges, and midwifery. I told them they may be successful on an incremental basis. They have been reluctant to adopt the practice physician's assistants and nurse practitioners and pharmacists have adopted. I don't know if we want to rewrite their bill to say they should have collaborative practices or how we want to approach it.

The other thing that has been clear the last couple of years is that we have an increase in kids not getting vaccinated. Unfortunately, the naturopath approach can be that parents don't need to be vaccinated if you take the right vitamins. My personal opinion is that evidence has shown that the best way to prevent disease is to get 95% of the population vaccinated. So I am a little troubled by the naturopath's approach to vaccinations.

Senator Piepkorn: Dr. Allmendinger, what is your attitude towards vaccinations?

Elizabeth Allmendinger, ND Association of Naturopathic Doctors (NDAND): As an association, I can provide you with a letter on our stance toward vaccination if you would like but in general, the majority of the profession does actually encourage vaccinations. When there is a specific case, for example, where we will not necessarily recommend that immune suppressed individuals get vaccinations but we do recognize the benefit of herd immunity and how herd immunity can help the people who cannot safely get a vaccination. So we are not anti-vaccination.

Dr. Allmendinger provided the committee with the organization's stance on vaccines (See Attachment #1).

Chair J. Lee: I'm not sure we want to write in collaborative although I think that is an option that the profession might want to explore. I think there may be physicians who might be reluctant on the childbirth side because they are not going to be terribly anxious to collaborate on a home birth.

Senator Kreun: Are we working with three different components on this bill: the surgical aspect, the childbirth aspect, and prescription? Where were we two years ago with any one of those three? Is there evidence they are accomplishing what you suggested what they work on?

Senator Anderson: Dr. Allmendinger and I had this discussion when she first came with the bill and her comment to me is that she agreed with my position to a certain extent but she was not the only one making the decision so the bill we have is the same as the one we had last session and I'm sure she could point those differences out.

Chair J. Lee: The main thing would be that these three were requested initially and they were deleted so the bill was passed with the exception of these three areas we are talking about today.

Senator Kreun: You did indicate that there's been progress in the birthing portion or is that minor progress?

Chair J. Lee: I agree that the safest place to have a baby is in a hospital but there are many people who will not do that. So my quandary is that there are no requirements to be a midwife. I don't have as many concerns about the childbirth side of it as I might have had.

Chair J. Lee shared a story about triplets born in home. (10:15-11:50)

Chair J. Lee: That led many medical professionals to come to us. To tell us we've got to do something about these uncertified, uneducated midwives who are delivering babies who aren't paying attention, or don't know how to check, or don't have experience or knowledge

to recognize a multiple birth or the challenges that might come about if there's a problem with a delivery. If you're an hour away from services having a home delivery, you are really accepting some risks, we recognize the importance of individual choices in this, but we have responsibility to children, to make sure they are treating in a healthy and safe manner. We've tried for 6 years to get requirements.

Senator Kreun: So would we want to see if we could get it into the bill, some kind of certification or training? Do we want to go that direction?

Chair J. Lee: That's my understanding, there is certification, and when you go through the 3-year program and clinical experience, and pass the exam, that there would be certification from the national naturopath board. That is true. But I know the doctors will continue to resist. At least it's something compared to nothing. That's what we've got out there right now. The risk is there would be an increase in number of home births, because there would be more people available to attend home births.

Senator Piepkorn: Another topic, perhaps? Senator Anderson brought up a collaboration, I can't imagine a doctor prescribing an expensive drug probably won't call their naturopath to find out if she's got some green tea that will substitute, but if a naturopath calls to consult or collaborate with a doctor, that doctor would want to be compensated somehow. Thus raising the price the naturopath might have to charge.

Chair J. Lee: And that's not a reimbursable expense.

Senator Anderson: Most of the collaborative agreements that we see right now, both the physician and the other practitioner are salaried under the same institution, and so it's not an issue if they get extra reimbursement for consulting that other person. We've had some in the past nurse practitioners were required to have a physician who reviewed their prescribing records and their charts in the past, most of those were not compensated, but they could have been. There could have been a contract between the two, if both had been independent.

Senator Piepkorn: This might go against the grain of the naturopath movement, there's the possibility that your traditional healthcare institution, could add naturopaths to their staff.

Chair J. Lee: They could, but we can't make them integrate.

Chair J. Lee: Let's talk about the prescriptive practices part first. Are you ok with the idea that Senator Anderson mentioned? Having the pharmacists be the gate keeper there. Because pharmacists will be the ones filling those prescriptions. Or not, that's the question.

V-Chair Larsen: The one doctor up there describing the whole list of medicines that are available if we open that up. There all individual folks, they might have their own specialty area, maybe they just want the ones they're seeking now, but like you said you can still get codeine cough syrup or something. If they branch out into other areas, if they're licensed to do it, even though the pharmacist says you shouldn't be doing that. They can say in law we're able to do schedule 4 and 5 drugs. I don't know. It depends where they want to go with it. We're talking about a couple of meds here, I thought I heard strep throat, or something they

use normally, you never know who will be coming in, and what things they'll be expanding to, it's up to them and their group.

Chair J. Lee: Senator Anderson could you respond from a pharmacist's point of view?

Senator Anderson: No I don't think that's an issue here, if the doctor of naturopathy for example, wanted to specialize in a particular area, then they might use different drugs than the next one down the street. The option would be we could put in legislation a specific formulary they could use, right away, off the bat, then they could ask for greater permissions later. Now their committee which is composed of their naturopath, pharmacist, doctor, and one other person, I can't remember who that is, would be responsible for developing the formulary. Generally, these are people who have confidence in each other so the formulary might be more broad that Dr. Meeker would be comfortable with. If you have confidence in the profession, then you have to have confidence they're going to use good judgement when they're prescribing drugs as well. Of course, as Senator Larsen learned the other day, there are some side effects to vitamin C, even if you are just taking it for a cold. So, every practitioner is a little different in that. That is one option, the committee could say this is the formulary and ask them for a short list. Let's start with that, that is an option.

Chair J. Lee: I don't know if we're expert enough to be the developers of a formulary, but we would need to say it was going to be developed in administrative rule.

Senator Piepkorn: Formulary, is that the type of drugs they are allowed to prescribe? I think that would be a safe step for everybody.

Chair J. Lee: We might be looking at language that would say that the naturopaths will develop through their board of integrated health a formulary which will be reviewed by the administrative rules committee. So that would be an option.

Senator Anderson: Yes, I'm sure we could ask them. You have a limited amount of time when you're trying to do legislation and get it out by cross over. You would hope they thought about this beforehand, they might have some alternatives available, if they have, maybe they could present it to us. My opinion is that this bill isn't going to pass in its present form, last year we pared it down and got it passed in the Senate, but it didn't pass in the House, by an overwhelming majority. My guess it isn't going to pass in its present form. I would like to put the onus on the naturopaths to come up with some alternatives or amendments that might be acceptable, rather than for us to redo their legislation.

Chair J. Lee: Asked Dr. Allmendinger to speak on discussions with her colleagues.

Dr. Allmendinger: We have discussed a formulary and a collaboration we are not necessarily opposed to collaboration, based on other states use of that with other practitioners they've found it's not necessarily better for patient outcome, and not better overall. What we would like is a limited collaboration. An incoming naturopath would be under collaboration and be supervised for a year or two, and then be allowed to prescribe under the formulary. We discussed a formulary, we'd be more open to that, the problem with that is prescriptions change quite a bit, as new research comes out. New pharmaceuticals are developed. So we're not necessarily opposed to that we're just trying to figure out how you

could make it more open, so you don't have to see us every 2 years. If we keep it broad, 'Antibiotics' for example, we wouldn't be opposed to that. We're just trying to figure out how to do that, which helps with the long term solution. To quickly touch on the reason the bill has all three of the things requested, to do naturopathic child birth, you need to be able to do pharmaceuticals and minor office procedures, you can't safely do child birth without being able to at least suture, and be able to prescribe something, to adequately treat the patient. That's the reason all 3 are still together.

Senator Anderson: If we're looking at collaborative agreement not a panacea or a slam dunk, the naturopath still has to find a physician to collaborate with, that's not an easy thing. Gave an example about immunizations from the pharmacy world.

Senator Piepkorn: It sounds serious to me; what kind of suturing or surgery is needed for childbirth?

Dr. Allmendinger: the most common would be a tear in the perianal regional. If it's not severe enough to go into the hospital, the naturopath could suture in the home. It's a fairly simple thing, they're graded on how severe the tear is, but they would still need to suture in most cases.

Senator Piepkorn: How often does that happen?

Chair J. Lee: It's not uncommon. In the words of a mother in here last week, who told her child that delivering him was like pooping a piano. So if that gives you an idea.

Senator Piepkorn: The public wants the option of seeing a naturopath somewhere along the way, we do have a responsibility as far as safety goes, so it's a tough decision.

Chair J. Lee: I'm more comfortable with calling for a formulary to be developed, if it's in legislative rule, then they can change that regularly, if needed. I'm not so comfortable with minor procedures, I understand how it relates to childbirth but if we're going to make some incremental advances for them here, it might be the one that's least objectionable. We're going to have trouble getting all three through.

Senator Kreun: I'd like a little more detail than that. I find this really strange in a way, yesterday we had 2325, and everybody was worried about early intervention of services and having all the credentials and all this work done, and now we're talking about "I don't want that, I want to do it myself." Where is the licensure in this do we have insurance? Is this midwife or doula going to have insurance, do they do that? Even if they're trained, are the insurances, is the public protected? That's what we're supposed to be doing in 2325, we're supposed to be protecting the public and doing all this so it costs us less money in the long run. Now we're circumventing this, and they can be born in the home. We don't have to check for various deformities and issues. or should we take 2325 and we're not too concerned about that any more.

Chair J. Lee: So you think we could be consistent? The integrated health board licenses several professions that have practitioners of small professions, like acupuncture, naturopathy, and music therapists. We created this umbrella board because we had small

practicing groups that really the professionals within these organizations wanted to make sure there were folks that were out there trying to hang their shingle, saying they did acupuncture. But there we only ten in the state, they couldn't afford their own board. So that's where we created this integrated health board.

Dr. Allmendinger: When naturopaths first became licensed in 2011, we asked to be under the Board of Medicine, they did not want us to be under there, we asked the Board of Nurse Practitioners, they did not want to have in that board either, because of the cost of running a board and regulating it, legislation came up with the Board of Integrated Healthcare, and the music therapists were going for licensure, and they had 40 therapists in the state, naturopaths had 2, now we have 9. We went under that board with the music therapists to share that cost. Each profession has a representation. The board also has a medical doctor, Dr. Fogery, a nurse practitioner, and pharmacist. They also oversee and regulate. Any complaints related to naturopaths go through that board. Acupuncturist came under the board in 2015, they have a representation as well.

Senator Kreun: Getting to liability insurance. We have insurance commissioners, we have all these regulations, we're doing work for vulnerable adults. What vulnerability does this mother have that's an hour away, what responsibility does that midwife have to that family?

Dr. Allmendinger: I'm not a midwife, but I believe that if you are a nationally certified naturopath, you can qualify for malpractice insurance. I believe that midwives have something similar. Midwives do infant screening tests. The trained midwives screen. So they check the thyroid and check for genetic issues that might be caught in the first 24 hours.

Chair J. Lee: Do they do the heel pricks to do the blood test for a variety of different PKU and so forth.

Dr. Allmendinger: Yes, and they are not allowed to do complicated births, like multiple birth, diabetes, or high blood pressure. None of those should be done by a midwife.

Senator Kreun: If they could work together like the one mother indicated. They work back and forth, but that's not guaranteed either. It's hard for us to sit and draw the line.

Senator Clemens: Does your program, with the midwives, is that through entire pregnancy? Are there scheduled regular doctor's visits in between, how does that work?

Dr. Allmendinger: They do prenatal care as well, they refer out for the standard 20-week ultrasound, at some point they have to work with an OB or a family practice doctor to get that ultra sound. That's part of what catches multiple births and other complications. Just to comment on Senator Anderson's comment, every state that so far has licensed naturopathic medicine and prescriptive rates, they have a pretty good collaboration with MDs. There's multiple integrated clinics, cancer treatment center for America has naturopaths in the center, Fred Hutch, they tend to work well together once they are recognized.

Senator Kreun: Maybe with your persuasive powers, you might work with your group to start this at a step by step so that the medical portion understands this better and especially the public, because right now, we're at odds here. In order for you to gather your ammunition to

get to this point. To show that collaboration is there, and take one step at a time is probably the best way for people to understand. I'm in agreement with Senator Anderson, if we put all three in a bill it's going to go down in flames.

Dr. Allmendinger: We lost in the House side by 10 last session. There are 9 of us, we are working to create those collaborative relationships. There's just not a lot of us. All of us have very busy practices. I'm booked 3 months out.

Senator Piepkorn: I was born in a house. Delivered by Mrs. Johnson.

Senator Kreun: My family had 3 sets of twins, 1 twin from each set died.

Dr. Allmendinger: There is info in the midwifery testimony that has updated fact on the safety of homebirths compared to not.

Courtney Koebele, NDMA: A couple of comments about the Integrated Health Board, yes it was created just as Dr. Allmendinger indicated, I was surprised they don't have any information on their website, I learned they had a meeting last night. The acupuncturist bill, they had the rules hearing January 13 of this year, two weeks ago. So we do have concerns, you had talked about doing the formulary, I think the bill itself requires them to do the formulary within administrative rules. I don't think that's changing the bill at all. This bill is the same as the one we had last time.

Chair J. Lee: I think we should think about this a bit. Closed the Hearing on committee work on SB 2256.

2017 SENATE STANDING COMMITTEE MINUTES

Human Services Committee
Red River Room, State Capitol

SB 2256
2/6/2017
Job Number 27920

- Subcommittee
 Conference Committee

Committee Clerk Signature

Mame Blum

Explanation or reason for introduction of bill/resolution:

A bill relating to the regulation of naturopaths.

Minutes:

Attachments: 2

2 amendments.

Chair J. Lee: Opened the hearing for committee work on SB 2256. All members were present.

Chair J. Lee: At childbirth, some of us who have been around for a while have heard several hearings in this room about certification of midwives who are not RN's. Senator Heckaman and I both have amendments, so we will consider any you might have, but I was interested in turning it in to a study of home births and requirements there are for individuals who are not nurse midwives.

Senator Heckaman: The amendments here have my name on them although I'm not the author of them. They were done by the naturopaths who worked with legislative council to have these drafted, so maybe one of them could speak to the amendments. I'm not sure if anybody's here.

Chair J. Lee: I'm not trying to avoid anybody, but in the first place some of these amendments that we've asked for aren't here, so we've got to deal with the ones that are here. (passed out both amendments, see attachments #1 and #2). For those of you who were not a part of our earlier conversations about this, nurse midwives are obviously excluded from this discussion because they are registered nurses who have taken the additional training in midwifery. This is intended to focus on the people who have not had that kind of training, or in the case of naturopaths I know they've had training, but we need to figure out whether or not we want them to be able to do some of the other procedures. As you see in the amendments, it does include those minor surgical procedures and so forth, in the last one, in an emergency situation may perform procedures necessary for the health and safety of the patient. That's a little open ended for me.

Senator Heckaman: I have nothing more to offer other than to say that last one is pretty open ended. This is something that the naturopaths had council draft in my name, so that we

could open them up for discussion. I think the removing of the minor office procedures that they have done is something we could support. When we come down to page 4, line 8 where they have as a part of naturopathic childbirth, they may do the following a, b, and c aren't so bad but d is pretty open ended for me, having said that, your amendment to do a study. We've been working on this a long time. Maybe we need to spend some time looking into what's available to them, how midwives are doing it now. The naturopathic midwives and the regular midwives across the state of ND aren't the same. That was one of our issues last session the midwives who are delivering across the state of ND are pretty much under the radar. To get them to come and testify will be a far guess too.

Chair J. Lee: I'm optimistic that we may have better luck this time, in visiting with Dr. Connell, she mentioned a colleague who has developed a good relationship with some of the working midwives in ND, and she would be a god liaison for us. I don't want midwives to feel threatened coming in to talk to us. But we have a responsibility to the children to make sure they're safe. We can't tell an adult that they can't use the services of someone at home, but we need to make sure that they're trained to make the babies safe.

Senator Heckaman: The bill on 2256 has prescriptive ability in there that I'm quite leery about. I don't know that we know as much about the medications that they're prescribing and uses that they have and sources that they're coming from as we could have. I have more questions than answers.

Senator Heckaman: I move to adopt your amendment 17.0890.01002.

V-Chair Larsen: Seconded.

Senator Clemens: Are we changing this to a study?

Chair J. Lee: Yes, and the reason is the naturopaths who want this have training and we need to know more about that, the other midwives who are delivering babies have no requirements for any kind of education we have struggled to get support for that. Have I told you about the triplets? Those kind of things drive physicians crazy. They care about eh safety of the babies involved here. They would like to know the midwives are trained. Maybe we've got a better opportunity to open it up. So if we have a physician who has a relationship with midwives, then we might be able to have a conversation about how to best handle this. If our goal is to make sure that the health and safety of the citizens is protected, that's why I included the whole batch, that is not covered by scope of practice for the whole profession.

Senator Piepkorn: I thought testimony in favor were not focusing on midwifery, but the wanted whole spectrum of services that naturopaths could provide, including prescriptive, minor surgical procedures, and childbirth. Does this address those?

Chair J. Lee: Yes, it's been converted to a study. This is a hoghouse.

Senator Kreun: Remember, there was some give and take on midwife portion that we had a conversation, and there was zero movement on the other areas. We tried to pick out the common ground, but the others will be involved in the study.

Senator Heckaman: I don't know if other things are involved in the study. Prescriptive and surgery aren't in the study.

Chair J. Lee: No they aren't. It's a study on delivering babies.

Senator Piepkorn: I thought the rest was included. I have constituents who are interested seeking medical advice from naturopaths. Now people I know go to MN to see them.

Senator Heckaman: They can go and do the same thing they do now. They can't get a surgical procedure, certain prescriptions filled, and then this does not give delivery permission on surgical procedures that they're doing, everything they're doing now is within law, and is in their scope of practice.

A roll call vote was taken

Motion passes 7-0-0.

Senator Heckaman: I move Do Pass as Amended.

V-Chair Larsen: Second.

A roll call vote was taken.

Motion passes 7-0-0.

Senator Heckaman will carry.

February 6, 2017

ET
2-6-17
p. 1 of 1

PROPOSED AMENDMENTS TO SENATE BILL NO. 2256

Page 1, line 1, after "A BILL" replace the remainder of the bill with "for an Act to provide for a legislative management study regarding the regulation of midwifery."

BE IT ENACTED BY THE LEGISLATIVE ASSEMBLY OF NORTH DAKOTA:

SECTION 1. LEGISLATIVE MANAGEMENT STUDY OF MIDWIFERY. During the 2017-18 interim, the legislative management shall consider studying the feasibility and desirability of regulating the practice of midwifery by individuals who are not nurse midwives. The legislative management shall report its findings and recommendations, together with any legislation required to implement the recommendations, to the sixty-sixth legislative assembly."

Renumber accordingly

Date: 2/6 2017

Roll Call Vote #: 1

2017 SENATE STANDING COMMITTEE
ROLL CALL VOTES
BILL/RESOLUTION NO. 2256

Senate Human Services Committee

Subcommittee

Amendment LC# or Description: 17.0890.01002

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

Motion Made By Sen. Heckaman Seconded By Sen. Larsen

Senators	Yes	No	Senators	Yes	No
Senator Judy Lee (Chairman)	X		Senator Joan Heckaman	X	
Senator Oley Larsen (Vice-Chair)	X		Senator Merrill Piepkorn	X	
Senator Howard C. Anderson, Jr.	X				
Senator David A. Clemens	X				
Senator Curt Kreun	✓				

Total (Yes) 7 No 0

Absent 0

Floor Assignment _____

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

Date: 2/6 2017

Roll Call Vote #: 2

2017 SENATE STANDING COMMITTEE
ROLL CALL VOTES

BILL/RESOLUTION NO. 2256

Senate Human Services Committee

Subcommittee

Amendment LC# or Description: _____

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

Motion Made By Sen. Heckaman Seconded By sen. Larsen

Senators	Yes	No	Senators	Yes	No
Senator Judy Lee (Chairman)	X		Senator Joan Heckaman	X	
Senator Oley Larsen (Vice-Chair)	X		Senator Merrill Piepkorn	X	
Senator Howard C. Anderson, Jr.	X				
Senator David A. Clemens	X				
Senator Curt Kreun	X				

Total (Yes) 7 No 0

Absent 0

Floor Assignment Sen. Heckaman

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

REPORT OF STANDING COMMITTEE

SB 2256: Human Services Committee (Sen. J. Lee, Chairman) recommends **AMENDMENTS AS FOLLOWS** and when so amended, recommends **DO PASS** (7 YEAS, 0 NAYS, 0 ABSENT AND NOT VOTING). SB 2256 was placed on the Sixth order on the calendar.

Page 1, line 1, after "A BILL" replace the remainder of the bill with "for an Act to provide for a legislative management study regarding the regulation of midwifery.

BE IT ENACTED BY THE LEGISLATIVE ASSEMBLY OF NORTH DAKOTA:

SECTION 1. LEGISLATIVE MANAGEMENT STUDY OF MIDWIFERY.

During the 2017-18 interim, the legislative management shall consider studying the feasibility and desirability of regulating the practice of midwifery by individuals who are not nurse midwives. The legislative management shall report its findings and recommendations, together with any legislation required to implement the recommendations, to the sixty-sixth legislative assembly."

Renumber accordingly

2017 HOUSE HUMAN SERVICES

SB 2256

2017 HOUSE STANDING COMMITTEE MINUTES

Human Services Committee
Fort Union Room, State Capitol

SB 2256
3/14/2017
29188

- Subcommittee
 Conference Committee

Committee Clerk Signature



Explanation or reason for introduction of bill/resolution:

To provide for a legislative management study regarding the regulation of midwifery.

Minutes:

1, 2, 3, 4

Chairman Weisz: Opened the hearing on SB 2256.

Senator Jessica Unruh
Introduce SB 2256

Chairman Weisz: Is there any testimony in support of SB 2256?

Courtney Koebele, ND Medical Association

We opposed the original bill of SB 2256, but now that it has been made into a study we are in support of this bill. I would like to introduce Joan Connell. She is a pediatrician here in town. She will testify more about why we support it.

Chairman Weisz: Are there any questions from the committee?

Chairman Weisz: Is there further testimony in support of SB 2256?

Dr. Joan Connell
(Attachment 1)
7:45

Chairman Weisz: Are there any questions from the committee?

Representative P. Anderson: Do we have any idea how many home births there are in ND?

Dr. Connell: No I don't?

Representative P. Anderson: They still have to get a birth certificate though?

Dr. Connell: yes, they do and you may be able to get that information from the department of vital statistics.

Representative McWilliams: Do we know if there have been any problems with midwives delivering at home?

Dr. Connell: I have cared for one baby in my practice that was the result of a bad outcome of a home delivery.

Representative Skroch: I have a question about the one case you listed here about a law suit. Do you know who the plaintiff was in that suit?

Dr. Connell: The plaintiff, no. I did read about this though and I think it was the parents filing suit.

Representative Skroch: It would make a big difference as to say for instance if it was the parents filing the suit in Burleigh County that would be in ND. If they were the ones filing the complaint or if someone else accused them of not taking the right precautions that is a big difference.

Dr. Connell: This actually says of a minor plaintiff.

Representative Skroch: You talked about the possibility of problems with the birth or home births. Are you aware of malpractice suits that might have occurred as a result of in hospital delivery?

Dr. Connell: Definitely. That is why I wanted to illustrate that if there was a malpractice suit over a hospital birth, you could look it up and get all of the information, but you cannot get that on midwife births. If it were a physician performed delivery you can look at health grades. There is not an equivalent opportunity with unregulated, unlicensed providers.

Representative Skroch: How about in hospital deliveries and the risk of infections? I am aware of a case in which the mother actually died. I guess I am trying to say that there can be risks in either setting. There is in creditably more exposer in hospitals and the number of diseases a newborn can contract even in a 24 hour stay in the hospital. I wonder if you can respond to that. Is that a concern of yours?

Dr. Connell: It is absolutely possible, but in my career I have never had to take care of a baby that was infected as the result of a normal delivery. I think it could happen, but we have the ability to see what mistakes have been made, so that we can correct them and not repeat them. I think we should be able to see who the midwives are that are practicing in ND.

Representative Skroch: I believe the word reprimand was going to be looked at. Can you tell me what those reprimands might be?

Dr. Connell: I am not interested in that, I am interested in informed consumer of healthcare.

Representative McWilliams: Do you think that any family that would have a home birth or use the services of a midwife would be uneducated to the process of childbirth and the risks therein? Often the people that are choosing to have an in home birth with a midwife do lots of research, meet with the midwife, and think their decision through carefully. That is kind of how the process works, so if they are uneducated by the time the birth comes that is a fault of the family, not the systems of regulations.

Dr. Connell: I think a lot of parents who do a home birth do a lot of research before they decide to do a home birth. There is not information available besides word of mouth to understand if there is a provider that is a midwife that may have had an increased complication rate compared to others midwives. You can do all the research you want, but that information is not available. That is what I think is unfair to parents who want to have a home delivery. I think they deserve to have that information.

Chairman Weisz: Further questions? Seeing none, thank you.

Chairman Weisz: Is there further testimony in support of SB 2256?

Stacy Moldenhauer, Board of Medicine

The board of medicine supports the bill as amended. We did oppose it as it was originally drafted. The board major issues on the senate side were the minor office procedures for the naturalpht and also the prescribing. As amended, we are on board.

Most of you are aware that the ND Board of Medicine has a website that allows you to know if there have been any issues with a doctor.

Chairman Weisz: Any questions from the committee? Seeing none.

Renee Stromme, ND Women's network

I was not following this bill when it was a natural path bill, but I think there are a lot of women in ND that would like to use a midwife, but aren't really comfortable with home birth. I know some women that would like to be midwives, but aren't exactly comfortable with the lack of structure to work under. I would hope that with the study there is a way of exploring the possibility of practicing midwives to continue their practice while opening up the opportunity to others that would like some structure of accountabilities. Then they could advertise. I think there are a lot of women that would like to be part of the midwifery world, but are unable to tap into it. If you don't know the right people it is hard to get connected with this. I think of my own experience. I wanted a midwife, but I didn't want a home birth. I want the study because we want to maintain the practices that are in place.

Chairman Weisz: Are there any questions from the committee?

Chairman Weisz: Is there further testimony in support of SB 2256?

Chairman Weisz: Is there any testimony in opposition to SB 2256?

20:30

Donna Henderson, ND Home Birth Coalition

(Attachment 2)

We stand opposed to SB 2256. We just don't think this bill is needed in ND. ND allows midwives to practice here. We have traditional midwives, the ones that have gained their knowledge from apprenticeship and experience. We have certified midwives that have taken training for midwifery. We also have nurse midwifery. They are nurses and have midwife training and are able to practice in hospitals. We also have naturopaths in the Fargo Moorhead area that are certified midwives for those who are not comfortable with the home birth. I just had a letter from a nurse midwife that says she works in hospitals in ND and Minnesota, so there are options for you. We are against the study because it is not just a study. A study sounds like a great thing, we all should know more about everything, right? This is a study to regulate. On the actual bill it says that it requires the findings and recommendations and the legislation required to implement such regulations to the next legislative study in 2019. If you study to regulate, we will get regulations. Why don't we want regulations? That takes away the freedom of parents to choose. In 2015 there were 130 home births in the state of ND.

31:00

Chairman Weisz: Are there any questions from the committee?

Representative Skroch: One of the topics that was raised was if there was a way that someone who wants a home birth with a midwife can connect with someone for more information. Can you shed some light on how they are able to make connections?

D. Henderson: It was more word of mouth at that time, but everywhere we went there were more people with information. In my coalition we don't have a website right now, but I am sure we could do that. We could put something up on the website if that would be

Representative Skroch: So you would be in favor of a registry?

D. Henderson: With the state I would. If the ones that are in the system as medical midwives, they can do that. In my circles, if someone is not doing a good job no one is going to see that person again. Free market works its self out.

Chairman Weisz: Is there further testimony in opposition to SB 2256?

34:00

Lisa Geiger

Mother of 11 children

(Attachment 3)

40:00

Llora Knight, Direct Entry Midwife

(Attachment 4)

44:00

Chairman Weisz: Are there any questions from the committee?

Representative Skroch: You deliver babies?

L. Knight: I catch babies.

Representative Skroch: How many babies have you caught?

L. Knight: 214 babies.

Representative Skroch: Have you had any issues in those deliveries? Any unexpected complications?

L. Knight: yes, we have and we have gone to the hospital.

Representative Skroch: There have been no ill consequences from those deliveries.

Chairman Weisz: You mentioned other states. Do you know how many states that allow midwifery?

L. Knight: No I don't. I do know of two states that do allow it.

Chairman Weisz: Which ones are they?

L. Knight: Arizona and Minnesota

Chairman Weisz: Further questions from the committee?

Representative McWilliams: In your practice of catching babies how far away have you been from a hospital?

L. Knight: Probably an hour away was the furthest.

Chairman Weisz: is there further testimony in opposition to SB 2256?

Paulette Efimenko, Oldest and longest practicing midwife in ND

I am opposed to this legislation 100%. I am not going to repeat what others have already said. The parents that do home births are very, very informed parents. They do a lot of research and get all of the information that they can. They really believe with their whole heart that that is the best and safest thing for them to do for their families. I have attended 762 births. Out of those there have been 5 deaths and 32 transports to the hospital. We d the best prenatal care that we can. We take really good care of moms and babies. The thing that most parents appreciate the most is the right to do this. Like the parents have said they have the right to do that. I really appreciate the legislative people that have allowed us to keep doing that in ND. I have testified several times and I get more nervous every time I do it. I have heard such wonderful stories and experiences from parents. And it is because of the parent's right to choose where they want to have their baby and who they would like to attend them. As far as people coming into the state and running around saying all they can do for you, that is not going to happen. If that is a fear of anyone, the home birthing group is a pretty close knit group. We know the people and we know each other. We know the midwives out there. If something comes up and someone comes into the state like just

happened last week. There is a young lady that is coming into the state that is a CPM.

She is not coming until the end of May and we already know about it. We know that she is going to be here. It is not that information is not available. We really keep a lookout for each other. If you want statistics, all information about home births in ND are available from the dept. of vital statistics. Parents that really want home births in ND will not have a real difficult time finding information. If they are really serious, they will start digging and doing research and they will be able to find someone. My name is out there, so if people call me I refer them to people in their area. It comes down to the rights of the parents. They are not out there like hippies doing this because they think this is cool. The parents do this because they feel it is the right thing to do and that it is the best thing for them and their family. As far as the study. Usually people get together to do a study and then they decide these are the regulations we need to have. It is not the people that are using the midwives services or the midwives themselves that bring about this study, regulation and legislation. It is the other people that want to get it regulated and want to control it.

Chairman Weisz: Are there any questions from the committee?

Representative McWilliams: At the beginning of your testimony you gave some statistics? How many births did you attend? How many complication and how many deaths?

P. Efimenko: I have assisted at 762 births, we have transported 32 and had 5 deaths.

Representative McWilliams: Well, congratulations, you are right on target.

Chairman Weisz: Is there further testimony in opposition to SB 2256?

Ben Simons

I just want to oppose this study in SB 2256.

We have had 5 births with midwives in attendance and they have all been good experiences. The last 4 of them were in our home. They were super good experiences. Finding a midwife is really quite easy. Just about any home school or church organizations could give you information on home births. I really don't think we need government intrusion into our lives any more than it already it. I don't want a government worker there when my wife is having a baby. For many people this is a religious view. It goes way back. We will always use midwives, but we would always like to have it be legal to do it.

Representative Skroch: I was one of 11 children and my father was not able to be with present at any of the births. My husband was able to be present for each of our children's births. What was it like for you to be there?

Ben Simons: It is quite an experience. Our older girls have gotten the opportunity to cut the cord on a couple of the babies. It is actually just a wonderful experience. Our midwives are not anti- doctor. They just feel it is important to know the strengths of each.

Chairman Weisz: Is there further testimony in opposition to SB 2256.

Wendi Johnston

I was not planning on testifying today, but the more I sit here and listen the more I feel I need to. My husband and I have 9 children. We have had 2 at home, but we have had

children everywhere you can have children. We have had them in the ambulance, we have had them overseas with doctors, we have had them with midwives, both traditional and certified at home. So we kind of have experience with a little of all of it. I have to say we had an experience at Bismarck Hospital that kind of made us decide to try having our baby at home. I am not from ND. Four years after I moved to ND I had my first home birth with Laura. It was not hard to find a midwife at all. Word of mouth makes it pretty easy to find a midwife. My husband looked at me and said why have we not done this before? The baby came and she was so relaxed. We didn't have the kids in when we had the baby, but they were able to come in immediately and see the baby. It was such a family relaxed environment, where when we have the kids at the hospital it is not. The doctors come in and they rush you, they do what they need to do. I have had doctors come in and do things without asking me just to rush me and progress me. We need the freedom in ND. We have it now and we need to keep it.

Chairman Weisz: Is there further testimony in opposition of SB 2256

Loyal Karges

We have had home births and hospital births and they have all been good experiences. We definitely prefer home births. We use traditional midwives. I don't remember how we found her, but it wasn't hard to do it. I was never stressed out about finding one. There is lots of information out there to study home births. I did my own study. The thing that keeps going through my mind is that who is doing the study and what is their angle? I don't have the money to do a study for \$36,000. I would rather not have my tax dollars go to that. Experience is just as important as the piece of paper. Just because they have a piece of paper doesn't make them competent.

Chairman Weisz: Are there questions from the committee?

Chairman Weisz: Is there further testimony in opposition to SB 2256?

Chairman Weisz: close the hearing on SB 2256.

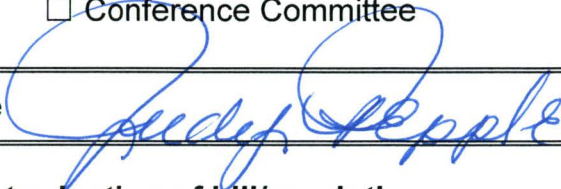
2017 HOUSE STANDING COMMITTEE MINUTES

Human Services Committee
Fort Union Room, State Capitol

SB 2256
3/14/2017
29190

- Subcommittee
 Conference Committee

Committee Clerk Signature



Explanation or reason for introduction of bill/resolution:

To provide for a legislative management study regarding the regulation of midwifery.

Minutes:

Chairman Weisz: Opened the hearing on SB 2256

Representative Damschen: I move a do not pass on SB 2256

Representative Skroch: Second

Chairman Weisz: Discussion?

Representative P. Anderson: I had a discussion in the hall with someone in the hall and she said they have been working on this for about 10 years. She said that she has found that you are either in the group or you're not in the group. If you are not involved in homeschooling or a religious group it is a problem to find a midwife. There are women that would like to have the services of a midwife and there just isn't that option right now.

Representative McWilliams: I went on the internet and did a search on midwife. I found 3 in Grand Forks, some in Minot and I actually didn't find any problem at all in finding a midwife.

Representative Skroch: I am familiar with quite a few women that have had their babies at home and I am jealous that I didn't have that option. Like my dad is jealous of my husband because he was able to see our babies born. Pregnancy is not an illness. You don't have to go to the hospital for everything. I have seen things get regulated and regulated and over regulated and I really don't think we need to go there.

Representative McWilliams: I think a women's group that wants to put a website together with information and ways to get ahold of a midwife could very easily do that.

Chairman Weisz: Further discussion? Seeing none, the clerk will call the roll for a do not pass on SB 2256.

House Human Services Committee

SB 2256

3/14/17

Page 2

Roll call vote taken Yes 12 No 1 Absent 1
Motion passed. Is there a volunteer to carry this one?
Representative Damschen thank you.

Adjourned.

Date: 3-14-17
 Roll Call Vote #: 1

2017 HOUSE STANDING COMMITTEE
ROLL CALL VOTES
 BILL/RESOLUTION NO. S.B. 2256

House Human Services Committee

Subcommittee

Amendment LC# or Description: _____

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

Motion Made By Rep. Damschen Seconded By Rep. Skroch

Representatives	Yes	No	Representatives	Yes	No
Chairman Weisz	✓		Rep. P. Anderson		✓
Vice Chairman Rohr	absent		Rep. Schneider	✓	
Rep. B. Anderson	✓				
Rep. D. Anderson	✓				
Rep. Damschen	✓				
Rep. Devlin	✓				
Rep. Kiefert	✓				
Rep. McWilliams	✓				
Rep. Porter	✓				
Rep. Seibel	✓				
Rep. Skroch	✓				
Rep. Westlind	✓				

Total (Yes) 12 No 1

Absent 1

Floor Assignment Rep. Damschen

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

REPORT OF STANDING COMMITTEE

SB 2256, as engrossed: Human Services Committee (Rep. Weisz, Chairman)
recommends **DO NOT PASS** (12 YEAS, 1 NAYS, 1 ABSENT AND NOT VOTING).
Engrossed SB 2256 was placed on the Fourteenth order on the calendar.

2017 TESTIMONY

SB 2256

SB 2256 Naturopathic Scope
Elizabeth Allmendinger, NDAND Lobbyist (#414)
Senate Human Services Committee Hearing
January 31, 2017

Madam Chair and Members of the Committee,

My name is Elizabeth Allmendinger. I am a doctor of naturopathic medicine, also known as an ND, from Bismarck. I am registered as lobbyist 414 for the North Dakota Association of Naturopathic Doctors (NDAND). Senate Bill 2256 has been introduced on our behalf, and I have been asked to explain the bill.

Senate Bill 2256 is a scope expansion bill for ND's. Our licensing statute was created in 2011. To be licensed in North Dakota a naturopath must have completed a 4 year post-graduate naturopathic medical program, taken and passed the NPLEX exams. If a naturopath has not completed these steps, they do not qualify for a license and therefore this scope expansion does not apply to them. The three major objectives of this bill are to add minor office procedures, limited prescription rights and naturopathic childbirth. Since pharmaceuticals are part of our training, prescription rights were included in the 2011 licensure bill but were removed by amendment at the request of the NDMA. Minor office procedures and naturopathic childbirth – also part of our training - were included in our first 2011 bill draft. We removed them before filing based on discussions with legislators, who felt the timing wasn't right to be included in home birth regulation and to minimize our overall scope request. We also submitted a very similar version of this bill in 2015.

Page 1

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

(Line 23) Creates Subsection 5, a new definition of minor office procedures. This definition is meant to refer to cleaning and repair of wounds, including suturing when necessary, simple dermatology procedures like removing skin tags, as well as removing glass, splinters or other foreign objects from the skin, and treating cuts and scrapes. Superficial is the surface or shallow layers of the body. Deeper layers would be considered performing surgery, which is prohibited. These are common tasks in family medicine that would be particularly important to an ND scope when working in a rural area, or anywhere a walk-in clinic or ER is not available. Suturing is also a skill necessary in naturopathic childbirth. By excluding skin biopsies, the definition clearly indicates it does not refer to removing a mole to send to pathology to rule out melanoma or other skin cancers. Patient scenarios like that would be referred to a dermatologist. We did revise this wording from our 2015 bill version due to concerns from the North Dakota Board of Medical Examiners.

Page 2

(Line 23) Is an amendment to 43-58-08 (1a). It creates an exception to prescribe prescription drugs as defined in subsection 4, which I will review in a moment.

(Line 26) This amends 43-58-08 (1c). It creates an exception to perform a minor office procedure. These are the services I just described to you in the definition section.

Page 3

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

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

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

(Line 18) Subsection (4b) eliminates scheduled drugs I-IV of the Uniform Controlled Substances Act from being in the formulary, except for specific steroids hormones - primarily testosterone. This removes medications that have higher addictive or abuse potential.

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

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

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

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

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

Page 4

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

SB 2256 Naturopathic Scope
Elizabeth Allmendinger, NDAND Lobbyist (#414)
Senate Human Services Committee Hearing
January 31, 2017

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

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

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

I've included attachments that provide additional information –

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

Attachment B is Bastyr's Midwifery curriculum

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

Attachment D is a letter from American Association of Naturopathic Physicians

A naturopathic midwife in the region was going to speak on naturopathic childbirth but is unable to be here today. I am submitting a written copy of her testimony for the committee. She has offered to provide additional information as needed, and if possible would attend a committee discussion by phone, upon request.

I am also submitting a written testimony from Eileen McNalley, a patient of naturopathic medicine. She also wanted to be here today but was unable due to transportation challenges.

Two other association members, Dr. Nishek and Dr. Loken, are here to more specifically address prescriptions rights and minor office procedures. As you work on this bill in committee, I would be happy to attend the sessions and will be available to do any research or answer questions. If you don't have any specific questions for me right now, I will turn it over to Dr. Nishek.

NATUROPATHIC FORMULARY LAWS BY STATE

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

STATES WITH LICENSURE OF NATUROPATHIC DOCTORS & PRESCRIPTIVE AUTHORITY, UPDATED 2017

State	ND Licensure Enacted	# of Current Active NDs	Prescriptive Authority
Alaska	1986	40	No
Arizona	1935	750	Yes
California	2005	450	Yes
Colorado	2013	76	No
Connecticut	1920	260	No
District of Columbia	2007	28	Yes
Hawaii	1925	85	Yes
Idaho	2005	8	Yes
Kansas	2003	12	Yes
Maine	1995	28	Yes
Maryland	2014	23	No
Massachusetts	2016	19	No
Minnesota ¹	2008	12	No
Montana	1991	67	Yes
New Hampshire	1994	57	Yes
North Dakota	2011	9	No
Oregon	1927	715	Yes
Utah	1997	25	Yes
Vermont	1995	117	Yes
Washington	1919	802	Yes

¹ Minnesota has registration for NDs and they are regulated under the Medical Board's Registered Naturopathic Doctor Advisory Council.

BASTYR UNIVERSITY

MASTER OF SCIENCE IN MIDWIFERY

2017 – 2018

View course descriptions at: Bastyr.edu/Catalog

Courses in Bold are part of Master's Project or Botanical Medicine track

Year I

Cat. No.	Course Title	FALL QUARTER	Credits
MW3101	Midwifery Care 1: Introduction to Midwifery.....		3
MW3104	Introduction to Epidemiology for Midwives.....		3
MW3301	Well Woman Health Assessment.....		4
MW4305	Gynecology.....		3.5
MW4108	Professional Issues Seminar: Power & Privilege in Midwifery..		1.5
MW3311	Perinatal Nutrition 1: Pre-Conception and Prenatal.....		2
Total			17

Cat. No.	Course Title	WINTER QUARTER	Credits
MW4100	Genetics and Embryology.....		2
MW4310	Pharmacology and Treatments 1.....		1.5
MW4315	Introduction of CAM Use in Midwifery.....		2
MW4302	Midwifery Care 2: Pregnancy and Prenatal Care.....		4
MW4313	Counseling for the Childbearing Year 1.....		1
MW4321	Clinical Skills 1.....		1.5
MW4800	Introduction to Practicum.....		0.0

MW5101	Master's Project 1/Botanical Medicine for Midwifery: Choosing a Track.....		0.5
Total			12.5

Cat. No.	Course Title	SPRING QUARTER	Credits
MW4107	Professional Issues Seminar: Social Difference and Implications in Midwifery Practice.....		2
MW4303	Midwifery Care 3: Advanced Pregnancy and Prenatal Care.....		4
MW4314	Counseling for the Childbearing Year 2.....		1
MW4322	Clinical Skills 2.....		1
MW4331	Clinical Seminar 1.....		1
MW4810	Midwifery Practicum.....		2.5
MW5106	Survey of Research Methods.....		2
Total			13.5

Cat. No.	Course Title	SUMMER QUARTER	Credits
MW4810	Midwifery Practicum.....		6
Total			6

Year II

Cat. No.	Course Title	FALL QUARTER	Credits
MW4102	Prof. Issues Seminar: Midwifery History, Politics & Activism.....		2
MW4323	Clinical Skills 3.....		0.5
MW4332	Clinical Seminar 2.....		1
MW5304	Midwifery Care 4: Labor and Birth.....		6
MW5315	Counseling for the Childbearing Year 3.....		1.5
MW5810	Midwifery Practicum.....		4.5

MW5121	Botanicals 1 - Foundations.....		2
OR			
MW5110	Master's Project 2.....		1.5
Total			17 or 17.5

Cat. No.	Course Title	WINTER QUARTER	Credits
MW4307	Breastfeeding and Lactation Education.....		2
MW4333	Clinical Seminar 3.....		1
MW5114	Prof. Issues Seminar: Health Care Systems & Health Policy.....		2
MW5308	Midwifery Care 5.....		5
MW5316	Counseling for the Childbearing Year 4: Postpartum.....		1.5
MW5324	Clinical Skills 4.....		0.5
MW5810	Midwifery Practicum.....		3

MW5122	Botanicals 2 - Postpartum.....		2
OR			
MW5111	Master's Project 3.....		2
Total			17

Cat. No.	Course Title	SPRING QUARTER	Credits
MW4105	Professional Issues Seminar: Midwifery Legal, Ethical & Professional Framework.....		2
MW5309	Midwifery Care 6.....		4
MW5326	Clinical Skills 5.....		1
MW5334	Clinical Seminar 4.....		1
MW6810	Midwifery Practicum.....		4

MW5123	Botanicals 3 - Pregnancy.....		2
OR			
MW5112	Master's Project 4.....		2
Total			14

Cat. No.	Course Title	SUMMER QUARTER	Credits
MW6810	Midwifery Practicum.....		6
MW6110	Master's Project 5 (only if on MP track).....		2
Total			6 or 8

Year III

Cat. No.	Course Title	FALL QUARTER	Credits
MW6307	Midwifery Care 7: Synthesis and Application.....		2
MW6335	Clinical Seminar 5.....		1
MW6810	Midwifery Practicum.....		6

MW5124	Botanicals 4 - Labor.....		1
OR			
MW5111	Master's Project 6.....		2
Total			10 or 11

Cat. No.	Course Title	WINTER QUARTER	Credits
MW6336	Clinical Seminar 6.....		1
MW6810	Midwifery Practicum.....		9

MW5123	Botanicals 5 - Women's Holistic Health.....		2
OR			
MW6112	Master's Project 7.....		1
Total			11 or 12

Cat. No.	Course Title	SPRING QUARTER	Credits
MW6115	Professional Issues Seminar: The Business of Midwifery.....		2.5
MW6337	Clinical Seminar 7.....		1
MW6810	Midwifery Practicum.....		8.5

MW5126	Botanicals 6 - Project.....		1.5
Total			12 or 13.5

Total Requirements

Total Requirements.....	139
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MASTER OF SCIENCE IN MIDWIFERY

2017 – 2018

View course descriptions at: Bastyr.edu/Catalog

Prerequisites For All Applicants

Course	Credits
General Psychology.....	3
Introductory Nutrition.....	4
General Chemistry (allied-health-major level with lab).....	4
Microbiology.....	4
Anatomy and Physiology series.....	8
College Algebra or Precalculus or Statistics.....	4
Labor Support Course/Doula Training (DONA or to labor approved)	
Childbirth Educator Training (ICEA or Lamaze approved)	

Additional Prerequisites For Applicants Without a Bachelor's Degree

Applicants who plan to start the program without an awarded bachelor's degree must also complete the following General Education Requirements:

Course	Credits
English Literature or Composition.....	9
Social Sciences.....	15
Arts and Humanities.....	15
Natural Sciences.....	4
Electives.....	17
Public Speaking ¹	3

¹Students that complete a WA state college Direct Transfer Associates Degree (DTA) are not required to complete this course.

Graduation Requirements

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

- Satisfactory completion of all didactic and clinical courses with a grade of B- or better.
- Satisfactory completion and presentation of the Master's Research Project or completion of the Botanical Medicine in Midwifery Care track.
- Satisfactory completion of all sections of the comprehensive written and clinical exams in the last year of school.
- Completion of 40 hours of community service for the school or the profession of midwifery.
- Demonstration of the qualities of a professional midwife as determined by the Student Progress Committee and recommendation for graduation by the committee.

Graduates must also meet the following minimum clinical requirements:

Participation in 60 births, including at least:

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

Participation in 1,500 hours (the equivalent of 50 credits) of clinical work, including at least:

- 400 hours of intrapartum experience
- 800 hours of clinic time in prenatal, postpartum and gynecological care

Participation in 720 client contacts, including at least:

- 300 prenatal exams
- 100 postpartum visits
- 50 newborn exams
- 50 follow-up newborn exams
- 50 gynecological exams

Clinical training for at least two years at a minimum of two clinical sites in the U.S. or the student's home country is required. All clinical training is supervised by preceptors who are approved by the Department of Midwifery, and include the following:

- At least two preceptorships in which the clinical faculty member is a midwife
- One site for at least six months and 15 births (involved and supervised primary) in a home or birth center setting
- One site for at least three months and 10 births (observed and involved)
- Satisfactory completion of all levels of clinical evaluation with a minimum of two Advanced Clinical Skills Evaluations with the majority of skills assessed as mastered

Demonstration of continuity of care by providing these continuous care services as the primary midwife under supervision to at least 15 women: 5 full continuity-of-care contacts that include:

- At least 5 prenatal visits (spanning two trimesters)
- The birth
- The newborn exam
- At least 2 postpartum visits

10 other continuity-of-care contacts that include:

- At least 2 prenatal visits
- The birth
- The newborn exam
- At least 1 postpartum visit

SCNM Program of Study - 4 Year Track
Students Entering Fall 2015-2016/Spring 2015-2016
Graduating Spring 2018- 2019/Fall 2019-2020

Year 1						
Quarter 1 Fall 2015-2016/Spring 2015-2016		Contact Hours			Total Contact	Total Credit
Course Number	Course Title	Clinic	Lab	Didactic	Hours	Hours
HUBI 5014	Human Biology I - Foundations & Application (weeks 1 - 4)			44.0	44.0	4.0
HUBI 5014L	Human Biology I Foundations Lab (weeks 1 - 4)		16.5		16.5	1.5
HUBI 5015	Human Biology I - Neuro & Application (weeks 5 -11)			77.0	77.0	7.0
HUBI 5015L	Human Biology I Neuro Lab (weeks 5 -11)		27.5		27.5	2.5
BIOC 5014	Biochemistry I			44.0	44.0	4.0
RSCH 5014	Research I			22.0	22.0	2.0
CLPR 5010	Intro to Clinical Practice I ¹	22.0			22.0	2.0
CLPR 5010L	Intro to Clinical Practice Skills Lab I ¹	22.0			22.0	2.0
NTMD 5010	Philosophical and Historical Foundations of Nat Med I			22.0	22.0	2.0
Year 1 Quarter 1 Totals		44.0	44.0	209.0	297.0	27.0

Quarter 2 Winter 2015-2016/Summer 2015-2016		Contact Hours			Total Contact	Total Credit
Course Number	Course Title	Clinic	Lab	Didactic	Hours	Hours
HUBI 5024	Human Biology II - Cardio/Resp/Kidney & Application			99.0	99.0	9.0
HUBI 5024L	Human Biology Lab II		44.0		44.0	4.0
BIOC 5024	Biochemistry II			22.0	22.0	2.0
MICR 5024	Microbiology I			44.0	44.0	4.0
MICR 5024 L	Microbiology I Lab		22.0		22.0	2.0
RSCH 5024	Research II			11.0	11.0	1.0
CLPR 5020	Intro to Clinical Practice II ¹	22.0			22.0	2.0
CLPR 5020L	Intro to Clinical Practice Skills Lab II ¹	22.0			22.0	2.0
NTMD 5020	Philosophical and Historical Foundations of Nat Med II			22.0	22.0	2.0
Year 1 Quarter 2 Totals		44.0	66.0	198.0	308.0	28.0

Quarter 3 Spring 2015-2016/Fall 2016-2017		Contact Hours			Total Contact	Total Credit
Course Number	Course Title	Clinic	Lab	Didactic	Hours	Hours
HUBI 5034	Human Biology III - Digest/Repro & Application			99.0	99.0	9.0
HUBI 5034L	Human Biology Lab III		44.0		44.0	4.0
BIOC 5034	Biochemistry III			44.0	44.0	4.0
MICR 5034	Microbiology II			44.0	44.0	4.0
CLPR 5030	Intro to Clinical Practice III ¹	22.0			22.0	2.0
CLPR 5030L	Intro to Clinical Practice Skills Lab III ¹	22.0			22.0	2.0
NTMD 5030	Philosophical and Historical Foundations of Nat Med III			22.0	22.0	2.0
Year 1 Quarter 3 Totals		44.0	44.0	209.0	297.0	27.0

Quarter 4 Summer 2015-2016/Winter 2016-2017		Contact Hours			Total Contact	Total Credit
Course Number	Course Title	Clinic	Lab	Didactic	Hours	Hours
CAPS 5014	Basic Sciences Capstone/NPLEX Review (weeks 1 - 4)			44.0	44.0	4.0
GNMD 6014	Gen Med Diagnosis I (weeks 5 - 11)			77.0	77.0	7.0
ENVM 6010	Environmental Med			27.5	27.5	2.5
PSYC 6010	Mind Body Med: Fund of Mind-Body Med			22.0	22.0	2.0
OMND 6010	Oriental Med I: Theory Fundamentals of Oriental Med			27.5	27.5	2.5
PHMD 6010	Physical Med I: Intro to Phys Med and Orthopedics			11.0	11.0	1.0
PHMD 6010L	Physical Med I: Intro to Phys Med and Orthopedics Lab		11.0		11.0	1.0

See below for additional courses and credits that count toward degree completion						
Year 2 Quarter 4 Totals		0.0	11.0	209.0	220.0	20.0
Grand Totals - Year 1		132.0	165.0	825.0	1122.0	102.0

Year 2						
Quarter 5 Fall 2016-2017/Spring 2016-2017		Contact Hours			Total Contact	Total Credit
Course Number	Course Title	Clinic	Lab	Didactic	Hours	Hours
CLPR 6040	Clinical Practice I ¹	22.0			22.0	2.0
CLPR 6040L	Clinical Practice Skills Lab I ¹	22.0			22.0	2.0
GNMD 6024	Gen Med Diagnosis II			99.0	99.0	9.0
BOTM 6010	Botanical Med I: Intro to Botanical Medicine			22.0	22.0	2.0
NUTR 6014	Nutrition I			22.0	22.0	2.0
OMND 6020	Oriental Med II: TCM Diagnosis			27.5	27.5	2.5
PHAR 6010	Pharmacology and Pharmacotherapeutics I			33.0	33.0	3.0
PHMD 6020	Physical Med II: Nat Manipulative Treatment Assessment & App I			22.0	22.0	2.0
PHMD 6020L	Physical Med II: Nat Manipulative Treatment Assessment & App I Lab		22.0		22.0	2.0
See below for additional courses and credits that count toward degree completion						
Year 2 Quarter 5 Totals		44.0	22.0	225.5	291.5	26.5

SCNM Program of Study - 4 Year Track
Students Entering Fall 2015-2016/Spring 2015-2016
Graduating Spring 2018- 2019/Fall 2019-2020

Quarter 6 Winter 2016-2017/Summer 2016-2017		Contact Hours			Total Contact Hours	Total Credit Hours
Course Number	Course Title	Clinic	Lab	Didactic	Hours	Hours
CLPR 6050	Clinical Practice II ¹	22.0			22.0	2.0
CLPR 6050L	Clinical Practice Skills Lab II ¹	22.0			22.0	2.0
GNMD 6034	Gen Med Diagnosis III			99.0	99.0	9.0
BOTM 6020L	Botanical Med Lab II: Pharmacy of Botanical Med (may be taken in Qtr 6 or Qtr 7)		22.0		22.0	2.0
NUTR 6024	Nutrition II			27.5	27.5	2.5
OMND 6030	Oriental Med III: Meridians & Points I			22.0	22.0	2.0
OMND 6030L	Oriental Med III: Meridians & Points I Lab		11.0		11.0	1.0
MNGT 6010	Practice Management I: Operations (weekend intensive) (Summer course for Spring entry students)			11.0	11.0	1.0
PHAR 6020	Pharmacology and Pharmacotherapeutics II			33.0	33.0	3.0
PHMD 6030	Physical Med III: Nat Manipulative Treatment Assessment & App II			22.0	22.0	2.0
PHMD 6030L	Physical Med III: Nat Manipulative Treatment Assessment & App II Lab		22.0		22.0	2.0
See below for additional courses and credits that count toward degree completion						
Year 2 Quarter 6 Totals		44.0	55.0	214.5	313.5	28.5

Quarter 7 Spring 2016-2017/Fall 2017-2018		Contact Hours			Total Contact Hours	Total Credit Hours
Course Number	Course Title	Clinic	Lab	Didactic	Hours	Hours
CLPR 6060	Clinical Practice III ¹	22.0			22.0	2.0
CLPR 6060L	Clinical Practice Skills Lab III ¹	22.0			22.0	2.0
GNMD 6044	Gen Med Diagnosis IV			88.0	88.0	8.0
HMEO 6010	Homeopathy I			22.0	22.0	2.0
PSYC 6024	Mind Body Med: Intro to Medical Psychotherapy			16.5	16.5	1.5
OMND 6040	Oriental Med IV: Meridians & Points II			16.5	16.5	1.5
OMND 6040L	Oriental Med IV: Meridians & Points II Lab		11.0		11.0	1.0
PHAR 6030	Pharmacology and Pharmacotherapeutics III			33.0	33.0	3.0
PHMD 6040	Physical Med IV: Physiotherapy Modalities			11.0	11.0	1.0
PHMD 6040L	Physical Med IV: Physiotherapy Modalities Lab		11.0		11.0	1.0
PHMD 6054	Physical Med V: Principles of Hydrotherapy			11.0	11.0	1.0
PHMD 6054L	Physical Med V: Principles of Hydrotherapy Lab		22.0		22.0	2.0
CLTR 4304	Clinic Entry Skills Assessment ¹	16.5			16.5	1.5
See below for additional courses and credits that count toward degree completion						
Year 2 Quarter 7 Totals		60.5	44.0	198.0	302.5	27.5

Quarter 8 Summer 2016/2017/Winter 2017-2018		Contact Hours			Total Contact Hours	Total Credit Hours
Course Number	Course Title	Clinic	Lab	Didactic	Hours	Hours
CAPS 6024	NPLEX I Review (weeks 1-3)			60.0	60.0	0.0
MNGT 6010	Practice Management I: Operations (weekend intensive) (Summer course for Fall entry students)			11.0	11.0	1.0
MNGT 7020	Practice Management II: Marketing (weekend intensive) (Winter course for Spring entry students)			11.0	11.0	1.0
GNMP 6011	Gen Med Practice: Dermatology (weeks 4-11)			11.0	11.0	1.0
GNMP 6012	Gen Med Practice: EENT (weeks 4-11)			22.0	22.0	2.0
OMND 7054	Oriental Med V: TCM Pathology I (weeks 4-11)			16.5	16.5	1.5
See below for additional courses and credits that count toward degree completion (can be used to attain part-time or full-time status)						
Year 2 Quarter 8 Totals		0.0	0.0	120.5	120.5	5.5
Grand Totals - Year 2		148.5	121.0	736.5	1006.0	86.0

Quarter 9 Fall 2017-2018/Spring 2017-2018		Contact Hours			Total Contact Hours	Total Credit Hours
Course Number	Course Title	Clinic	Lab	Didactic	Hours	Hours
BOTM 7030	Botanical Med III: Nat Mat Med Pharm & Ther I			22.0	22.0	2.0
GNMP 7020	Gen Med Practice: Gastroenterology			27.5	27.5	2.5
GYNE 7010	Gynecology I			33.0	33.0	3.0
HMEO 7020	Homeopathy II			33.0	33.0	3.0
NUTR 7034	Nutrition III			27.5	27.5	2.5
OMND 7055	Oriental Med V: TCM Pathology II			27.5	27.5	2.5
OMND 7060	Oriental Med VI: Acupuncture Techniques			11.0	11.0	1.0
OMND 7060L	Oriental Med VI: Acupuncture Techniques Lab		11.0		11.0	1.0
MNGT 7030	Practice Management III: Leadership (weekend intensive) (Spring course for Spring entry students only)			11.0	11.0	1.0
CLTR 7000	Clinical Clerkships (2) ²	88.0			88.0	8.0
See below for additional courses and credits that count toward degree completion						
Year 3 Quarter 9 Totals		88.0	11.0	192.5	291.5	26.5

Quarter 10 Winter 2017-2018/Summer 2017-2018		Contact Hours			Total Contact Hours	Total Credit Hours
Course Number	Course Title	Clinic	Lab	Didactic	Hours	Hours
BOTM 7040	Botanical Med IV: Nat Mat Med Pharm & Ther II			27.5	27.5	2.5
GNMP 7030	Gen Med Practice: Endocrinology			27.5	27.5	2.5
GNMP 7031	Gen Med Practice: Hematology			11.0	11.0	1.0
GYNE 7020L	Gynecology Lab (may be taken in Qtr 10 or Qtr 11)		22.0		22.0	2.0

SCNM Program of Study - 4 Year Track
Students Entering Fall 2015-2016/Spring 2015-2016
Graduating Spring 2018- 2019/Fall 2019-2020

MEO 7030	Homeopathy III			22.0	22.0	2.0
MNGT 7020	Practice Management II: Marketing (weekend intensive) (Winter course for Fall entry students)			11.0	11.0	1.0
OBST 7010	Obstetrics			27.5	27.5	2.5
OMND 7070	Oriental Med VII: Case Analysis and Management I			22.0	22.0	2.0
NUTR 7044	Nutrition IV			22.0	22.0	2.0
MSRG 7010	Minor Surgery I			16.5	16.5	1.5
MSRG 7010L	Minor Surgery I Lab		11.0		11.0	1.0
CLTR 7000	Clinical Clerkships (2) ²	88.0			88.0	8.0

See below for additional courses and credits that count toward degree completion

Year 3 Quarter 10 Totals	88.0	33.0	187.0	308.0	28.0
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Quarter 11 Spring 2017-2018/Fall 2018-2019

Course Number	Course Title	Contact Hours			Total Contact Hours	Total Credit Hours
		Clinic	Lab	Didactic		
BOTM 7050	Botanical Med V: Nat Mat Med Pharm & Ther III			22.0	22.0	2.0
GNMP 7040	Gen Med Practice: Cardio/Vasc Med			16.5	16.5	1.5
HMEO 7040	Homeopathy IV			22.0	22.0	2.0
MNGT 7030	Practice Management III: Leadership (weekend intensive) (Spring course for Fall entry students)			11.0	11.0	1.0
PSYC 7030	Mind Body Med: Affect Psychotherapy /Crisis Intervention			22.0	22.0	2.0
OMND 7080	Oriental Med VIII: Case Analysis and Management II			22.0	22.0	2.0
PEDS 7010	Pediatrics I			22.0	22.0	2.0
CLTR 7000	Clinical Clerkships (3) ²	132.0			132.0	12.0
CLTR 4504	Comprehensive Clinical Skills Assessment I ¹	22.0			22.0	2.0

See below for additional courses and credits that count toward degree completion

Year 3 Quarter 11 Totals	154.0	0.0	137.5	291.5	26.5
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Quarter 12 Summer 2017-2018/Winter 2018-2019

Course Number	Course Title	Contact Hours			Total Contact Hours	Total Credit Hours
		Clinic	Lab	Didactic		
PEDS 8020	Pediatrics II			22.0	22.0	2.0
ERMD 8014	Emergency Medicine			33.0	33.0	3.0
GNMP 7041	Gen Med Practice: Pulmonology			16.5	16.5	1.5
CLTR 7000	Clinical Clerkships (5) ²	220.0			220.0	20.0

See below for additional courses and credits that count toward degree completion

Year 3 Quarter 12 Totals	220.0	0.0	71.5	291.5	26.5
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Grand Totals - Year 3	550.0	44.0	577.5	1171.5	106.5
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Year 4

Quarter 13 Fall 2018-2019/Spring 2018-2019

Course Number	Course Title	Contact Hours			Total Contact Hours	Total Credit Hours
		Clinic	Lab	Didactic		
GNMP 8050	Gen Med Practice: Rheumatology			22.0	22.0	2.0
GNMP 8051	Gen Med Practice: Muscul / Ortho			11.0	11.0	1.0
PSYC 8040	Mind Body Med: Medical Mgmt of Addiction			16.5	16.5	1.5
MNGT 8040	Practice Management IV: Administration (weekend intensive) (Spring course for Spring entry students)			11.0	11.0	1.0
MSRG 8020	Minor Surgery II			11.0	11.0	1.0
MSRG 8020L	Minor Surgery Lab II		11.0		11.0	1.0
CLTR 8000	Clinical Clerkships (5) ²	220.0			220.0	20.0

See below for additional courses and credits that count toward degree completion

Year 4 Quarter 13 Totals	220.0	11.0	71.5	302.5	27.5
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Quarter 14 Winter 2018-2019/Summer 2018-2019

Course Number	Course Title	Contact Hours			Total Contact Hours	Total Credit Hours
		Clinic	Lab	Didactic		
GNMP 8060	Gen Med Practice: Neurology			22.0	22.0	2.0
GNMP 8061	Gen Med Practice: Oncology			16.5	16.5	1.5
CLTR 8000	Clinical Clerkships (5) ²	220.0			220.0	20.0
CLTR 4904	Comprehensive Clinical Skills Assessment II ¹	22.0			22.0	2.0

See below for additional courses and credits that count toward degree completion

Year 4 Quarter 14 Totals	242.0	0.0	38.5	280.5	25.5
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Quarter 15 Spring 2018-2019/Fall 2019-2020

Course Number	Course Title	Contact Hours			Total Contact Hours	Total Credit Hours
		Clinic	Lab	Didactic		
CAPS 8034	NPLEX II Review (weeks 1-11)			60.0	60.0	0.0
GNMP 8070	Gen Med Practice: Urology / Kidney / Male (weeks 1-8)			16.5	16.5	1.5
GNMP 8071	Gen Med Practice: Geriatrics (weeks 1-8)			22.0	22.0	2.0
GNMP 8074	Gen Med Practice: Men's Health (weeks 1-8)			11.0	11.0	1.0
MNGT 8040	Practice Management IV: Administration (weekend intensive)(Spring course for Fall entry students)			11.0	11.0	1.0
CLTR 8000	Clinical Clerkships (5) ² (onsite) (weeks 1-11)	220.0			220.0	20.0

See below for additional courses and credits that count toward degree completion

Year 4 Quarter 15 Totals	220.0	0.0	120.5	340.5	25.5
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SCNM Program of Study - 4 Year Track
Students Entering Fall 2015-2016/Spring 2015-2016
Graduating Spring 2018- 2019/Fall 2019-2020

Additional courses and credits that count toward degree completion

Course Number	Course Title	Contact Hours			Total Contact Hours	Total Credit Hours
		Clinic	Lab	Didactic		
TBD	Didactic Selectives* (may be taken in Qtrs 4-15)			132.0	132.0	12.0
CLTR 6600	Lab Post ^{1**} (may be taken in Qtrs 4-8)	11.0			11.0	1.0
CLTR 6704	Medicinary/IV Post ^{1**} (may be taken in Qtrs 4-8)	11.0			11.0	1.0
CLTR 6000	Field Observation ² (may be taken in Qtrs 4-8)	44.0			44.0	4.0
Totals		66.0	0.0	132.0	198.0	18.0
Grand Totals - Year 4		748.0	11.0	351.5	1110.5	95.5

*The 12 total credit hours of didactic selectives may be taken in Qtrs 4-15 (RSCH 6600 may be taken in Qtrs 2-15)

** The lab post and medicinary/IV posts may be taken in Qtrs 4-8

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

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

Grand Totals (all four years)	Clinic	Lab	Didactic	Total
Credit Hours	143.5	31.0	216.5	391.0
Contact Hours	1578.5	341.0	2490.5	4410.0

CNME Requirement Grand Total (all four years)	Clinic
Clerkship Credits	112.0
Clerkship Contact Hours	1232.0



January 31, 2017

The Hon. Judy Lee
Chairman, Human Services Committee
North Dakota Senate

The Hon. Oley Larsen
Vice Chairman, Human Services Committee
North Dakota Senate

Re: Senate Bill 2256

Dear Senator Lee, Senator Larsen, and Members of the Committee:

The American Association of Naturopathic Physicians (AANP) commends the Committee for its consideration of SB 2256, which would expand the scope of practice for Naturopathic Doctors. I write today to encourage your support for passage of the bill, in accordance with the qualifications of Naturopathic Doctors and the needs of the citizens of North Dakota.

Licensed Naturopathic Doctors have completed four-year post-graduate medical education programs at accredited naturopathic medical schools, and their training includes robust clinical pharmacology designed to prepare them for prescribing medications commonly used in general and primary care practices. The ability to prescribe pharmaceuticals and perform minor office procedures is essential for Naturopathic Doctors to meet patient expectations, provide effective patient care, and serve as primary care physicians consistent with their training.

Naturopathic Doctors are fully qualified for this proposed expansion of scope, and passage of SB 2256 will benefit North Dakotans in several ways:

- It will save money by reducing unnecessary second visits – basically duplication of services – for simple procedures or prescriptions that Naturopathic Doctors are trained to provide;
- It will help patients receive more timely care by eliminating second-doctor referral visits for medical services that Naturopathic Doctors are trained to provide;
- It will help to alleviate the shortage of primary care providers by allowing North Dakota's Naturopathic Doctors to provide the full range of primary care services that they are fully trained to provide.

Modernizing the scope of practice for Naturopathic Doctors promotes increased quality, safety, and efficiency in the delivery of medical services for the citizens of North Dakota. Not only is it consistent with Naturopathic Doctors' education and training, it is also consistent with long-standing statutory authority in states – including Arizona, California, District of Columbia, Hawaii, Kansas, Maine, Montana, New Hampshire, Oregon, Utah, Vermont, and Washington, and more

recently Colorado – where Naturopathic Doctors prescribe medication and have an impeccable safety record. Passage of SB 2256 will undoubtedly advance the public health in North Dakota.

Thank you for your consideration. If I can answer any questions or if you would like further information, please contact me at ryan.cliche@naturopathic.org or by phone, 202-237-8150.

Sincerely,

A handwritten signature in blue ink, appearing to read "R. Cliche".

Ryan Cliche
Executive Director

cc:

Stephanie Nishek, ND
President
North Dakota Association of Naturopathic Doctors

SB 2256 Naturopathic Scope Bill
Molly Ferguson, ND, LM, CPM
Senate Human Services Committee
January 31, 2017

Good morning Mr. Chairman and Members of the House Human Services Committee.

I am Dr. Molly Ferguson, a licensed naturopathic doctor and midwife in Minnesota. I am here to testify for the midwifery portion of the bill. I am currently practicing at Prairie Naturopathic Doctors in Moorhead with my husband Dr. Todd Ferguson, and Dr. Allison Svobodny.

I graduated from Bastyr University in Seattle in 2006 - completing both the naturopathic medicine and midwifery programs. My teachers were naturopathic doctors, MD's, PhD's, nurse midwives, and licensed midwives, and they provided my classroom and clinical training. Part of that training included 100 births prior to licensure, and another 50 under the supervision of a licensed midwife after I was first licensed. I am trained in the use of IV's, anti-hemorrhagic medications, neonatal resuscitation, antibiotic prophylaxis, suturing, and many other skills of birth care. To maintain my national certification, and MN license to practice, I am required to document peer review, CEU hours, and maintain certification in neonatal resuscitation and CPR.

I currently attend out of hospital births in both MN and ND, and provide full prenatal and postpartum care at my clinic. I follow a typical recommended visit schedule, and all standard labs and imaging are offered. I also refer out clients who don't qualify as low risk or whose risk status changes during pregnancy. My care involves developing a good working relationship with my clients; I provide families with highly informed and personalized care. My patients are a very diverse group, and have included lawyers, doctors, missionaries, Harley racers, minimal English speakers, single women, and even women who chose to birth in another's home due to their poverty. I think that many families desiring a homebirth are looking for this level of care, but are often unable to find it in their area. Naturopathic doctors trained in childbirth have the knowledge and skills needed to offer this.

Out of hospital births are not the norm in the US, and complications can always arise no matter where you choose to give birth; so, research is very important in evaluating out of hospital birth as a viable option when making public policy. The research is clear that for women who are low risk, and receive prenatal, delivery, and postpartum care from a trained provider, planned-homebirth outcomes for babies are the same, and mothers

receive far less intervention to achieve this. This research is referenced in your packets, and the data is collected from thousands of North American births for over a decade. This is not an interpretation I expect you to take my word on, the American Public Health Association, the World Health Organization, the United Kingdom's Royal College of Obstetricians and Gynecologists all recommend midwifery care for improved maternal-fetal health outcomes, and give me confidence, beyond my own experience, in the care I provide. I have added several attachments for your review:

Attachment A: List of studies and research table

Attachment B: CDC facts & Washington standards

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

Maternal Outcomes from British Columbia study 2009

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

*Temperature > 38°C.

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

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

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

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

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

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

Center for Disease Control & Prevention Birth Data Trends -

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

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

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

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

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

RCW 18.50.115 Administration of drugs and medications

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

SB 2256 Naturopathic Scope Expansion
Senate Human Services Committee
January 31, 2017

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Senate Human Services Committee members,

My name is Eileen McNalley. I am a North Dakota citizen residing at a long term care facility. I'm writing in support of SB 2256 scope expansion for naturopathic doctors. I am a patient of a local naturopathic doctor and have been for a couple of years. There is an incident I'd like to share with you where it would have benefited me tremendously had my ND (naturopath) been able to prescribe.

Since I am unable to testify in person I'll give you a picture of the person I am. I am a widowed 73 year old female with difficulty traveling and using the stairs due to pain. In fact, I'm at in the long term care facility currently because I fell. I am also a teacher and have, and still do, teach French. I have traveled to Paris and still maintain friendships there. I have two dogs that are my happy companions. Currently, I live on a limited income that my nephews help manage, since I have no children of my own.

I started receiving naturopathic care to help with chronic pain while using, in combination, standard western medicine. I go to multiple other providers, including a primary care physician (PCP). I was regularly being seen by these providers when this incident occurred. In March of 2016 I started experiencing throat and mouth pain. I had recently had a cold and sinus infection that I was having a hard time healing from. I ended up taking antibiotics a few times to resolve it. Initially, I thought the pain was related to sinus drainage from that cold. I mentioned it to my primary care provider and my naturopathic doctor. Both recommend different remedies to try. I tried different options and things were not improving. The pain kept increasing and I was having difficulty swallowing without discomfort. Finally my ND suggested that I had thrush, a fungal infection in my mouth. She urged me to go to my primary care provider, or the walk-in clinic and be evaluated and hopefully receive a prescriptive antifungal of Diflucan since I was leaving for Paris shortly and was hoping to have it resolved before I left the country. I did both, and received a prescription for one dose of Diflucan from my PCP. This helped tremendously at the beginning. Then the infection returned, while I was in Paris. I went to a pharmacist in Paris and he gave me a second dose of Diflucan, which I took and things were resolved for less than 2 weeks. Then the infection came back, but worse. I went back to my primary care provider at the urging of my ND to receive another prescription for Diflucan. My PCP told me I did not have thrush and referred me to an ENT. I went to the ENT and was told that he didn't deal with throats and mouths, that he was surgeon. I went back to a walk in clinic and was prescribed a mouth wash, which did not help. During this time I was also seeing a dentist, and then was referred to an oral surgeon. Neither gave me recommendations or a diagnosis, but the oral surgeon did do a biopsy. I then went back to my PCP and requested a culture, which she refused to do and referred me to another ENT. After my PCP visit I happened to have an allergist appointment already scheduled, and what they prescribed did not help. This whole process took place over the course of a few months and the pain in my mouth and throat was getting so severe that I couldn't even swallow water comfortably. I was losing weight at an unhealthy pace. In general, I was miserable.

While I was waiting for my second ENT appointment my ND started to treat me with strong herbs. She initially didn't want to use them because my digestive tract was already sensitive and it required taking multiple pills daily, plus the cost was more than a prescription for an antifungal. But she could see I

SB 2256 Naturopathic Scope Expansion
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couldn't eat or drink without pain and was concerned that by the time a prescription was acquired my health would be at a concerning state. I started the treatment and it began to help within the first week. I was going to cancel my second ENT appointment but was encouraged by my ND to go. The second ENT confirmed I had thrush, stated it was healing and to continue what I was doing. Just in case I had future issues, he wrote me a prescription for Diflucan and lozenges to use.

I could have avoided at least 6 other practitioner visits if my ND could have prescribed Diflucan for me. I spent many months in pain and spent money on multiple visits that I could have saved. I traveled unnecessarily putting myself at a greater risk for a fall. All of which could have been avoided if my ND, who is trained in pharmaceuticals could, prescribe in this state. I truly hope you will consider allowing naturopaths to practice as they have been trained. It would decrease the time and cost of patients like me having to go to other providers.

Thank you for your time in reading this letter. I strongly encourage you vote a DO PASS on SB 2256. It would have made a significant difference for me had my ND being able to provide that service.

Sincerely,

Eileen M. McNalley

Eileen M. McNalley

SB 2256: Regulation of Naturopathic Doctors
Dr. Stephanie Nishek, ND
NDAND Lobbyist #413
Senate Human Services Committee
1/31/2017

SB 2256
Attache # 4
1/31

Good morning, Madam Chair and Committee Members. My name is Dr. Stephanie Nishek and I am a licensed Doctor of Naturopathic Medicine (ND) and President of the North Dakota Association of Naturopathic Doctors (NDAND). I am a North Dakota native, having grown up in Minot and Valley City, and a 2006 graduate of the University of North Dakota. I have been practicing naturopathic medicine in both Minot and Bismarck since 2014. Prior to 2014, I spent eight years in Arizona, where I earned my Doctor of Naturopathic Medicine degree and then worked in both integrative facilities and sole-provider settings in Phoenix and Prescott. I am in my eighth year of practice as a licensed naturopathic doctor.

I'd like to discuss the expansion of the naturopathic scope to include prescription writing privileges (excluding controlled drugs, like opioids and narcotics). Arizona is one of 13 states where the scope of Naturopathic Doctors includes prescribing medications, including controlled drugs, and I prescribed during my time practicing there as well. Most people who seek naturopathic care do so for chronic conditions or functional (non-diagnosed or non-pathological) conditions that haven't responded to, or they have simply refused, pharmaceutical drugs. Many people voice discontent with the conventional medical model because of how heavily it relies on pharmaceuticals, a discontent strong enough that they are willing to pay out-of-pocket for our care and services and to feel as though they have choices in their health care. They choose to see licensed NDs because they know that we don't rely solely or preferentially on the use of medications; we are experts in using dietary adjustments, lifestyle modification, health/habit risk assessment, botanical medicine and nutritional therapies to obtain and maintain health. However, part of practicing naturopathic medicine responsibly is recognizing the limitations of natural therapies and knowing how and when to use pharmaceutical interventions when it is appropriate to do so.

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

A much more common situation encountered every day in both medical and naturopathic practices, is hypothyroidism or an underfunctioning thyroid gland. According to the American Thyroid Association (www.thyroid.org), an estimated 20 million Americans have some form of thyroid disease and up to 60% of those are unaware of their condition. The ATA also states that one woman in eight will develop a thyroid condition at some point in her lifetime. My practice is approximately 70% female, so I

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frequently encounter patients on, or in need of, thyroid medication. It is frustrating for these patients that NDs have the tools and knowledge to recognize and diagnose their thyroid disease, but then have to pass them along to be redundantly evaluated before receiving the appropriate treatment.

Pharmacology is a fundamental part of a naturopathic medical education. While we are not primary care providers, naturopathic medical colleges graduate doctors with the necessary skills to work effectively within the primary care setting. Dr. Allmendinger provided with her testimony, the curriculum from Southwest College of Naturopathic Medicine & Health Sciences (SCNM) and I have included for comparison the curriculum for Bastyr University, both are accredited naturopathic medical colleges.¹ You will notice that SCNM uses a traditional course/credit model with multiple clinical pharmacology courses, while Bastyr has evolved to using a "systems based approach," as most conventional medical colleges have done (including the University of North Dakota), which integrates pharmacology into blocks based on body system. Both curricula teach appropriate prescribing habits, monitoring and assessing for therapeutic levels and toxicity, initiating appropriate weaning strategies, identifying pharmaceutical contraindications and recognizing when to refer to a specialist. On paper, comparing two different teaching models can easily be misunderstood as a dramatic difference in training from one college to the next. While the programs are not cookie-cutter images of each other, both meet the accreditation requirements established by the Council on Naturopathic Medical Education. Also, ours is the only doctoral level health profession with advanced training in drug/supplement interactions. A 2012 study published by the Council for Responsible Nutrition indicated that as many as 68% of Americans take some type of vitamin, sport nutrition product or botanical and many consumers and healthcare providers are completely unaware of possible interactions between supplements and pharmaceuticals.

Since residencies are often brought up, I'd like to be forthcoming and state that not all naturopathic doctors complete a residency upon finishing their training, but we are not alone. When compared to other doctoral-level degrees with prescriptive privilege- namely Doctors of Dental Medicine and Doctors of Optometry- NDs have similar length of program, prerequisites for entry into program, course structure and board exam structure.² While all three professions offer residency opportunities to their graduates, the lack of an adequate number of residency opportunities is also consistent throughout. Despite the residency issue, the state of North Dakota allows dentists and eye doctors to prescribe within the boundaries of their training, under the rules and regulations established by their governing boards.

In regards to patient safety, consider malpractice insurance rates and malpractice claims as one way to further assess the risk of expanding our scope of practice. According to NCMIC (National Chiropractic Mutual Insurance Company), the leading provider of malpractice insurance to NDs, premiums for naturopathic doctors are approximately 30-40% lower on average than conventional primary care doctors.³ Furthermore, 10 years into offering malpractice coverage to naturopathic doctors, NCMIC's Vice President of Claims wrote that they had never opened a claim against a naturopathic doctor for allegations involving prescription medications.⁴ The Vice President of Washington Casualty Insurance wrote that upon comparing the loss experienced from insuring Naturopathic Doctors vs. Family Practice doctors/internists, the loss ratio was 5x lower for NDs.⁵ Locally, there have been no complaints filed with our governing board, the North Dakota Board of Integrative Health Care, which consists of an MD, a ND, a pharmacist and an APRN (i.e. nurse practitioner), since its

SB 2256: Regulation of Naturopathic Doctors
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inception in 2011.⁶ As of 2014, The National Practitioner Data Bank, a statistical database maintained by the US Department of Health and Human Services, had no record of malpractice claims against naturopathic doctors in the United States. A 2013 nationwide search by Verdict-Search also found no records of malpractice suits against NDs.³ This safety data, and more, can be reviewed in the documents attached to my testimony.

I am not here to try to convince you that a naturopathic doctor's training is an exact equivalent to that of a medical doctor (MD), that argument is a moot point as NDs do not function in the same capacity within medicine as MDs do. During the 2015 session, a medical doctor testified that they are experts in "polypharmacy," which is defined as the simultaneous use of multiple drugs to treat a single ailment or condition, and certainly their experience in managing complex disease states or traumas requiring simultaneous use of multiple medications exceeds that of the typical naturopathic doctor. When my son broke his leg 6 weeks ago, I was grateful that the medical and osteopathic doctors in the E.R., surgical unit and pediatric wing of the hospital were experts in polypharmacy and could juggle the nasal, intramuscular and intravenous opioid and analgesic pain medications, along with general anesthesia and IV fluids, that my child desperately needed. However, mastering "polypharmacy" within an emergency, hospital or surgical setting and being able to competently manage common conditions of low to moderate complexity typical of the family practice setting, like hypothyroidism and confirmed strep throat, are not the same thing. The ND profession is not a "runner-up" to the conventional medical profession; rather, NDs are uniquely trained to fill a niche that combines the best of evidence-based treatments (both natural and pharmaceutical) with preventative care and lifelong health promotion in the family practice setting. This is not about turf war, it's about keeping the grass green.

Armed with the information I have provided today, I hope that ours will join the thirteen other state legislatures that have preceded us in recognizing how adding prescriptive privilege to the naturopathic scope of practice is an asset to fostering the growth of this strong, safe and well-rounded health care profession in North Dakota.

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

SB 2256: Regulation of Naturopathic Doctors
Dr. Stephanie Nishek, ND
NDAND Lobbyist #413
Senate Human Services Committee
1/31/2017

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Supporting Documents:

1. Bastyr University Doctor of Naturopathic Medicine 2017-2018 Curriculum
2. Doctoral Level Health Professional Prescriptive Comparison Chart
3. Naturopathic Doctor Safety Statistics (CNDA)
4. Letter from NCMIC VP of Claims, Bruce Beal, in regards to malpractice claims
5. Naturopathic Doctors' Safety Data (MSND)
6. Letter from NDBIHC regarding safety
7. Letter of support from Prof. Harold Nelson, Minot
8. Letter of support from Dr. Sarah Preston Hesler, ND

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BASTYR UNIVERSITY

DOCTOR OF NATUROPATHIC MEDICINE

2017 – 2018

View complete course descriptions at: Bastyr.edu/Catalog

Prerequisite Coursework

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

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

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

Physics.....1 college-level course

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

Psychology*1 course

*Intro/General Psychology or Developmental/Lifespan Psychology

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

Recommended Courses

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

Age of Course

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

Year I

Cat. No.	Course Title	FALL QUARTER	Credits
BC5142	Fundamentals of Research Design ¹		2
BC5150	Integrated Structure and Function Lecture/Lab ²		8.5
BC5151	Integrated Musculoskeletal Lecture/Lab.....		6.5
BC5122L	Gross Human Anatomy 1 Lab.....		1
NM5140	Constitutional Assessment ³		2
NM5141	Naturopathic Theory and Practice 1.....		2
BP5400	Therapeutic Alliance 1.....		1
SN5100	Clinical Skills Lab 1.....		1
SN5103	Integrated Case Studies 1.....		1
NM5820	Clinic Observation 1.....		1
Total 26			

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

²BC5150 offered summer and fall in Kenmore and San Diego

³NM5140 offered summer in Kenmore and San Diego

Cat. No.	Course Title	WINTER QUARTER	Credits
BC5123L	Gross Human Anatomy 2 Lab.....		1
BC5146	Physiology Lab 1.....		1.5
BC5152	Integrated Cardiovascular and Immune Systems.....		5.5
BC5153	Integrated Respiratory System.....		4.5
BC5154	Integrated Digestive System.....		4.5
NM5142	Naturopathic Theory and Practice 2.....		2
PM5314	Physical Medicine 1.....		1
PM5314L	Physical Medicine Lab 1.....		1
BP5401	Therapeutic Alliance 2.....		1
SN5101	Clinical Skills Lab 2.....		1
SN5104	Integrated Case Studies 2.....		1
Total 24			

Cat. No.	Course Title	SPRING QUARTER	Credits
BC5124L	Gross Human Anatomy 3 Lab.....		1
BC5147	Physiology Lab 2.....		1
BC5155	Integrated Endocrine System and Metabolism.....		4.5
BC5156	Integrated Renal and Reproductive System.....		4
BC5157	Integrated Nervous System.....		7
NM5143	Naturopathic Theory and Practice 3.....		2
PM5316	Physical Medicine 2.....		1
PM5316L	Physical Medicine Lab 2.....		0.5
BP5402	Fundamentals of Behavioral Medicine.....		3
SN5102	Clinical Skills Lab 3.....		1
SN5105	Integrated Case Studies 3.....		1
NM5820	also assigned in winter or spring		
Total 26			

Year II

Cat. No.	Course Title	FALL QUARTER	Credits
BC6107	Integrated Pathology, Immunology & Infectious Diseases 1.....		8
B06305	Botanical Medicine Lab.....		1
H06305	Homeopathy 1.....		1.5
NM6110	Naturopathic Theory and Practice 4.....		0.5
NM6310	Naturopathic Clinical Diagnosis 1.....		4
NM6315	Physical Exam Diagnosis Lab 1.....		1
NM6320	Clinical Diagnosis Lab 1.....		1
PM6305	Physical Medicine 3.....		2
BP6300	Behavioral Medicine Theories and Interventions 1.....		3
SN6100	Integrated Case Studies 4.....		0.5
SN6300	Integrated Therapeutics 1.....		3
NM6810	Clinic Observation 2 ¹		2
¹ NM6810	also offered in Summer		
Total 27.5			

Cat. No.	Course Title	WINTER QUARTER	Credits
BC6108	Integrated Pathology, Immunology & Infectious Diseases 2.....		7
H06306	Homeopathy 2.....		2
NM6111	Naturopathic Theory and Practice 5.....		0.5
NM6311	Naturopathic Clinical Diagnosis 2.....		4
NM6316	Physical Exam Diagnosis Lab 2.....		1
NM6321	Clinical Diagnosis Lab 2.....		1
PM6306	Physical Medicine 4.....		3
BP6200	Psychopathy.....		2
SN6101	Integrated Case Studies 5.....		0.5
SN6303	Integrated Therapeutics 2.....		3
TR6312	Nutrition Principles 1: Assessment, Education & Macronut.....		3
Total 27			

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BASTYR UNIVERSITY

DOCTOR OF NATUROPATHIC MEDICINE

2017 - 2018

View complete course descriptions at: Bastyr.edu/Catalog

Cat. No.	Course Title	SPRING QUARTER	Credits
BC6109	Integrated Pathology, Immunology & Infectious Diseases 3.....		6
H06307	Homeopathy 3.....		2
NM6112	Naturopathic Theory and Practice 6.....		0.5
NM6312	Naturopathic Clinical Diagnosis 3.....		4
NM6317	Physical Exam Diagnosis Lab 3.....		1
NM6322	Clinical Diagnosis Lab 3.....		1
NM6325	Fundamentals of Radiology and Diagnostic Imaging.....		2
PM6310	Physical Medicine 5.....		2
BP6301	Behavioral Medicine Theories and Interventions 2.....		2
SN6102	Integrated Case Studies 6.....		0.5
SN6304	Integrated Therapeutics 3.....		3
TR6313	Nutrition Principles 2: Micronutrients.....		2.5
Total			26.5

YEAR III

Cat. No.	Course Title	SUMMER QUARTER	Credits
B07305	Botanical Medicine Formulation Lab 1.....		1
NM7111	Coding and Billing.....		1
NM7326	Medical Procedures 1 Lecture/Lab.....		2
NM7332	Clinical Pharmacology 1.....		0.5
NM7342	Musculoskeletal System and Orthopedics.....		4
PM7309	Physical Medicine 6.....		2
	Clinic Shift (2).....		2
Total			12.5

Cat. No.	Course Title	FALL QUARTER	Credits
B07306	Botanical Medicine Formulation Lab 2.....		1
H07300	Homeopathy 4.....		1.5
NM7317	Endocrine System.....		4.5
NM7318	Nervous System and Mental Health.....		5
NM7333	Clinical Pharmacology 2.....		0.5
NM7346	Maternity and Pediatrics.....		4.5
PM7311	Physical Medicine 7.....		2
BP7300	Naturopathic Approaches to Addictions.....		2
SN7300	Advanced Case Studies 1.....		0.5
NM8801	Preceptorship 1.....		1
	Clinic Shift (1).....		2
Total			24.5

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

¹NM7142 also offered spring quarter Total 21.5-23.5

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

YEAR IV

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

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

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

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

Clinic Requirements¹

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

¹Quarterly shift assignments based on availability.

Elective Requirements

Electives.....	8
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Total Requirements

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

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Doctoral Level Health Professional Comparison Chart

Providers:	Program Duration	Pharmacology Credit Hours	Clinical Training Hours	Mandatory Residency?	Prescription Privileges in N.D.?
Southwest College of Naturopathic Medicine & Health Sciences/Doctor of Naturopathic Medicine	4 years	8	1626	No (Optional 1-3 years)	No
Illinois College of Optometry/Doctor of Optometry	4 years	8 (4 general, 4 ocular)	*	No (Optional)	Yes
University of Missouri, Kansas City/Doctor of Dental Medicine	4 years	4-5	*	No (Optional 1-2 years)	Yes

**Clinical training hour data unavailable through online resources.*

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NATUROPATHIC DOCTOR SAFETY STATISTICS

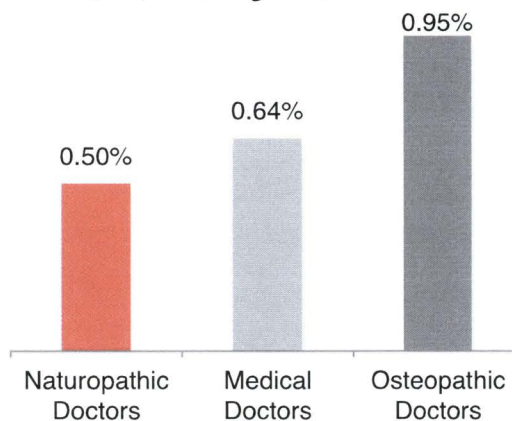


In 2013, the federal government acknowledged the safety and effectiveness of naturopathic medicine by passing a resolution designating the week of October 7-13 as Naturopathic Medicine Week to “recognize the value of naturopathic medicine in providing **safe, effective, and affordable health care.**”¹ The California and nationwide data undeniably support the US government's 2013 resolution.

California’s nearly 500 practicing naturopathic doctors have a pristine safety record – there have been **no cases of patient harm** caused by naturopathic doctors in California since licenses were first issued in 2005.

Throughout the US, naturopathic doctors have maintained an excellent history of patient safety. In Washington, a state that began licensing NDs in the 1930s and has a broad scope of practice that includes minor office procedures and independent prescription rights, has had only 25 disciplinary actions against naturopathic doctors in the last 10 years. This represents 0.5 % of the ND population in Washington. During the same time period, there were 23,317 disciplinary actions taken against medical doctors, representing 0.64% of Washington MDs. Osteopathic doctors were also cited more frequently than NDs; there were 56 actions against DOs from 2001-2011, representing 0.95% of the population – nearly double the rate of naturopathic doctors.² Other states with broad scopes of practice for NDs boast similar rates.

Figure 1. Disciplinary Actions as a Percent of Profession, Washington State 2001-2011



Malpractice insurance claims can be used to further assess the risk of updating the scope of practice for naturopathic doctors in California. According to NCMIC, the leading provider for naturopathic malpractice insurance, **premium rates for naturopathic doctors average approximately 30-40% lower than primary care medical doctors.** Furthermore, NCMIC has never opened a claim based on an allegation against a naturopathic doctor involving prescription medications. Bruce Beal, Vice President of Claims at NCMIC, wrote the following in a 2010 letter:

“[NCMIC] entered into the ND market in 2001 offering [malpractice] coverage to NDs in all states that recognize and license the profession. I believe that to be 15 states plus the District of Columbia at the present time. In addition, NCMIC insures four of the five naturopathic colleges in the United States.

In the years that NCMIC has been insuring Naturopathic Doctors and the colleges, we have never opened a claim based on an allegation against a Naturopathic Doctors involving prescription medications. We have seen several claims involving adverse reactions to herbals or a combination of herbals reacting with a drug prescribed by a medical doctor.”

The National Practitioner Databank, a statistical database maintained by the US Department of Health and Human Services, has **no records of malpractice claims against naturopathic doctors** in the United States. According to the Databank, there were 16,925 malpractice payments made in California from 2002-2012, amounting to more than \$2.7 billion. None of those malpractice payments were attributed to naturopathic doctors. A 2013 nationwide search by Verdict-Search also found no records of malpractice suits against naturopathic doctors.

Safety is an important factor to consider when new legislation is being proposed. Based on the national safety data, updating the Naturopathic Practice Act (SB907) to enable California NDs to practice to the full extent of their training and education will increase patient access to safe, effective primary care.

¹S.Res.135. Congress.gov, <http://beta.congress.gov/bill/113th/senate-resolution/135>.

²Health Professions Regulatory Activities (UDA) Reports." Washington State Department of Health, <http://www.doh.wa.gov/DataandStatisticalReports/HealthProfessionsRegulatoryActivitiesUDA.asp>.

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NCMIC Insurance Company

A member of NCMIC Group, Inc.
NCMIC Insurance Company
NCMIC Finance Corporation
Professional Solutions Insurance Company
NCMIC Insurance Services

14001 University Avenue, Clive, Iowa 50325-8258
Local 515-313-4500 Toll-Free 800-247-8043
Mailing Address: P.O. Box 9118, Des Moines, Iowa 50306-9118
Claims Reporting Line: 800-242-4052

May 3, 2010

Jessica Curcio ND
PO Box 954
Cedar Falls IA 50613

Re: Naturopathic Physicians and Prescriptive Authority

Dear Dr. Curcio:

I have been asked to address NCMIC Insurance Company's experiences with Naturopathic Physicians and their authority in some states with regard to prescription medications. First, a little background information regarding NCMIC. NCMIC is an insurance company based in Des Moines, Iowa and has been in business for over 60 years. We were founded by a group of chiropractors for the purpose of providing malpractice insurance to chiropractors at a time when no other insurance company would cover chiropractors. We are the largest insurer of chiropractors in the United States providing malpractice coverage to over 38,000 chiropractors in all U.S. states, territories and possessions. I am the Vice President of Claims and have access to all claim information and loss data here at the company.

A number of years ago, NCMIC recognized the growth of naturopathy and the need for Naturopathic Physicians to have access to malpractice coverage with a stable insurer who was experienced in alternative medicine. We entered into the ND market in 2001 offering this coverage to ND's in all states that recognize and license the profession. I believe that to be 15 states plus the District of Columbia at the present time. In addition, NCMIC insures four of the five naturopathic colleges in the United States.

In the years that NCMIC has been insuring Naturopathic Physicians and the colleges, we have never opened a claim based on an allegation against a Naturopathic Physician involving prescription medications. We have seen several claims involving adverse reactions to herbals or a combination of herbals reacting with a drug prescribed by a medical doctor.

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May 3, 2010

I hope this information is of some value to you. Should you have any questions, please don't hesitate to contact me.

Sincerely,



Bruce Beal
Vice President of Claims

BAB:mrg

NATUROPATHIC DOCTORS' SAFETY DATA

Risk Data from Insurers

Complaint Information from Naturopathic Licensing Boards

1. RISK DATA FROM INSURERS

MGIS (Medical Group Insurance Services)/PROFESSIONAL RISK UNDERWRITERS:

Contact: James McCoy (Director, Claims and Risk Management) 800-969-6447

Date: April 5, 2001

Fees charged for coverage of naturopathic physicians are $\frac{1}{2}$ - $\frac{2}{3}$ of fees for family practice MDs due to limited claim activities against NDs.

WASHINGTON CASUALTY INSURANCE

Contact: Sharon Hall, Vice President Washington Casualty (425) 641-1335, ext. 213

<shall@wacasualty.com>

Date: April 9, 2001

"...For a five year period (1996 - 2000), we insured an average of 179 NDs and 138 family practitioners/internists upon which the following statistics is based. When a comparison is made of the loss experience between these two groups, the ND loss ratio was about five times lower than the FP/internist. ND - 24% and MD - 123% loss ratios respectively. The loss ratio was calculated by taking the sum of indemnity and expenses divided by the premium for the groups. The largest payout for a ND was \$33,000 and for the MD group, 1 Million..."

WOOD INSURANCE GROUP:

Contact: David A Wood (President) 800-695-0219

Date: March 21, 2001

"...the insurers always base their rates from the class 1 physician rate. That is the FP non-surgery. For example an OB is usually class 7 or 7 x the class one rate. This is a relativity factor related to the risk to claims. There are some variations but most insurers are similar. The starting point for ND's is typically .50 of a class 1. I hope that helps you put some perspective toward the risk or lack there of."

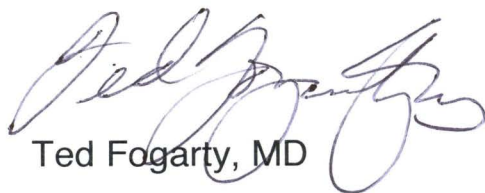
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SB 2256 Naturopathic Scope Bill
North Board of Integrative Health Care
Senate Human Services Committee
January 31st, 2017

To Whom It May Concern,

Since its inception in 2011, the Board of Integrative Health Care has not received any complaints against naturopathic doctors and has not issued any disciplinary actions to members of that profession.

Sincerely,



Ted Fogarty, MD

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1731 16th St NW
Minot, ND 58703
January 30, 2017

Dear Member of the Legislature:

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

Since 2013 two Bismarck naturopathic doctors, Beth Allmendinger and Stephanie Nishek, have successfully treated me for asthma and other ailments. I no longer carry an inhaler, and I feel better.

If I could renew my prescription for thyroid medicine after one of these treatments, rather than needing a separate appointment with an MD, I'd save time and money.

I strongly encourage you to support granting naturopathic doctors the right to prescribe drugs.

Sincerely,



Harold Nelson
Professor, English and Literature

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To: North Dakota Senate Human Services Committee
Re: SB 2256 Relating to Regulation of Naturopathic Doctors

Dr. Sarah Preston Hester, ND
1041 W Page Ave, Gilbert, AZ 85233
480.648.9710
sarahprestonhester@gmail.com

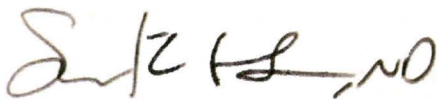
Dear Committee Members,

I am writing to express my overwhelming support of passing the naturopathic scope expansion bill submitted by the North Dakota Association of Naturopathic Doctors. As a North Dakota native (Dickinson) now living and practicing in a state with a much wider scope of practice relating to naturopathic doctors, I must express how a limited scope has deterred me from returning to my home state. While I've considered it on many occasions, and for all the right reasons (my family, a desire to practice in underserved communities, and a generally stable economy), the limited scope has been the largest obstacle keeping me from returning home.

As part of my thriving practice, I do occasionally rely on my ability to prescribe medications and I often refer interested patients for consultation with a naturopathic midwife as they decide what type of prenatal care and birth choice is best for them.

On behalf of myself and many of the 30+ North Dakota natives who are pursuing naturopathic education or practicing naturopathic medicine outside of North Dakota, **please vote "Do Pass" on SB 2256.**

Sincerely,



Dr. Sarah Preston Hester, ND
Licensed Naturopathic Doctor, Arizona
Co-Founder, Naturopaths Without Borders
Adjunct Faculty, Southwest College of Naturopathic Medicine & Health Sciences
Adjunct Faculty, A.T. Still University

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SB 2256- Naturopathic Scope
Tonya Loken, ND, MScN, LN
Senate Human Services Committee
January 31, 2017

Good morning Madam Chair and members of the Senate Human Services Committee,

My name is Dr. Tonya Loken. I am a licensed naturopathic doctor and licensed nutritionist in the state of North Dakota. I currently live and work in the Fargo area, where I own my own practice, Foundations Natural Medicine. I am here to speak about the minor office procedure portion of the bill.

Prior to naturopathic medical school, I graduated from the University of North Dakota with a bachelor's of science degree in community nutrition and completed pre-medical courses . I went on to attend the National University of Natural Medicine, former National College of Natural Medicine, in Portland, OR from 2012-2016. During my time there I studied naturopathic medicine, whole food nutrition, and integrative medical research. My education was well rounded, based in science and research, and has provided me with a strong foundation on which to practice medicine in the state of North Dakota.

One portion of my training focused on minor office procedures and included classroom education, labs, and clinic shifts, that allowed comprehensive knowledge and training of the subject material. Minor office procedure courses and labs were taught by experienced professionals that often had more experience with medicine and office procedures than the number of years I have been alive. Their diverse education and designations of Medical Doctor, Osteopathic Doctor, Naturopathic Doctor, and Doctor of Chiropractic, made my learning experience well rounded and rich. Classroom instruction included theory, history, and technique of minor office procedures. Additionally, dermatology lecture was a daily education piece so that we could properly identify lesions to determine if an in-office procedure was appropriate, or if a referral should be made.

In addition to classroom lecture, practical experience was an integral part my education. While working at Outside In, a Federally Qualified Health center, I had the opportunity to be part of the 28,000 medical visits that are made to that facility each year, by vulnerable members of the community. Outside In proudly serves uninsured, underinsured, homeless youth, and all patients in need of medical care. During my six month rotation at this facility, I drained abscesses, cleaned and packed diabetic ulcers and wounds, diagnosed and treated sexually transmitted infections, and removed genital warts and skin tags, on patients that couldn't wait weeks or months to see another provider. They needed care today. As a naturopathic student, I was able to provide basic office procedures to those who may have otherwise become septic, lost a toe, or foot, infected another partner, or had to live with disfiguring skin lesions. By having the ability to use my full scope of practice, including minor office procedures, and pharmaceutical prescriptions, I was able to change those people's lives for the better, and in many situations, save our medical system from an unnecessary emergency department visit. We as naturopathic doctors have the the ability to assess the situation at hand, provide the care needed, and refer when needed.

Much like Outside In, access to health care in rural and city areas can be limited due to supply and demand. With an increasing population, and a decline in the number of primary care providers, many patients are waiting months to get into their primary care provider. This is important as the Association of American Medical Colleges has reported that the nationwide physician shortage will leave the primary care field with a 12,500-31,100 physician deficit by the year 2025.¹ This shortage is expected to persist despite current efforts to increase medical school enrollment and accelerate the training of medical doctors (MDs). Dermatologic conditions that require an office procedure, infections that require antibiotics, or uninsured patient that need help today, shouldn't have to wait. Naturopathic doctors are willing and qualified to fill the gap in treatment options, and trained to refer when a lesion or condition may be to complicated to handle in an in-office setting.

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Office-based procedures continue to increase at a rapid pace, due to consumer demand. Approximately 12 million procedures were performed in 2009 alone. According to the North Dakota Board of Medicine there are approximately 26 medical doctors listed under the speciality of dermatology. That gives each dermatologist about 27,000 patients to work with. Naturopathic doctors are willing and able to help alleviate the physician-patient burden put on dermatologists, allowing them to see cases more appropriate for their level of training. By adding another provider option for simple office procedures, this will help reduce unnecessary emergency room visits, which should be reserved for true emergencies due to cost and allocation of resources. With more options for care, Naturopathic doctors can help free up critical services for conditions that require advanced equipment, access to hospital services, and reduce the financial burden on our health care system. I have included an attachment to outline multiple ways that care by a naturopathic doctor can reduce financial burden on our already over taxed medical system.²

Finally, I would like to share with you why this bill is so important to me and the residents of North Dakota. This bill will allow me to serve my home state and its residents to the full extent of my training and education. It will allow me to treat my patients more holistically. It will allow them to choose me as their doctor, without having to go to the walk-in clinic for a simple suture placement, wart removal, or pharmaceutical prescription. Convenience and continuity of care are important factors in patient compliance and improved health outcomes, which is what we all want for our patients.

I didn't choose to come back to North Dakota because of its progressive views, or favorable thoughts about naturopathic medicine. I moved to North Dakota, because this is my home, and I choose to live here because of my family, friends, and the quality of life that North Dakota has to offer. I want my colleagues from Portland and around the country, to have the same admiration for North Dakota that I do. I want this bill to draw in new Naturopathic Doctors, be favorable for my patients', increase access to healthcare, and help grow small business. If it weren't for my family and the life I have built in North Dakota, I would have chosen a state that would have allowed me to utilize all of my training and knowledge. Please make North Dakota a place where its residents have the choice to see a qualified Naturopathic Doctor for their healthcare needs, and a favorable state for Naturopathic Doctors to return to.

Madam chair, members of the Senate Human Service committee, thank you for your time.

I am happy to answer any questions you may have.

Supporting Documents:

Attachment A: AAMC: Physician Supply and Demand Through 2025: Key Findings

Attachment B: Naturopathic Medicine: A Key Part to Health The Nation's Financial Health Care Crisis

Physician Supply and Demand Through 2025: Key Findings

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In March 2015, the economic modeling and forecasting firm IHS Inc. released a new study, *The Complexities of Physician Supply and Demand: Projections from 2013 to 2025*, at the request of the AAMC. Projections for individual specialties were aggregated into four broad categories for reporting: primary care, medical specialties, surgical specialties, and “other” specialties.¹ To reflect future uncertainties in health policy and care use and delivery patterns, the study presents ranges for the projected shortage of physicians rather than a specific shortage number.

Demand for physicians continues to grow faster than supply. Although physician supply is projected to increase modestly between 2013 and 2025, demand will grow more steeply.

- **Total physician demand is projected to grow by up to 17 percent**, with population aging/growth accounting for the majority. Full implementation of the Affordable Care Act accounts for about 2 percent of the projected growth in demand.
- **By 2025, demand for physicians will exceed supply by a range of 46,000 to 90,000.** The lower range of estimates would represent more aggressive changes secondary to the rapid growth in non-physician clinicians and widespread adoption of new payment and delivery models such as patient-centered medical homes (PCMHs) and accountable care organizations (ACOs).
- **Total shortages in 2025** vary by specialty grouping and include:
 - A shortfall of between **12,500 and 31,100 primary care physicians.**
 - A shortfall of between **28,200 and 63,700 non-primary care physicians**, including:
 - 5,100 to 12,300 medical specialists
 - 23,100 to 31,600 surgical specialists
 - 2,400 to 20,200 other specialists²

The physician shortage will persist under every likely scenario, including increased use of advanced practice nurses (APRNs); greater use of alternate settings such as retail clinics; delayed physician retirement; rapid changes in payment and delivery (e.g., ACOs, bundled payments); and other modeled scenarios.

Addressing the shortage will require a multi-pronged approach, including innovation in delivery; greater use of technology; improved, efficient use of all health professionals on the care team; and an increase in federal support for residency training. The study's results confirm that no single solution will be sufficient on its own to resolve physician shortages.

Because physician training can take up to a decade, a physician shortage in 2025 is a problem that needs to be addressed in 2015.

1 **Primary care** consists of general & family practice, general internal medicine, general pediatrics, and geriatric medicine. **Medical specialties** consist of allergy & immunology, cardiology, critical care, dermatology, endocrinology, gastroenterology, hematology & oncology, infectious diseases, neonatal-perinatal medicine, nephrology, pulmonology, and rheumatology. **Surgical specialties** consist of general surgery, colorectal surgery, neurological surgery, obstetrics & gynecology, ophthalmology, orthopedic surgery, otolaryngology, plastic surgery, thoracic surgery, urology, and vascular surgery. The **other specialties** category consists of anesthesiology, emergency medicine, neurology, pathology, physical medicine & rehabilitation, psychiatry, radiology, and all other specialties.

2 The shortage range for total physicians is smaller than the sum of the ranges for the specialty categories. The demand scenarios modeled project future demand for physician services, but scenarios can differ in terms of whether future demand will be provided by primary care or non-primary care physicians. Likewise, the range for total non-primary care is smaller than the sum of the ranges for the specialty categories.

NATUROPATHIC MEDICINE: A KEY PART TO HEALING THE NATION'S FINANCIAL HEALTH CARE CRISIS

Increasing levels of chronic disease including: diabetes, heart disease, cancer and obesity, have created a multi-trillions dollar financial burden on the medical system. Naturopathic medicine reduces the need for expensive conventional care while promoting health and decreasing the need for medical interventions over the long term.

Naturopathic medicine costs less than conventional care.

- Use of natural health products (NHP) has the potential to improve health outcomes and reduce cost compared to conventional treatment by anywhere from 3.7- 73%. ⁽¹⁾
- A 2006 University of Washington study found that in WA State, naturopathic care cost insurers \$9.00 per enrollee vs. \$686.00 for conventional care. ⁽²⁾
- Manual therapy cost less than primary care for neck pain and decreases recovery time, thereby also improving productivity. ⁽³⁾
- One year of lifestyle intervention for patients with coronary artery disease not only improved all health outcomes and reduced the need for surgery but also cost significantly less than conventional treatment (\$7,000 vs \$31,000 –\$46,000). ⁽⁴⁾

Naturopathic medicine decreases the need for medical interventions by improving patient wellbeing and preventing disease.

- The naturopathic emphasis on prevention and health promotion saves lives and dollars. Lifestyle modification counseling prevented more cases of diabetes than drug treatment. ⁽⁵⁾
- It is estimated that if the current level of preventive intervention continues the US will end up spending \$9.5 trillion dollars over the next 30 years caring for Cardio vascular disease, diabetes and congestive heart disease alone. By adding in greater preventive strategies cost could be reduced approx. \$904 billion or almost 10%⁽⁶⁾
- Although the initial cost of prevention is sometimes similar to conventional care the benefits gained by avoiding disease and their associated costs are invaluable and much preferred by patients. ⁽⁷⁾
- Patients who received intensive lifestyle modification therapy for type II diabetes improved all health scores (lipids, %body fat etc.) and decreased medication requirements compared to those on standard therapy, in just one year. ⁽⁸⁾

The use of Naturopathic medicine decreases total medical expenditure.

- Total expenditure on health care by insured complementary and alternative medicine (CAM) users is less than non-CAM users (\$3,797 vs \$4,153); this is an approximate \$9.4 million saving for just 26,466 CAM-users ⁽⁹⁾
- The most significant reduction in total medical expenditure made by using CAM, is seen in patients with the greatest disease burden, who tend to be the most expensive patients. ⁽¹⁰⁾
- Naturopathic doctors, are the bridge between alternative and convention car and model truly integrative care. Patients who receive care from an integrative primary care physician

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have reduced medical costs and need of medical intervention when compared to those receiving convention primary care.⁽⁹⁾

- Naturopathic medical care in Canada reduces the use of prescription medications by 53%.⁽¹¹⁾
- Reduction in drug prescriptions (61% less) and use of conventional medical care (55% less) are substantial among CAM users.⁽¹²⁾

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Madam Chair and members of the committee,

My name is Willow Hall, and I am from District 34 in Mandan. I am a doula and childbirth educator in the Bismarck/Mandan community.

I am here to earnestly urge a "Do Pass" on Senate Bill 2256 to expand the scope of practice for Naturopaths in our area.

My specific area of interest is the role of Certified Professional Midwives who are also naturopaths to be permitted to practice within that scope of practice which is set by Midwives of North America, the largest and most highly recognized licensing body of homebirth midwives in the United States. More than 30 other states have already legalized Certified Professional Midwives to practice, and with the larger demand for out of hospital delivery, and practically no access for many North Dakota families, this is a fantastic first step in achieving access for families like mine.

I have personally had 2 births at home. I did a lot of research, and became convinced that an at-home birth was the right choice for my family. We worked with a midwife who lived over 4 hours away from us as this was the only option that we had with our first home birth baby. With my second homebirth, due to a quick birth, she wasn't able to make it at all. With the stress of trying to cover the entire state, the few midwives we do have in the state are simply not physically able to keep up with the increasing demand for this service.

In 2011 I was radically opposed to legislation allowing midwives to be licensed by the state, fearing that it would fundamentally change how midwives are able to make choices with their clients without interfere, however over the last several years I have changed my mind as access is becoming more and more limited as time goes on.

I would be thrilled if I had a provider who was local to me, and I believe this is in the best interest of North Dakota families, as well as our providers.

Thank you for allowing me to share my thoughts with you, and I respectfully ask for a "do pass" recommendation.

- **Zakk's story of diagnosis**

- Zakk is 11 year old boy from Mandan diagnosed with Medulloblastoma in January 2016
 - Medulloblastoma is a form of brain cancer with approximately 75-80% survival rate.
 - Zakk doctors at Children's of MN in Minneapolis / St. Paul.
 - He is part of a St. Jude protocol and study.

- **Relief received through naturopathic treatments**

- Zakk regularly receives high dose Vitamin C infusions at Core Health Strategies in Bismarck.
 - By receiving the high does Vitamin C intravenously his body is able to absorb more of the Vitamin C and the benefits are more noticeable.
 - The first time he received infusion, Zakk had just finished spending a week hospitalized at Sanford in Bismarck and had trouble walking into clinic on his own because he felt so weak. One hour later, after receiving the Vitamin C infusion, he seemingly was back to normal with his strength regained.

- **Communication and collaboration between Zakk's pediatric oncologist and Dr. Link, ND ensured that he was getting optimal care and not having supplemental treatments interfere with his chemotherapy.**

- Children's of MN and St. Jude were aware of the nutrition plan developed by Dr. Link.
 - It had to be approved because of his protocol and study.
 - Dr. Link was regularly in contact with Zakk's pediatric oncologist, Dr. Anne Bendel.
 - St. Jude approved him to receive Vitamin C infusions as well as many additional oral supplements and vitamins.
 - Upon witnessing his initial response to the infusions, Zakk was approved and encouraged to receive Vitamin C as often as possible. The only limits were that he was not to get the infusions 72 hours prior to or 48 hour after his chemotherapy treatments

- **Licensing**

- Dr. Link is allowed per her license to infuse vitamins and minerals but due to our lack of prescription rights they cannot order the infusion materials without a prescriptive rights/authority. If Dr. Link didn't work with another licensed individual, Zakk and other North Dakotans and several who travel from other states would go without this advantageous treatment.
 - Without Dr. Link, Zakk and other would travel to other states for treatments.

SB 2256 Naturopathic Scope Expansion Bill
Lezlie Link, ND
Senate Human Services Committee
January 31st, 2017

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Good morning Madame Chair and Members of the Senate Human Service Committee. My name is Dr. Lezlie Link. I am a naturopathic doctor, license number 2011-02. I was appointed by former Governor Dalrymple to the ND Board of Integrative Health Care, and I currently serve as the chairperson. The ND Board of Integrative Health Care is in support of the SB 2256 for Naturopathic Scope Expansion.

The Board of Integrative Health Care was created as an incubation board for licensed professions to share the cost of licensing small numbers of different professions, a cooperative approach with cost saving advantages to the state and the individual professions. Currently, the Board licenses music therapists, licensed acupuncturists, and naturopathic doctors. We currently license and oversee 19 music therapists, 9 naturopathic doctors (1 non-practicing license), and will soon license 12-14 licensed acupuncturists after the administrative rules are approved this year. Our board members consist of a naturopathic doctor, medical doctor, pharmacist, nurse practitioner, music therapist, and licensed acupuncturist. If this bill were to pass, the pharmacist, nurse practitioner, medical doctor, and naturopathic doctor (myself or my successor) would be the members working on the administrative rules regarding SB 2256. As with other bills that passed into Century Code, we would be using language already approved and used from other bills and administrative rules to write these next administrative rules. This keeps continuity across professions and is language already adopted by the state of North Dakota.

If you have any further questions, please feel free to contact me, dr.lezlielink@gmail.com or my personal cell 701.595.1535

Thank you for your time.

Lezlie Link, ND

Lezlie Link, ND
Chair of the ND Board of Integrative Health Care

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**Senate Human Services Committee
SB 2256
January 31, 2017**

Good morning Chairman Lee and Committee Members. I am Courtney Koebele and I serve as executive director of the North Dakota Medical Association. The North Dakota Medical Association is the professional membership organization for North Dakota physicians, residents, and medical students.

The North Dakota Medical Association opposes SB 2256, which expands the scope of naturopaths to include prescription, office procedures, and midwifery. Our concerns focus on patient safety and quality medical care. NDMA is in support of licensure of professions within the scope of their training. In 2011, when the naturopathic doctors sought licensure initially, NDMA only opposed the prescription section of the bill and their use of the term physician. Once those were stricken from the bill, NDMA did not oppose their licensure. Similarly, during last legislative session, NDMA did not oppose the licensure request of the acupuncturists and the radiologic technologists.

However, when professions seek to practice outside of their training, and thus endanger the safety of North Dakota patients, NDMA will object. Naturopaths are not trained adequately to prescribe, do minor office procedures, or practice midwifery. NDMA has further concerns that the

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board regulating them in North Dakota does not have the expertise in those areas to properly regulate and discipline.

Naturopathic schools do not have the same admission standards as medical schools. They do not require the MCAT or similar exam before admission. The admission rates are quite high for naturopathic schools. Moreover, there is no requirement for naturopathic doctors to complete residencies. Medical students graduating from medical school wishing to practice family medicine have a three year residency. The training is not comparable.

Prior to becoming licensed, MDs and DOs take the USMLE. The United States Medical Licensing Examination (USMLE) is a three-step examination for medical licensure in the United States. Naturopaths take the NPLEX. The NPLEX, the naturopathic licensing exams administered by the North American Board of Naturopathic Examiners (NABNE), is written entirely by naturopaths and not made publicly available like the USMLE for MDs and DOs. The NPLEX continues to be kept confidential by NABNE, not allowing independent verification to assess the quality of the licensing examinations and to assess claims that the exams are as rigorous and comprehensive as the USMLE.

Despite the use of the term "accreditation" by naturopaths, naturopathic organizations and their universities, this term does not vouch for the quality of the education provided at the institutions. It simply means that certain administrative criteria are in place and that the university is willing to participate in a self assessment process. Naturopath students are told that the the specific content of their education is "U.S. Department of Education approved." In fact, the only thing approved by the U.S.

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Department of Education is the university's administration management, its mission statement, and its willingness to partake in a self-evaluation.

I've handed out a letter by a naturopathic graduate, Ms. Brit Hermes. In that letter, Ms. Hermes makes several points against further expansion of naturopathic scope. It is quite lengthy; however it makes some important points. For example, Ms. Hermes, a 2011 Bastyr graduate, points out the lack of clinical training compared to any other traditionally trained health practitioner. Ms. Hermes breaks down what the 1,200 hours of clinical training means for naturopathic doctors. She states that her clinical training included a very small amount of pharmacological experience.

The comparison of pharmacological training of naturopaths to nurse practitioners and physician assistants is also not correct. On page 10, Ms. Hermes illustrates her point about comparison of education, and notes that PAs receive far more pharmacology training and apply their knowledge in a very active setting working alongside a physician.

NDMA respectfully requests a DO NOT PASS on SB 2256. Thank you for your time today. I have Chris Meeker, MD, Joan Connell, MD and Kim Krohn, MD here to testify in more detail regarding their concerns about this bill. However, I would be happy to answer any questions you may have.

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Britt M. Deegan Hermes, ND (ret.)

30 January 2017

Re: Naturopathic Medicine – SB2256

SB2256 Endangers Patients' Lives

To the Human Services Committee of North Dakota:

I have very important first-hand knowledge regarding the pervasive lies provided to lawmakers regarding naturopathic doctors.

My name is Britt Marie Deegan Hermes. In 2011, I graduated from Bastyr University (an accredited naturopathic school) with a doctorate in naturopathic medicine. I passed the Naturopathic Physicians Licensing Examination (NPLEX) and completed a competitive one-year naturopathic residency in family medicine and pediatrics at an out-patient clinic in Seattle. After residency, I practiced in Arizona until 2014.

In Arizona, I learned that many of my licensed naturopathic colleagues practice using illegal and illegitimate therapies. I began critically looking at naturopaths in other states and back at my naturopathic education at Bastyr. I discovered that naturopathic leaders and organizations systematically deceive students, patients, and legislators about what naturopathic medicine is all about.

Let me be clear: Naturopathic education is rich in pseudoscience and fake medicine, and it is devoid of legitimate medical training. Naturopaths are not trained in the rigors of medical science, and this leads to a severe lack of competency and a huge risk of patient harm. NDs seem nice and charismatic, but they do not possess medical competency, especially to prescribe drugs. I left naturopathy because I could not tolerate being a part of a self-proclaimed medical profession that is so embedded in deceit.

In order to provide the public with the truth about naturopathic medicine, I am sharing my naturopathic training, education and clinical experiences as evidence that naturopaths should not be licensed as medical providers in any capacity and should not be eligible to receive government-subsidized loans.

I organized this letter into sections of eight key points. (Note: I refer to naturopathic doctors as naturopaths for convenience.)

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

Naturopathic clinical training takes place in a naturopathic teaching clinic, which is an out-patient clinic that caters to a small subset of patients. No clinical training takes place in a hospital setting, like it does for medical doctors, physician assistants, or nurse practitioners.

Clinical training at naturopathic teaching clinics encompasses the diagnosis and treatment of fake medical conditions, such as adrenal fatigue and systemic yeast overgrowth. Many patients are not actually sick, but the clinical training of naturopaths teaches us how to diagnose these patients with such fake diseases, which require long-term and expensive naturopathic treatments.

Treatments include supplement and diet based “detox” programs, energy medicine like homeopathy,¹ hydrotherapy like colon irrigation, botanical medicines, intravenous injections of vitamins, and very little conventional medicine.

Naturopaths often show lawmakers education comparison charts to claim they are qualified to practice medicine based on the number of training hours they receive in such clinics, and in particular courses such as pharmacology and basic medical sciences.

Based on how I, and my colleagues, earned our naturopathic degrees from Bastyr University, I can attest that these charts mislead lawmakers with false information. Naturopathic graduates tend to exaggerate or miscalculate their training hours. I calculated my clinical training hours spent in patient care based on my transcript and my student clinician handbook.

I calculated 561 direct patient care hours spent at Bastyr’s teaching clinic. This clinical training is the closest type of training to real primary care medicine but is no where near the type of training that medical doctors, nurse practitioners, or physician assistants receive.

Of the hours that Bastyr provided to me and my classmates in purported primary care training, one quarter of this time was spent in case preview and review. The remaining time (561 hours) contained dubious diagnostics and experimental treatments that were so embedded within a pseudo-medical practice that the student clinician becomes confused into thinking that disease can be effectively treated with esoteric treatments.²

I think it is apparent that the 561 hours of what I calculated to be “direct patient contact” in clinical training are nothing of the sort that would instill confidence in anyone that naturopathic education can produce competent primary care physicians.

¹ Homeopathy is an archaic medical belief that infinitely dilute substances can treat illnesses. There is no scientific evidence to support its medical efficacy and has been debunked by the global medical community as magic, quackery, and fraud. For more information, visit: <https://www.sciencebasedmedicine.org/reference/homeopathy/>

² Hermes, B. (2015) Naturopathic clinical training inside and out. Science-Based Medicine. <https://www.sciencebasedmedicine.org/nd-confession-part-1-clinical-training-inside-and-out/>

My clinical training included a very small amount of pharmacological experience. I spent far more time learning how to write a prescription for homeopathy and herbs than how to prescribe appropriate pharmaceutical medications.

Lawmakers are often told that naturopathic students receive at least 1,200 clinical training hours in primary care medicine. These reported hours are inflated with training in counseling, therapy applying water to the body, herbal medicine, "detoxification" programs,³ homeopathy, energy medicine, healing touch, visceral manipulation, and acupuncture. Such esoteric practices are not relevant for the practice of real medicine and have almost zero scientifically documented efficacy.

KEY POINT #2: Respected educational organizations do not consider naturopathic programs to be on-par with medical doctorate programs.

Naturopaths are led to believe that the content of their education is "U.S. Department of Education approved." They share this sound bite with lawmakers. In fact, when you hear about naturopathic medicine from naturopaths themselves you will undoubtedly hear the schools are "accredited" as if it means they have the government's blessing on what is taught.

The Council on Naturopathic Medical Education (CNME) is an accrediting agency that approves naturopathic programs in North America. The CNME is designated as an accrediting agency by the U.S. Department of Education. No individual naturopathic program is accredited by the Department of Education. CNME accreditation means that the naturopathic schools meet administrative criteria and conduct their own self-evaluation process. No medical professionals take part of the evaluation process.

Accreditation by the U.S. Department of Education has no bearing on naturopathic curricula meeting medical standards. This accreditation concerns institutional organization, financial solvency, and a clearly defined mission statement. It is of great interest to naturopathic programs to be accredited because this status enables their students to borrow as much as medical doctors to pay their naturopathic tuition, which can be as high as \$50,000 per year including fees, book purchases, and living expenses. Naturopaths then go on to have an extremely high debt to income ratio.

Notably, in 2001, the U.S Secretary of Education revoked CNME as an accrediting agency for naturopathic schools due to CNME's role in covering up extensive debt at Southwest College for Natural Medicine in Tempe, Arizona.⁴ For unknown reasons, CNME was recertified a few years later.

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

⁴ Decision of the Secretary of Education, Richard Riley, to revoke the Council on Naturopathic Medical Education as an accrediting agency. (2001) <http://oha.ed.gov/secretarycases/2000-06-O.pdf>

The AANP and its members like to claim the naturopathic degree is classified as “on par with medical degrees and doctor of osteopathic medicine degrees” by the U.S. Department of Education and Carnegie Institute. In reality, these bodies classify the naturopathic medical degree as a Special/ Health degree under other health professional schools, which is a separate and distinct category than medical schools, which are classified as Special/ Medical under medical schools and medical centers. Other health professional schools in the same category as naturopathic programs include programs in massage therapy, acupuncture, and music therapy.⁵

The difference in wording seems minor, but is significant. Naturopathic degrees are not considered medical degrees by the Carnegie Classification system. According to the Carnegie Institute, Bastyr University and the other accredited naturopathic schools are not listed under any doctoral category.⁶

KEY POINT #3: The naturopathic licensing exam (NPLEX) is not a reliable measure of medical competency.

The NPLEX is the naturopathic licensing exams administered by the North American Board of Naturopathic Examiners (NABNE). It is written entirely by naturopaths and not made publicly available like the USMLE or COMPLEX-USA for MDs and DOs.

Since the development of the NPLEX more than 25 years ago, the NPLEX has not been made available for external audit or review by non-naturopathic medical providers. The NPLEX continues to be kept secret by NABNE, making it impossible for legislators and health organizations to assess the quality of the licensing examinations and to assess claims that the exams are as rigorous and comprehensive as the USMLE or COMPLEX-USA. An external review of medical licensing examinations, such as the USMLE, is understood by medical regulatory bodies as a necessary practice. This audit ensures the exam is standardized, the test material is relevant, and those passing the examinations are qualified to practice medicine.⁶

A lack of transparency has caused a huge number of unqualified naturopaths to be legally permitted to practice in several states. Some states have their own licensing exams, which has caused confusion and has opened the door for outright misconduct by state licensing boards. For example, in 2000, the Arizona Auditor General found that the state's Naturopathic Medical Physicians board had inflated exam scores so all applicants passed.⁷

⁵ Carnegie Classifications and Descriptions. http://carnegieclassifications.iu.edu/descriptions/grad_program.php

⁶ Melnick, D.E. (2009) Licensing Examinations in North America: Is external audit valuable? *Medical Teacher* 31(3), 212-4. <http://informahealthcare.com/doi/abs/10.1080/01421590902741163>

⁷ Arizona Auditor General Report on the Naturopathic Physicians Board of Medical Examiners. (2000) <http://www.azauditor.gov/reports-publications/state-agencies/naturopathic-physicians-board-medical-examiners/report/arizona>

Without external review by non-naturopathic medical experts, there is no way to ensure that naturopathic examinations are comprehensive or sufficiently assess the standard medical knowledge of naturopaths.

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

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

In order to graduate, naturopathic students are required to see a variety of health conditions but the majority of students never had the opportunity to see an actual patient suffering from many conditions seen at a real primary care clinic. Some diseases were very common in the Bastyr teaching clinic, these included irritable bowel syndrome, anxiety, food "allergies", fibromyalgia, chronic fatigue, "adrenal fatigue," "heavy metal toxicity," chronic back pain, and esophageal reflux. Patients with diseases that are commonly seen in hospitals and medical clinics were extremely rare. If students were unable to have direct contact with a mandatory health condition required for competency, students could orally present to fellow students on their clinic shift about the disease/condition to earn competency.

Students were required to achieve physical exam benchmarks, such as a cardiovascular exam, a respiratory exam, a prostate exam, or a neurological exam. Students were only required to complete one exam in each system and could perform the exam on another student if a patient was not available or the student never had the opportunity to perform the exam on a patient.

Naturopathic graduates performing just one or two examinations on a patient (or classmate) during their schooling are deemed competent by naturopathic boards to practice medicine in licensed states. This is a gross lack of training.

By comparison, students in real medical school begin seeing patients alongside medical residents and licensed medical doctors in their third and fourth years of school. This clinical training is completed in a hospital setting where the students are exposed to hundreds if not thousands of patients over the course of two years. Due to the sheer volume of patients, and how medical school programs are structured, medical students are not required to track patient conditions in order to graduate because there are too many to count!

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

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

The differences in competency requirements between Ob/GYN residents and naturopathic obstetricians are terrifying. According to the ACGME, medical residents specializing in Obstetrics and Gynecology are required to perform a minimum of 200 spontaneous vaginal deliveries. The ACGME is clear when they state that "achievement of the minimum number of listed procedures does not signify achievement of an individual resident's competence in a particular listed procedure."⁸ The Ob/GYN residency program requires the program director verifies that the resident has "demonstrated sufficient professional ability to practice competently and without direct supervision."⁹ Only after completing this residency, practicing in this field for at least one year and fulfilling other extensive requirements is a medical doctor eligible for board certification in Obstetrics and Gynecology.

According to the American College of Naturopathic Obstetrics (ACNO), an organization that credentials naturopaths in order to deliver babies, a naturopath only needs their ND diploma or proof of enrollment in a naturopathic medical program, 100 lecture hours in midwifery training, and to attend 15 births in order to be eligible for the naturopathic obstetrics "specialty" examination.⁹

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

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

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

⁸ American Board of Medical Specialties. <http://www.abpsus.org/obstetrics-gynecology-eligibility>

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

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

disallowed by medical licensing boards, which could result in severe sanctioning, are paradoxically allowed in a naturopathic practice.

Another example of a naturopathic community standard comes from Bastyr University for the treatment of angina, which includes a variety of dubious treatments: nutrient therapy with selenium, CoQ10, magnesium, and niacin; limiting fat intake, removing sucrose, alcohol and caffeine from the diet; botanical medicine doses of ginger, ginkgo biloba, aconite, and bromelain; recommendations to address a type A personality; a detoxification diet; colon hydrotherapy; castor oil packs; food allergy elimination; juice fasts; hormone replacement therapy; lifestyle changes; and monitoring of uric acid levels. Bastyr has a closed database of medical conditions and how they are treated with such esoteric therapies, usually without regard for medical standards of care.

According to any medical doctor, none of these treatments are indicated for angina. In fact, mistreating angina can lead to life-threatening complications. Naturopathic treatments are essentially like picking dubious therapies out of a hat, rather than relying on widely accepted medical science. This is how naturopathic students are taught to practice medicine.

KEY POINT #6: Naturopathic programs and professional organizations do not support public health recommendations, like vaccinations.

Naturopathic position papers published by the American Association for Naturopathic Physicians (AANP) do not make firm clinical or public health recommendations that are rooted in science.

The AANP position paper on vaccinations does not mention any vaccine schedule specifically nor does the paper recommend an adherence to any standard of care regarding immunizations. The paper instead leaves room open for exemptions and custom inoculation schedules “within the range of options provided by state law.” Since many states have major loopholes in public health law regarding vaccine exemptions, this statement basically means vaccinate as you like or even not at all. The position paper also grossly overstates the risks associated with vaccines.¹¹

Many naturopaths recommend that their patients to not receive vaccinations at all or receive them on a delayed schedule.¹² In fact, students start naturopathic programs with a very low opinions of childhood vaccines, and as they advance in the programs, their views on vaccines become even less favorable.¹³

¹¹ AANP Position Paper on Vaccinations. <http://www.naturopathicdiaries.com/wp-content/uploads/2015/02/Immunizations.pdf>

¹² Downey L., et al. (2010) Pediatric Vaccination and Vaccine-Preventable Disease Acquisition: Associations with Care by Complementary and Alternative Medicine Providers. *Maternal and child health journal*. 14(6):922-30. <http://link.springer.com/article/10.1007%2Fs10995-009-0519-5>

¹³ Wilson, K., et al. (2004) A survey of attitudes towards paediatric vaccinations amongst Canadian naturopathic students. *Vaccine* 22(3-4), 329-34. <http://www.sciencedirect.com/science/article/pii/S0264410X03006042>

Naturopathic teaching clinics and naturopaths in private practice go so far as to offer homeopathic vaccinations (nosodes) instead of actual inoculations.¹⁴ As a homeopathic preparation, nosodes have no efficacy whatsoever. Bastyr's teaching clinic sells an MMR nosode.¹⁵ This type of weak public health care policy and practice contribute to infectious disease outbreaks like the pertussis outbreak in California in 2010 and the 2015 Measles outbreak.^{16,17}

It is also worth mentioning that my pediatrics classes at Bastyr University (NM 7314 & 7315) listed the following books on the course syllabus:

- Paul Herscu, ND. *The Homeopathic Treatment of Children*.
- Anne McIntyre (herbalist). *Herbal Treatment of Children: Western and Ayurvedic Perspectives*.
- Mary Bove, ND. *Encyclopedia of Natural Healing for Children* (2nd edition).
- Aviva Romm (midwife). *Vaccinations: A Thoughtful Parent's Guide: How to make safe, sensible decisions about the risks, benefits and alternatives*.
- Jared Skowron, ND. *Naturopathic Pediatrics*.
- Robert Sears, MD. *The Vaccine Book*. (You may recognize this author as the California pediatrician who popularized the alternative childhood immunization schedule associated with disease outbreaks.)

The education at Bastyr is heavily loaded with pseudoscience and alternative practices that are either disproven or not tested by science because they are extremely implausible. At its root, the education of naturopaths is rooted in implausible and dangerous medical practices. This characterization is true for all clinical courses I took at Bastyr University.

KEY POINT #7: Naturopaths receive poor training in pharmacology and medical procedures and no training in obstetrics

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

I outlined my required training in pharmacology, minor surgery and medical procedures. It is important to note that this training for each topic occurred in just one course and was taught in a lecture or lab format; material was not reiterated in other classes or in clinical training:
BC 6305 Pharmacology for ND Students: "pharmacology for the ND student population"

¹⁴ Crislip, M. Homeopathic Vaccines. *Science-Based Medicine*. <https://www.sciencebasedmedicine.org/homeopathic-vaccines/>

¹⁵ Screenshot of Bastyr Center for Natural Health's website dispensary search (<http://www.bastyrcenter.org/dispensary/search>): <http://www.naturopathicdiaries.com/wp-content/uploads/2015/04/bastyr-clinic-mmr-nosode.png>

¹⁶ Atwell, J.E., et al. (2013) Nonmedical Vaccine Exemptions and Pertussis in California, 2010. *Pediatrics* 132(4), 624-30. <http://pediatrics.aappublications.org/content/early/2013/09/24/peds.2013-0878.full.pdf>

¹⁷ Saada, A., et al. (2015) Parents' Choices and Rationales for Alternative Vaccination Schedules A Qualitative Study. *Clinical Pediatrics* 54(3), 236-43. <http://cpj.sagepub.com/content/54/3/236.abstract>

- **55 lecture hours** in one course
- No additional pharmacology training provided in other courses
- Minimal, if any, additional pharmacology training provided in clinical training hours

NM 7416 Minor Office Procedures: Lecture course that covers suturing techniques, use of anesthesia, performing biopsies, managing wounds, infections, and complications with natural therapies, homeopathic remedies for wound healing and infections, and insurance billing for these procedures. Technique and skills are practiced on pig feet.

- **96 lecture hours**
- No required clinical training
- No clinical competency exam required for graduation or licensing

NM 7417 Medical Procedures: Lecture course that covered common primary care procedures such as epi-pen injection, intravenous therapy safety issues, nebulizer use, how to use an oxygen tank and CPR/ first aid. This course also covered esoteric and non-conventional medical practices such as provoked urine heavy metal testing,¹⁸ sinus irrigation, naso- sympatico, eustachian tube massage, and ear lavage.

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

Naturopaths do not receive any training in obstetrics. For a comparison between OB/GYN medical doctor training and naturopathic midwifery training, please see KEY POINT #4 above.

KEY POINT #8: Naturopaths receive less pharmacology training than PAs and NPs

Naturopaths commonly claim that their clinical education and training exceeds that of both Physician Assistants and Nurse Practitioners. This claim is false.

To illustrate this misrepresentation, I compiled training hours for naturopathic doctors at accredited naturopathic programs and compared this training to that of Physician Assistants and Nurse Practitioners. Please refer to the following table: (next page)

¹⁸ American College of Medical Toxicology statement on provoked heavy metal urine testing.
http://www.acmt.net/cgi/page.cgi?aid=2999&_id=462

ND v NP v PA Education Comparison Chart:

	Educational Institution	Loc.	Pharmacology Hours	Homeopathy Hours	Botanical Hours	Manipulation Hours
<i>Naturopathic</i>	Bastyr University	WA	27.5*	88	132	203.5
	National College of Natural Medicine	OR	72	144	96	216
	University of Bridgeport	CT	72	144	144	315
<i>Nurse Practitioner</i>	Long Island University	NY	105	0	0	0
	Vanderbilt University	TN	115	0	0	0
	Ohio State University	OH	101	0	0	0
<i>Physician Assistant</i>	Salus University	PA	90	0	0	0
	Lincoln Memorial University	TN	90	0	0	0
	University of Utah	UT	120	0	0	0

Sources:

<http://www.bastyr.edu/sites/default/files/images/pdfs/course-catalog/2013-14-catalog/Catalog-2013-14.pdf>
http://www.ncnm.edu/images/academic/curriculum/2013-14_ND_4yr_winter.pdf
<http://www.bridgeport.edu/academics/graduate/naturopathic-medicine-nd/curriculum-and-program-requirements/>
http://www.liu.edu/~media/Files/Brooklyn/Academics/Schools/Nursing/SON_StudentHandbook_2012-13.aspx
<http://www.nursing.vanderbilt.edu/current/handbook.pdf>
https://nursing.osu.edu/assets/attachments/Masters_programs/MS_student_handbook.pdf
<http://www.salus.edu/physicianAssistant/paStudentHandbookClassof2015Highlighted.pdf>
<http://www.lmunet.edu/dcom/pdfs/pa-student-handbook.pdf>
<http://medicine.utah.edu/physician-assistant-program/program/curriculum.php>

*In 2012-2013 Bastyr University changed their naturopathic curriculum. The former program contained 55 hours of pharmacology training as reported by a Bastyr alumnus who graduated in 2011:
<http://www.sciencebasedmedicine.org/nd-confession-part-1-clinical-training-inside-and-out/>

Physician Assistants receive far more pharmacology training and apply this knowledge in a very active setting working alongside a Physician (Medical Doctors or Doctors of Osteopathic Medicine). For example, Salus University in Pennsylvania, Lincoln Memorial University in Tennessee, and University of Utah provide their students with 90, 90, and 120 hours in pharmacology, respectively.

Even with this training, though, Physician Assistants must always practice under the supervision of a Physician (MD or DO). Because naturopaths receive less training in pharmacology than Physician Assistants, naturopaths are not capable of practicing independently.

When compared to the pharmacology training for Nurse Practitioners, naturopathic programs still fall short. From Nurse Practitioner programs at Long Island University, Vanderbilt University, and Ohio State University, graduates will have received 105, 115, and 101 hours, respectively in pharmacology. Like Physician Assistants, Nurse Practitioners are trained in hospitals and medical clinics.

Please do not support naturopathic medicine. Please do not legitimize fake medicine.

There is no way that naturopathic training produces better health care that is more affordable or efficacious than what is currently available. This is exactly the rhetoric given to lawmakers about naturopathic medicine, and it is wrong. Please be very skeptical of claims made by naturopaths regarding their education and practice because there is serious risk of harming the public.

My mother was raised in Moorhead, MN on a beet farm. She attended Moorhead University and then moved west to California after marrying my father. While I technically grew up in California, I consider both Minnesota and North Dakota to be my second homes. I spent nearly every summer fishing on Cotton Lake in Detroit Lakes and having slumber parties with my cousins on the patio of my grandmother's Fargo apartment. I still have many family members in North Dakota; in fact, the flower girl from my recent wedding lives in Watford City and my favorite aunt still resides in Bismarck. When I learned that naturopaths were attempting to expand their scope of practice in North Dakota to include prescription rights, minor surgery, and childbirth attendance, I knew I needed to contact you immediately and share my story.

Naturopathic "doctors" or "physicians" are not qualified to practice medicine in any capacity. I have left my career as a licensed naturopathic physician in Washington and Arizona in pursuit of a career based in real science. My experiences practicing as a financially successful naturopath only then to learn that I had been lied to by the naturopathic industry has inspired me to pave a career in fundamental research and biomedical ethics. I believe it is my ethical duty to inform lawmakers and the public about the shortcomings of naturopathic education and the dangers of naturopathic practice.

Please feel free to contact me for more information. I can be reached through my advocacy website: <http://www.naturopathicdiaries.com>.

Sincerely,

A handwritten signature in black ink that reads "Britt Marie Deegan Hermes". The signature is written in a cursive, flowing style.

Britt Marie Deegan Hermes, ND (ret.)

Further resources on naturopathic medicine:

Dr. Kimball Atwood, IV, MD. 2003. Naturopathy: A critical appraisal.
<http://www.medscape.com/viewarticle/465994>

Dr. Robert Carroll, PhD. 2015. The Skeptic's Dictionary: Naturopathy.
<http://skepdic.com/natpathy.html>

Dr. David Gorski, MD, PhD. 2011. Naturopathy and Science.
<https://www.sciencebasedmedicine.org/naturopathy-and-science/>

Britt Hermes, ND. 2015. Naturopathic clinical training inside and out.
<https://www.sciencebasedmedicine.org/nd-confession-part-1-clinical-training-inside-and-out/>

Britt Hermes, ND. 2015. Naturopathic Diaries: Confessions of a former naturopath.
<http://www.naturopathicdiaries.com>

Dr. Stephen Barrett, MD. 2013. A Close Look at Naturopathy.
<http://www.quackwatch.com/01QuackeryRelatedTopics/Naturopathy/naturopathy.html>

American Cancer Society. 2013. Naturopathic Medicine.
<http://www.cancer.org/treatment/treatmentsandsideeffects/complementaryandalternativemedicine/mindbodyandspirit/naturopathic-medicine>

Testimony: 2017 SB 2256
Senate Human Services Committee
Senator Judy Lee, Chairman
January 31, 2017

Chairman Lee and members of the Senate Human Services Committee, I am Chris Meeker, M.D., a board-certified emergency medicine physician and chief medical officer at Sanford Health in Bismarck. Sanford Health is the largest, rural, not-for-profit health care system in the nation with more than 26,000 employees in 126 communities across nine states. Our footprint includes 39 hospitals, 225 clinics and 1,360 physicians in 81 specialty areas of medicine.

I'm here today to speak in opposition of Senate Bill 2256 relating to the regulation of naturopaths.

By definition, naturopathy is an alternative form of healthcare based on the theory that diseases can be successfully treated or prevented by vis medicatrix naturae, or the healing power of nature. This is based on the prescientific idea of vitalism, or life energy. Its foundation lies in the belief that the body has the innate ability to heal itself if balance is restored. Naturopaths share some common beliefs with evidence-based medicine, including the promotion of healthy lifestyles, diet, nutrition and prevention of disease. However, they also use modalities that have no evidence to support their use, including detoxification, hydrotherapy, chelation and, most importantly, homeopathy.

As such, most states (Attachment: AMA Naturopath Licensure Scope of Practice) do not license naturopaths and only a few allow prescribing authority for legend and controlled medications. Exceptions include authority to prescribe birth control and the hormones oxytocin and Pitocin.

SB2256 expands a naturopath's scope of practice into dangerous territory—allowing naturopaths to prescribe medications they are not qualified to administer and perform procedures for which they are not adequately trained. In fact, naturopathy teaches that "allopathic" medicine, a derogatory term coined by Hahneman, the inventor of homeopathy, to differentiate it from homeopathy, use medications that only suppress symptoms. This is why the curriculum of naturopathic schools spends more time teaching homeopathy than pharmacology. Naturopaths believe they treat the cause of illness and since their foundation have been firmly against the use of pharmaceuticals to treat disease.

I wish to be clear that this is not a turf war. Access to care in our rural state is a top priority for North Dakota healthcare providers and this legislative body. In my expert opinion, this is a discussion of science versus philosophy. The core practice of homeopathy is incompatible with known laws of physics, chemistry, biology and physiology. One cannot believe in homeopathy and the effectiveness of pharmaceuticals at the same time. As an example of homeopathy, consider oscillococcinum. This is a homeopathic product you can find on the shelves of most pharmacies used to treat respiratory infections and influenza. It is derived from duck liver and heart that is freeze-dried, processed and then diluted. It is listed as a 200C product, which means it has been diluted at a ratio of 1:99, 200 times. To put that in perspective, that means that there is 1 part remaining duck liver and heart in 1 with 400 zeroes behind it part water. There is only 1 with 100 zeroes molecules in the universe. In other words, there is zero percent chance that any of the original product is left. It is water. Anyone who believes in the therapeutic effect of a product like this is not qualified to prescribe medications.

SB2256 opens the door to prescribing medications that will harm patients when not used appropriately. Excluding controlled substances from classes I-IV only addresses medications with abuse potential; the proposed amendment puts in play medicines with the potential for harm—antibiotics, antivirals (including those for hepatitis C and HIV), antineoplastics (chemotherapy), anticoagulants (heparin, Coumadin, eliquis), cardiovascular drugs (such as antihypertensives, antiarrhythmics and statins), central nervous system agents (seizures, antidepressants, Parkinson's disease), insulin, testosterone, human growth hormone (HGH) and immunosuppressants. Even IV chelation medications, known to have caused deaths of children, are not excluded. Relying on a small board of integrative health to define what medications are within the scope of a naturopath in no way protects the public.

The FDA's Adverse Event Reporting System (FAERS) already registers more than one million adverse drug reactions in patients prescribed meds by people with significantly more education than naturopaths. Expect that to increase if naturopaths are granted broad prescribing privileges.

SB2256 also adds "minor office procedures" to a naturopath's scope. Any invasive medical procedure should be performed only by those capable of managing all potential complications. Even superficial

lacerations could include complexities beyond the naturopath's skillset, e.g. a dog bite on a child's face that requires antibiotics and surgical flaps.

Naturopaths are seeking expanded scopes of practice across the U.S. with varying degrees of success. Currently, 20 states have licensed naturopaths; at least one has specifically made the practice of naturopathy illegal. Only a fraction of the states that license naturopaths allow them to prescribe. The intent of the naturopathy lobby is to emulate the practice model for naturopaths in Oregon, where they've been given full prescriptive authority, including controlled substances, and hold themselves out as primary care physicians. I suspect you'll see them back every two years until that goal is achieved. Under current naturopathy provider licensing, naturopathic treatments are unlikely to cause harm. This bill would change that safety profile significantly, inevitably resulting in patient harm. I encourage you to vote no on SB2256, effectively requiring those trained in naturopathy to practice only naturopathic medicine.

Thank you Chairman Lee and Committee. I'm happy to answer any questions.

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Advocating on behalf
of physicians and patients
at the state level

Naturopath licensure and scope of practice

Licensure

Currently, 17 states¹ and the District of Columbia have licensing or regulation laws for naturopaths. In these states, naturopathic doctors are required to graduate from an accredited four-year residential naturopathic medical school and pass a postdoctoral board examination (NPLEX) in order to receive a license. Licensed naturopathic physicians must fulfill state-mandated continuing education requirements annually, and will have a specific scope of practice defined by their state's law. The states that currently have licensing laws for naturopathic physicians are:

¹ Alaska, Arizona, California, Colorado, Connecticut, Hawaii, Kansas, Maine, Maryland, Minnesota, Montana, New Hampshire, North Dakota, Oregon, Utah, Vermont, and Washington.

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Advocating on behalf
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at the state level

State	Definition of Naturopathy	Rx Authority	Surgical Authority	Authority to Order Tests	Use of term "physician"
Alabama	Not licensed				
Alaska	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 mind and body; in this paragraph, "dietetics" includes herbal and homeopathic remedies. A.S. § 08.45.200	No. A person who practices naturopathy may not (1) give, prescribe, or recommend in the practice (A) a prescription drug, except as provided in (b) of this section; (B) a controlled substance; (C) a poison; (2) engage in surgery; (3) use the word "physician" in the person's title. (b) Notwithstanding (a)(1)(A) of this section, a person who practices naturopathy may give, prescribe, or recommend in the practice a device or homeopathic remedy. A.S. § 08.45.050	Prohibited. A.S. § 08.45.050.	Silent	No. Use of the term "physician" is expressly prohibited. A.S. § 45.08.45.050 See also disclosure/transparency requirements at A.S. § 12 AAC 42.900.
Arizona	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. A.R.S. § 32-1501	Yes. A doctor of naturopathy may dispense a natural substance, drug, or device to a patient... A.R.S. § 32-1581 A "natural substance" is a homeopathic, botanical, or nutritional supplement that does not require a prescription by federal law before it is dispensed	Silent	Silent	Yes. A.R.S. §32-1501.26.

		but is prescribed to treat a medical condition diagnosed by the doctor. A.R.S. § 32-1581(H)(3)			
Arkansas	Not licensed				
California	A noninvasive system of health practice that employs natural health modalities, substances, and education to promote health. Cal. Bus. & Prof. Code, Ch. 8.2 § 3640(d)	A naturopathic doctor may dispense, administer, order, and prescribe or perform the following: (1) Food, extracts of food, nutraceuticals, vitamins, amino acids, minerals, enzymes, botanicals and their extracts, botanical medicines, homeopathic medicines, all dietary supplements and nonprescription drugs as defined by the federal Food, Drug, and Cosmetic Act, consistent with the routes of administration identified in subdivision (d). (2) Hot or cold hydrotherapy; naturopathic physical medicine inclusive of the manual use of massage, stretching, resistance, or joint play examination but exclusive of small amplitude movement at or beyond the end range of normal joint motion; electromagnetic energy; colon hydrotherapy; and therapeutic exercise. (3) Devices, including, but not limited to, therapeutic	(5) Repair and care incidental to superficial lacerations and abrasions, except suturing. (6) Removal of foreign bodies located in the superficial tissues. (d) A naturopathic doctor may utilize routes of administration that include oral, nasal, auricular, ocular, rectal, vaginal, transdermal, intradermal, subcutaneous, intravenous, and intramuscular.	A naturopathic doctor may order and perform physical and laboratory examinations for diagnostic purposes, including, but not limited to, phlebotomy, clinical laboratory tests, speculum examinations, orificial examinations, and physiological function tests. A naturopathic doctor may order diagnostic imaging studies, including X-ray, ultrasound, mammogram, bone densitometry, and others, consistent with naturopathic training as determined by the bureau, but shall refer the studies to an appropriately licensed health care professional to conduct the study and interpret the results. A licensee of the Committee may order and perform the following functions: (1) Those functions expressly specified in subdivisions (a) and (c) of Section 3640 of the Code. (2) The independent prescription and administration of	No. Use of the term "physician" is prohibited. (Cal. Bus. & Prof. Code, Ch. 8.2 § 3661). "...shall not use any term or designation that would tend to indicate the practice of medicine, other than naturopathic medicine, unless otherwise licensed as a physician and surgeon, osteopathic doctor, or doctor of chiropractic." This section also contains disclosure requirements.

		devices, barrier contraception, and durable medical equipment. Health education and health counseling. Repair and care incidental to superficial lacerations and abrasions, except suturing. (4) Health education and health counseling. Cal. Bus. & Prof. Code, Ch. 8.2 § 3640 (c)		epinephrine to treat anaphylaxis, as specified in Section 3640.7 of the Code. (3) The independent prescription of natural and synthetic hormones, as specified in Section 3640.7 of the Code. § 4234. Naturopathic Medical Services Performable.	
Colorado	<p>(12) (a) "Naturopathic medicine", as performed by a naturopathic doctor, means a system of health care for the prevention, diagnosis, evaluation, and treatment of injuries, diseases, and conditions of the human body through the use of education, nutrition, naturopathic preparations, natural medicines and other therapies, and other modalities that are designed to support or supplement the human body's own natural self-healing processes.</p> <p>(b) "Naturopathic medicine" includes naturopathic physical medicine, which consists of naturopathic manual therapy, the therapeutic use of the physical agents of air, water, heat, cold, sound, light, touch, and electromagnetic nonionizing radiation, and the physical modalities of electrotherapy, diathermy, ultraviolet light, ultrasound, hydrotherapy, and exercise. (§ 12-37.3-101 (2013))</p> <p>(1) The practice of naturopathic medicine by a naturopathic doctor includes the following:</p> <p>(a) The prevention and treatment of human injury, disease, or conditions through education or dietary or nutritional advice, and the promotion of healthy ways of living;</p> <p>(b) The use of physical examinations and the ordering of clinical, laboratory, and radiological diagnostic procedures from licensed or certified health care facilities or laboratories</p>	<p>(c) DISPENSING, ADMINISTERING, ORDERING, AND PRESCRIBING MEDICINES LISTED IN THE NATUROPATHIC FORMULARY, INCLUDING: (I) EPINEPHRINE TO TREAT ANAPHYLAXIS; AND (II) BARRIER CONTRACEPTIVES, EXCLUDING INTRAUTERINE DEVICES</p> <p>(2) A naturopathic doctor shall not:</p> <p>(a) Prescribe, dispense, administer, or inject a controlled substance or device identified in the federal "Controlled Substances Act", 21 U.S.C. sec. 801 et seq.,</p>	<p>(2) A naturopathic doctor shall not:</p> <p>(b) Perform surgical procedures, including surgical procedures using a laser device;</p> <p>(c) Use general or spinal anesthetics, other than topical anesthetics;</p> <p>(d) Administer ionizing radioactive substances for therapeutic purposes;</p> <p>(8) "Minor office procedures" means:</p> <p>(a) The repair, care, and suturing of superficial lacerations and abrasions;</p> <p>(b) The removal of foreign bodies located in superficial tissue, excluding the ear or eye; and</p> <p>(c) The use of antiseptics and local anesthetics in connection with a procedure described in</p>	<p>The practice of naturopathic medicine by a naturopathic doctor includes: (b) THE USE OF PHYSICAL EXAMINATIONS AND THE ORDERING OF CLINICAL, LABORATORY, AND RADIOLOGICAL DIAGNOSTIC PROCEDURES FROM LICENSED OR CERTIFIED HEALTH CARE FACILITIES OR LABORATORIES FOR THE PURPOSE OF DIAGNOSING AND EVALUATING INJURIES, DISEASES, AND CONDITIONS IN THE HUMAN BODY;</p>	<p>(3) A NATUROPATHIC DOCTOR SHALL NOT USE: (a) THE TERM "PHYSICIAN"; (b) THE ABBREVIATIONS "NMD" OR "N.M.D."; (c) THE TERM "NATUROPATHIC MEDICAL DOCTOR".</p> <p>(H.B. 1111, 69th Leg., Reg. Sess. (Co. 2013)).</p>

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	<p>for the purpose of diagnosing and evaluating injuries, diseases, and conditions in the human body;</p> <p>(c) Dispensing, administering, ordering, and prescribing medicines listed in the naturopathic formulary, including:</p> <p>(I) Epinephrine to treat anaphylaxis; and</p> <p>(II) Barrier contraceptives, excluding intrauterine devices; and</p> <p>(d) Performing minor office procedures.</p> <p>A naturopath shall <u>not</u>:</p> <p>(e) Treat a child who is less than two years of age;</p> <p>(f) Treat a child who is two years of age UNLESS the naturopath meets conditions outlined in 12-37.3-105(2)(3);</p> <p>(g) Engage in or perform the practice of medicine, surgery, or any other form of healing except as authorized by this article;</p> <p>(h) Practice obstetrics;</p> <p>(i) Perform spinal adjustment, manipulation, or mobilization, but this paragraph (i) does not prohibit a naturopathic doctor from practicing naturopathic physical medicine as described in section 12-37.3-102(12)(b); or</p> <p>(j) Recommend the discontinuation of, or counsel against, a course of care, including a prescription drug that was recommended or prescribed by another health care practitioner licensed in this state, unless the naturopathic doctor consults with the health care practitioner who recommended the course of care.</p>		<p>paragraph (a) or (b) of this subsection (8).</p>		
Connecticut	<p>The practice of natureopathy means the science, art and practice of healing by natural methods as recognized by the Council of Natureopathic Medical Education and that comprises diagnosis, prevention and treatment of disease and health optimization by stimulation and support of the body's natural healing processes, as approved by the State Board of Natureopathic Examiners, with the consent of the</p>	<p>No. "Natural substances" means substances that are not narcotic substances, do not require the written or oral prescription of a licensed practitioner to be dispensed and are only administered orally.</p>	Silent	Silent	<p>Unclear. Authority to use the term is neither expressly granted nor prohibited. The term "natureopathic physician" is used in state statute (373 § 20-37b) . The term is used in the official posted minutes of the</p>

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	Commissioner of Public Health, and shall include (1) counseling, (2) the practice of the mechanical and material sciences of healing as follows: The mechanical sciences such as 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; (3) ordering diagnostic tests and other diagnostic procedures as such tests and procedures relate to the practice of mechanical and material sciences of healing as described in subdivision (2) of this subsection; (4) ordering medical devices and durable medical equipment; and (5) removing ear wax, spirometry, tuberculosis testing and venipuncture for blood testing. Conn. Ann. Stat. § 20-34				Connecticut Board of Naturopathic Examiners.
Delaware	Not licensed				
District of Columbia	A system of health care that utilizes education, natural medicines, and natural therapies to support and stimulate a patient's intrinsic self-healing processes to prevent, diagnose, and treat human conditions and injuries. Does not include the practices of physical therapy, physical rehabilitation, acupuncture, or chiropractic. Administer or provide for preventive and therapeutic purposes natural medicines by their appropriate route of administration, natural therapies, topical medicines, counseling, hypnotherapy, dietary therapy, naturopathic physical medicine, therapeutic devices, and barrier devices for contraception. For the purposes of this paragraph, the term "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, diathermy, ultraviolet light, ultrasound, hydrotherapy, and exercise, and includes naturopathic manipulation and mobilization therapy; and review and interpret the results of diagnostic procedures commonly used by physicians in general practice, including	No. An individual licensed to practice naturopathic medicine shall not prescribe, dispense, or administer any controlled substances, except those natural medicines authorized by this chapter "Naturally occurring substances" means food, natural vitamins and minerals, herbs and herbal preparations, roots, barks, homeopathic preparations, plant substances and natural medicines of animal, mineral or botanical origin which do not require a prescription unless from a homeopathic pharmacy.	An individual licensed to practice naturopathic medicine under this chapter shall not: Perform surgical procedures, except for minor office procedures, as defined by rule; Use for therapeutic purposes, any device regulated by the United States Food and Drug Administration ("FDA") that has not been approved by the FDA. Regs. § 17-5003.4 It shall be unlawful for a naturopath practicing in the District of Columbia to: (a) Falsely lead any person to believe he or she practices medicine as defined in the Act.	Silent	No. Practitioners of naturopathy or naturopathic healing may use the title "Doctor of Naturopathy." (DC Municipal Regulations, Title 14, Ch. 50, 5003.1)

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	physical and orificial examinations, electrocardiograms, diagnostic imaging techniques, phlebotomy, clinical laboratory tests and examinations, and physiological function tests. DCCA § 3-1201.02, § 3-1206.21, Code of D.C. Regs. § 17-5003	“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. Code of D.C. Regs. § 17-5099.1	(b) Use x-rays, perform surgical procedures, inject any substance into another person by needle, or perform any invasive procedure on another person;		
Florida	Not licensed				
Georgia	Not licensed				
Hawaii	The practice of the art and science of diagnosis, prevention, and treatment of disorders of the body by support, stimulation, or both, of the natural processes of the human body. The practice of naturopathic medicine includes the prescription, administration, dispensing, and use of nutrition and food science, physical modalities, manual manipulation, parental therapy, minor office procedures, naturopathic formulary, hygiene and immunization, contraceptive devices, common diagnostic procedures, and behavioral medicine of the type taught in education and training at naturopathic medical colleges; provided that the use of parenteral therapy and performance of minor office procedures shall not be allowed until the board adopts rules in accordance with chapter 91 pursuant to section 455-6. Haw. Rev. Stat. §455-1	No. The practice of naturopathy excludes prescribing, dispensing, or using prescription drugs except as provided for in the definition of natural medicine.	The practice of naturopathy excludes surgery and the application of x-rays. Authorization to perform minor office procedures required. §16-88-70 "Minor office procedure" means care and procedures relative to superficial lacerations, lesions, and abrasions, and the removal of foreign bodies located in superficial structures not including the eye; and the topical and parenteral use of substances consistent with the practice of naturopathic	Silent	Yes

			medicine, in accordance with rules established by the board.		
Idaho		Chapter 51, Title 54, Idaho Code, Relating to Licensure of Naturopathic Physicians; and Providing Application to Certain Licenses. REPEALED by Senate Bill No. 1177. Section 2. That all licenses issued under Chapter 51, Title 54, Idaho Code, as repealed by Section 1 of this act, are deemed to have expired for nonpayment of license fees and further are hereby declared to be null and void.			
Illinois	Not licensed				
Indiana	Not licensed				
Iowa	Not licensed				
Kansas	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: (1) Food, food extracts, vitamins, minerals, enzymes, whole gland thyroid, botanicals, homeopathic preparations, nonprescription drugs, plant substances that are not designated as prescription drugs or controlled substances, topical drugs as defined in subsection (i) of this section, and amendments thereto; (2) health care counseling, nutritional counseling and dietary therapy, naturopathic physical applications, barrier	Yes. Only those medicines approved by the Board on the Naturopathic Formulary and pursuant to a written protocol with a physician. K.A.R. § 100-72-8	A naturopathic doctor may not perform surgery, obstetrics, administer ionizing radiation, or prescribe, dispense or administer any controlled substances as defined in K.S.A. 65-4101, and amendments thereto, or any prescription-only drugs except those listed on the naturopathic formulary adopted by the board pursuant to this act. May perform "noninvasive	Silent	No. "Physician" means a person licensed to practice medicine and surgery. K.S.A. §65-7272(10).

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	contraceptive devices; (3) substances on the naturopathic formulary which are authorized for intramuscular or intravenous administration pursuant to a written protocol entered into with a physician who has entered into a written protocol with a naturopathic doctor licensed under this act; (4) noninvasive physical examinations, venipuncture to obtain blood for clinical laboratory tests and oroficial examinations, excluding endoscopies; (5) minor office procedures; and (6) naturopathic acupuncture		physical examinations, venipuncture to obtain blood for clinical laboratory tests and orificial examinations, excluding endoscopies; (E) minor office procedures; and (F) naturopathic acupuncture. K.A.R. § 65-7202 (f)		
Kentucky	Not licensed				
Louisiana	Not licensed				
Maine	"Naturopathic medicine" means a system of 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 the individual's intrinsic self-healing processes. M.R.S.A. Tit. 32, §12522(11)	Yes. A naturopathic doctor may not prescribe, dispense, or administer any substance or device identified in Schedule I, II, III, IV, or V as described in the federal Controlled Substances Act; M.R.S.A. Tit. 32, §12522(4)(A) A naturopathic doctor may prescribe nonprescription medications without limitation; and may only prescribe non-controlled legend drugs from the following categories: homeopathic remedies, vitamins and minerals, hormones, local anesthesia, and immunizations that are designated by a subcommittee of the board which shall consist of naturopathic members, a pharmacist member, and an allopathic or osteopathic	Yes. A naturopathic doctor may not "(b) Perform surgical procedures except those office procedures authorized by this chapter; Practice emergency medicine except when a good Samaritan rendering gratuitous services in the case of emergency and except for the care of minor injuries; or Practice or claim to practice medicine and surgery, osteopathy, dentistry, podiatry, optometry, chiropractic, physical therapy or any other system or method of treatment not authorized in this chapter. M.R.S.A. Tit. 32, §12522(5)	A naturopathic doctor may use physical examinations for diagnostic purposes including phlebotomy, clinical laboratory tests, speculum examinations and physiological function tests, excluding all endoscopies and physiological function tests requiring infusion, injection, inhalation or ingestion of medications to perform tests. A naturopathic doctor may order ultrasound, x-ray and electrocardiogram tests but must refer to an appropriate licensed health care professional for conducting and interpreting the tests. A naturopathic doctor may prescribe therapeutic devices or use noninvasive diagnostic procedures commonly used by	No. Use of the title "physician" by naturopathic licensees is prohibited. M.R.S.A. Tit. 32, Ch. 113-B, §12521(2).

		<p>member. M.R.S.A. § 12522(5)</p> <p>Prior to independently prescribing non-controlled legend drugs, a naturopathic doctor shall establish and complete a 12-month collaborative relationship with a licensed allopathic or osteopathic physician to review the naturopathic doctor's prescribing practices. M.R.S.A. Tit. 32, §12522(4)(C)</p> <p>Naturopathic doctors may also prescribe medications, including natural antibiotics and topical medicines, within the limitations set forth in subsection 4.</p>		<p>allopathic or osteopathic physicians in general practice.</p>	
<p>Maryland (2014)</p>	<p>“Naturopathic medicine” means the prevention, diagnosis, and treatment of human health conditions, injury, and disease using only patient education and naturopathic therapies and therapeutic substances recognized by the Council of Naturopathic Medical Education (CNME). Naturopathic medicine includes:</p> <ul style="list-style-type: none"> • Counseling; • In the practice of the mechanical sciences of healing, including mechanotherapy, articular manipulation, corrective and orthopedic gymnastics, hydrotherapy, 	<p>The Naturopathic Doctors Formulary Council includes the Deputy Secretary of Public Health Services, 2 certified naturopaths with 2 years’ experience, 2 physicians, 1 pharmacist, and 1 consumer. The council is tasked with recommending to the Board of Medicine a formulary. The board may modify or reject the formulary.</p>	<p>Prohibited.</p>	<p>Naturopaths can order and perform physical and laboratory exams for diagnostic purposes, including phlebotomy, clinical lab tests, orificial examinations, electrocardiograms with overread by a cardiologist, and physiological function tests; and can order diagnostic imaging studies and interpret the reports of those studies.</p>	<p>Prohibited.</p>

	<p>electrotherapy, and phototherapy; and</p> <ul style="list-style-type: none"> • The practice of the material sciences of healing, including nutrition, phytotherapy, treatment by natural substances, and external applications; and • Prescribing, dispensing, or administering nonprescription and prescription drugs and decides listed in the formulary. <p>Naturopaths can:</p> <ul style="list-style-type: none"> • Dispense or order natural medicines², and administer them only transdermally³; • Administer hydrotherapy and therapeutic exercise; • Provide health education and counseling; • Perform naturopathic musculoskeletal mobilization; • Order and perform physical and laboratory exams for diagnostic purposes, including phlebotomy, clinical lab tests, official examinations, electrocardiograms with overread by a cardiologist, and physiological function tests; and • Order diagnostic imaging studies and interpret the reports of those studies. <p>A license does not authorize a Naturopath to:</p> <ul style="list-style-type: none"> • Prescribe, dispense, or administer any prescription drug; • Perform surgical procedures; • Practice or claim to practice as a medical doctor or physician, an osteopath, a dentist, a podiatrist, an optometrist, a psychologist, a nurse practitioner, a 	<p>The formulary shall include</p> <ul style="list-style-type: none"> • Nonprescription drugs and devices • Prescription oxygen and auto-injectable epinephrine • Prescription diaphragms and cervical caps for contraception <p>The formulary may not include</p> <ul style="list-style-type: none"> • Prescription drugs or devices • Controlled substances 			
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² Natural medicines of mineral, animal, or botanical origin, including food, extracts of food, nutraceuticals, vitamins, amino acids, minerals, enzymes, botanicals and their extracts, botanical medicines, homeopathic medicines, and all other dietary supplements and nonprescription drugs as defined by the FDCA that use routes of administration including oral, nasal, auricular, ocular, rectal, vaginal, transdermal, and intramuscular.

³ The final version of H.B. 402 struck all of the following areas from the scope originally proposed: Administering natural medicines via ocular, rectal, vaginal, intramuscular, intradermal, subcutaneous and intravenous routes, dispensing and ordering devices, and performing minor office procedures.

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	<p>physician assistant, a chiropractor, a physical therapist, an acupuncturist, or any other health care professional;</p> <ul style="list-style-type: none"> • Use general or spinal anesthetics; • Administer ionizing radioactive substances for therapeutic purposes; • Perform chiropractic adjustments or manipulations that include high-velocity thrusts at or beyond the end range of normal joint motion unless the licensee is also a licensed chiropractor; or • Perform acupuncture unless the licensee is also a licensed acupuncturist. 				
Massachusetts	Not licensed				
Michigan	Not licensed				
Minnesota	<p>Naturopathic medicine "means a system of primary health care for the prevention, assessment, and treatment of human health conditions, injuries, and diseases that uses: services, procedures, and treatments as described in section 147E.05; and (2) natural health procedures and treatments in section 146A.01, subdivision 4.</p> <p>Minn. Stat. § 147E.01(10)</p>	<p>Subdivision 1. Practice parameters.</p> <p>(a) The practice of naturopathic medicine includes, but is not limited to, the following services:</p> <p>(1) ordering, administering, prescribing, or dispensing for preventive and therapeutic purposes: food, extracts of food, nutraceuticals, vitamins, minerals, amino acids, enzymes, botanicals and their extracts, botanical medicines, herbal remedies, homeopathic medicines, dietary supplements and nonprescription drugs as defined by the Federal Food, Drug, and Cosmetic Act, glandulars, protomorphogens, lifestyle counseling,</p>	<p>(b) A naturopathic doctor registered under this chapter shall not perform surgical procedures using a laser device or perform surgical procedures beyond superficial tissue. Minn. Stat. § 147E.05 (2)(b)</p>	<p>(2) Performing or ordering physical examinations and physiological function tests;</p> <p>(3) ordering clinical laboratory tests and performing waived tests as defined by the United States Food and Drug Administration Clinical Laboratory Improvement Amendments of 1988 (CLIA);</p> <p>(4) referring a patient for diagnostic imaging including x-ray, CT scan, MRI, ultrasound, mammogram, and bone densitometry to an appropriately licensed health care professional to conduct the test and interpret the results;</p> <p>(5) prescribing nonprescription medications and therapeutic devices or ordering noninvasive diagnostic</p>	

		<p>hypnotherapy, biofeedback, dietary therapy, electrotherapy, galvanic therapy, oxygen, therapeutic devices, barrier devices for contraception, and minor office procedures, including obtaining specimens to assess and treat disease; Minn. Stat. § 147E.05 (1)</p> <p>Homeopathic preparations. "Homeopathic preparations" means medicines prepared according to the Homeopathic Pharmacopoeia of the United States. Minn. Stat. § 147E.01(6)</p>		<p>procedures commonly used by physicians in general practice; and</p>	
Mississippi	Not licensed				
Missouri	Not licensed				
Montana	<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 a naturopathic physician and through the use of natural therapies and therapeutic substances. M.C.A. 37-26-103(7)</p>	<p>Yes. A naturopathic physician may not prescribe, dispense, or administer any legend drug [as defined in 50-31-301], except for whole gland thyroid; homeopathic preparations; and natural substances, drugs, and therapies described in subsection (2), which includes food, food extracts, vitamins, minerals, enzymes, whole gland thyroid, botanical medicines, homeopathic preparations, and oxytocin (pitocin). M.C.A. §</p>	<p>A naturopathic physician may not: perform surgical procedures except those minor surgery procedures authorized by this chapter. M.C.A. § 37-26-301</p> <p>(a) "Minor surgery" means the use of: (i) operative, electrical, or other methods for the surgical repair and care incidental to superficial lacerations and abrasions, superficial lesions, and the removal of foreign bodies located in the superficial</p>	<p>Naturopathic physicians may perform or order for diagnostic purposes a physical or orificial examination, ultrasound, phlebotomy, clinical laboratory test or examination, physiological function test, and any other noninvasive diagnostic procedure commonly used by physicians in general practice and as authorized by 37-26-201(2). M.C.A § 37-26-101 (4)</p>	<p>Yes. M.C.A. § 37-26-103(9).</p>

		37-26-301	tissues; and (ii) antiseptics and local anesthetics in connection with the methods. (b) Minor surgery does not include general or spinal anesthetics, major surgery, surgery of the body cavities, or specialized surgeries, such as plastic surgery, surgery involving the eyes, or surgery involving tendons, ligaments, nerves, or blood vessels. M.C.A. § 37-26-103(5)		
Nebraska	Not licensed				
Nevada	Not licensed				
New Hampshire	Naturopathic medicine is a system of primary health care for the prevention, diagnosis, and treatment of human health conditions, injuries, and diseases using education, natural medicines and therapies to support and stimulate the individual's intrinsic self-healing processes. Doctors of naturopathic medicine are authorized to use, for preventive and therapeutic purposes, natural medicines and therapies, counseling, hypnotherapy, biofeedback, dietary therapy, naturopathic physical medicine, therapeutic devices, and barrier devices for contraception. Naturopathic physical medicine is the therapeutic use of the physical agents of air, water, heat, cold, sound, light, and electromagnetic non-ionizing radiation and the physical modalities of electrotherapy, diathermy, ultraviolet light, ultrasound, hydrotherapy, naturopathic manipulative therapy, and therapeutic exercise.	Yes. Doctors of naturopathic medicine shall not prescribe, dispense, or administer any legend or controlled substances, except those natural medicines as authorized by this chapter. N.H.R.S.A. § 328-E:4(V) Doctors of naturopathic medicine with specialty certification in naturopathic childbirth, shall be authorized to use oxytocin and pitocin. N.H.R.S.A. § 328-E:4(V)	Doctors of naturopathic medicine are not authorized to perform surgical procedures, practice emergency medicine, except as a good samaritan rendering gratuitous services in the case of emergency and except for the care of minor injuries, practice or claim to practice medicine and surgery, osteopathy, dentistry, podiatry, optometry, chiropractic, physical therapy, or any other system or method of treatment not authorized in this chapter. N.H.R.S.A. § 328-E:4 VI.	N.H.R.S.A. § 328-E:4 III. Doctors of naturopathic medicine may prescribe nonprescription medications and therapeutic devices or use noninvasive diagnostic procedures commonly used by medical practitioners in general practice. Doctors of naturopathic medicine may use, for diagnostic purposes physical and orificial examinations, X-rays, electrocardiograms, ultrasound, phlebotomy, clinical laboratory tests and examinations, and physiological function tests. N.H.R.S.A. § 328-E:2, N.H.R.S.A. § 328-E:4	Likely not. Naturopathic licensees shall use the title ""doctor of naturopathic medicine" and the recognized abbreviation N.H.R.S.A. § 328-E:3.

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New Jersey	Not licensed				
New Mexico	Not licensed				
New York	Not licensed				
North Carolina	Not licensed				
North Dakota	"Naturopath" means an individual licensed to practice naturopathic health care under this chapter. Chapter 43-58.	<p>A naturopath may not prescribe, dispense, or administer any prescription drug or administer ionizing radioactive substances for therapeutic purposes.</p> <p>A naturopath may prescribe and administer for preventive and therapeutic purposes a prescriptive device and the following nonprescriptive natural therapeutic substances, drugs, and therapies:</p> <p>a. Food, vitamins, minerals, dietary supplements, enzymes, botanical medicines, and homeopathic preparations;</p> <p>b. Topical drugs, health care counseling, nutritional counseling and dietary therapy, naturopathic physical applications, and therapeutic devices; and</p> <p>c. Barrier devices for contraception.</p>	Naturopaths are prohibited from performing surgical procedures.	A naturopath may perform or order for diagnostic purposes a physical or orificial examination, ultrasound, phlebotomy, clinical laboratory test or examination, physiological function test, and any other noninvasive diagnostic procedure commonly used by physicians in general practice and as authorized by the board.	Prohibited. A naturopath may use the title "naturopath" or "doctor of naturopathic medicine" and the abbreviation "N.D." when used to reflect either of these titles.
Ohio	Not licensed				
Oklahoma	Not licensed				
Oregon	Naturopathic medicine is the discipline that uses physiotherapy, natural healing processes and minor surgery and has as its objective the maintaining of the body in, or of	Yes. Licensees may perform health maintenance and restoration measures consistent	O.R.S. § 685.010 (3) "Minor surgery" means the use of electrical or other methods for	Silent	Yes. Only licensees under this chapter may use any or all of the following terms, consistent with

	restoring it to, a state of normal health. O.R.S. § 685.010, 685.030, 685.145, 689.635	with generally recognized and accepted principles of naturopathic medicine, including but not limited to (a) administering, dispensing or writing prescriptions for drugs; (b) recommending the use of specific and appropriate over-the-counter pharmaceuticals; (c) administering anesthetics or antiseptics in connection with minor surgery as defined in ORS 685.010; (d) ordering diagnostic tests; (e) using radiopaque substances administered by mouth or rectum necessary for Roentgen diagnostic purposes; (f) administering substances by penetration of the skin or mucous membrane of the human body for diagnostic, preventative or therapeutic purposes. The Board of Naturopathic Examiners may adopt by rule appropriate procedures for administering substances under this paragraph. (O.R.S. § 685.030)	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.		academic degrees earned: "Doctor of Naturopathy" or its abbreviation, "N.D.," "Naturopath" or "Naturopathic Physician." However, none of these terms, or any combination of them, shall be so used as to convey the idea that the physician who uses them practices anything other than naturopathic medicine. O.R.S. §685.020
Pennsylvania	Not licensed				
Rhode Island	Not licensed				
South Carolina	Not licensed. State law explicitly prohibits the practice of naturopathy. S.C. Code Ann § 40-31-10	N/A	N/A	N/A	N/A
South Dakota	Not licensed				
Tennessee	It is unlawful for any person to practice naturopathy in this state. Tenn. Code Ann. § 63-6-205(A)	N/A	N/A	N/A	N/A

	<p>The term "naturopathy" <i>does not</i> mean the sale of herbs or natural health information exchanges provides as a service so long as: (A) The sale or provision of information exchanges is not conducted for the purpose of the prevention, diagnosis or treatment of any physical ailment or physical injury to or deformity of another; and (B) In any instance involving natural health information exchanges, the seller obtains a signed acknowledgement from the buyer that the seller is neither a licensed practitioner of the healing arts in Tennessee, nor meets the recognized qualification criteria which would allow the provision of any form of diagnosis, treatment recommendation, or medical care in Tennessee. For the purposes of meeting the requirements of this section, the seller shall keep the signed acknowledgement from the buyer on file for a period of three (3) years. (Repealed at midnight, June 30, 2012.)</p>				
Texas	Not licensed				
Utah	<p>Naturopathic medicine is a system of primary health care for the prevention, diagnosis, and treatment of human health conditions, injuries, and diseases using education, natural medicines and therapies to support and stimulate the individual's intrinsic self-healing processes by using naturopathic childbirth (if specified requirements are met), naturopathic mobilization therapy, physical medicine, minor office procedures, prescribing or administering natural medicine, prescribing medical equipment and devices, diagnosing by using medical equipment and devices, and administering therapy or treatment by the use of medical devices, prescribing barrier devices for contraception, dietary therapy, taking and using diagnostic x-rays, electrocardiograms, ultrasound, and physiological function tests, taking body fluids for clinical laboratory tests and using the results in diagnosis, taking a history from and</p>	<p>Yes. Natural medicines are food, food extracts, dietary supplements, all homeopathic remedies, and plant substances <i>not designated as prescription drugs or controlled substances</i>; over the counter medications; other nonprescription substances <i>(the prescription or administration of which is not restricted under federal or state law)</i>; and prescription drugs that <i>are not controlled substances</i> as defined in [58-37-2], the prescription of which is consistent with the competent</p>	<p>"Minor office procedures" means:</p> <ul style="list-style-type: none"> (i) the use of operative, electrical, or other methods for repair and care of superficial lacerations, abrasions, and benign lesions; (ii) removal of foreign bodies located in the superficial tissues, excluding the eye or ear; and (iii) the use of antiseptics and local anesthetics in connection with minor office surgical procedures. <p>(b) "Minor office procedures" does not include:</p>	<p>Yes. Practice of naturopathic medicine" means:</p> <ul style="list-style-type: none"> (a) 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; (vi) prescribing medical equipment and devices, diagnosing by the use of medical equipment and devices, and administering therapy or 	<p>Yes. Naturopathic licensees can use the designation "naturopathic physician," "naturopathic doctor," "naturopath," "doctor of naturopathic medicine," "doctor of naturopathy," "naturopathic medical doctor," "naturopathic medicine," "naturopathic health care," "naturopathy," "N.D.," "N.M.D." U.C.A. § 58-71-102.</p>

	conducting a physical examination upon a human patient and prescribing and administering natural medicines and medical devices. U.C.A. § 58-71-102	practice of naturopathic medicine, and the prescription of which is approved by the Naturopathic Formulary Advisory Peer committee. The Naturopathic Formulary can be found at U.C.A. § R156-71-202. U.C.A. § 58-71-102	(i) general or spinal anesthesia; (ii) office procedures more complicated or extensive than those set forth in Subsection (7)(a); (iii) procedures involving the eye; or (iv) any office procedure involving tendons, nerves, veins, or arteries. U.C.A. § 58-71-102 (7) (a)	treatment by the use of medical devices necessary and consistent with the competent practice of naturopathic medicine; U.C.A. § 58-71-102(12)(A)(vi)	
Vermont	Naturopathic medicine is a system of health care that utilizes education, natural medicines and natural therapies to support and stimulate a patient's intrinsic self-healing processes to prevent, diagnose and treat human health conditions and injuries. This includes administering or providing, for preventative and therapeutic purposes, nonprescription medicines, topical medicines, botanical medicines, homeopathic medicines, counseling, hypnotherapy, nutritional and dietary therapy, naturopathic physical medicine, naturopathic childbirth, therapeutic devices, barrier devices for contraception, and using diagnostic procedures such as physical and orificial examinations, electrocardiograms, diagnostic imaging techniques, phlebotomy, clinical laboratory tests and examinations, and physiological function tests. Naturopathic physical medicine is the use of the physical agents of air, water, heat, cold, sight, sound and light, ultrasound, hydrotherapy and exercise. <i>Naturopathic medicine does not include physical therapy, physical rehabilitation or chiropractic.</i> V.S.A. § 4121, V.C.R. § 04-030-380.-3.7	Yes. An individual [licensed as a naturopathic physician] may administer or provide for preventative and therapeutic purposes nonprescription medicines, topical medicines, botanical medicines, homeopathic medicines, counseling, hypnotherapy, nutritional and dietary therapy, naturopathic physical medicine, naturopathic childbirth, therapeutic devices, barrier devices for contraception, and prescription medicine authorized by this chapter or by the formulary. The formulary can be found at Vermont Rules 13-140-061. V.S.A. § 4121 A person licensed under this chapter shall not perform any of	No person shall perform the following acts "(2) Perform surgical procedures, except for episiotomy and perineal repair associated with naturopathic childbirth." V.S.A. § 4122(b)(2)	Licensed Naturopath may "(B) Use diagnostic procedures commonly used by physicians in general practice, including physical and orificial examinations, electrocardiograms, diagnostic imaging techniques, phlebotomy, clinical laboratory tests and examinations, and physiological function tests." V.S.A. § 4121(8)(b)	Yes. V.S.A. §26-81-4121(10).

		<p>the following acts: (1) Prescribe, dispense, or administer any prescription medicines without obtaining from the director the special license endorsement under subsection 4125(d) of this chapter. V.S.A. § 4122(b)</p> <p>(d) The director shall adopt rules which shall authorize a naturopathic physician to prescribe, dispense, and administer prescription medicines. These rules shall require a naturopathic physician to pass a naturopathic pharmacology examination ...that shall test an applicant's knowledge of the pharmacology, clinical use, side effects, and drug interactions of prescription medicines. V.S.A. § 4125(d).</p> <p>The director shall waive the examination requirement if the applicant is a naturopathic physician regulated under the laws of another jurisdiction who is in good standing to practice naturopathic medicine in that jurisdiction and, in the opinion of the director, the standards and qualifications required for regulation in that jurisdiction are</p>			
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		at least equal to those required by this chapter. V.S.A. § 4129.			
Virginia	Not licensed				
Washington	Naturopathic medicine 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. A naturopath is responsible and accountable to the consumer for the quality of naturopathic care rendered. The practice of naturopathic medicine includes manual manipulation (mechanotherapy), the prescription, administration, dispensing, and use, except for the treatment of malignancies, of nutrition and food science, physical modalities, minor office procedures, homeopathy, naturopathic medicines, hygiene and immunization, contraceptive devices, common diagnostic procedures, and suggestion; however, nothing in this chapter shall prohibit consultation and treatment of a patient in concert with a practitioner licensed under chapter 18.57 or 18.71 R.C.W. (<i>osteopathic medicine provisions</i>). No person licensed under this chapter may employ the term "chiropractic" to describe any services provided by a naturopath. R.C.W. § 18.36A.040	Yes. "Naturopathic medicines" means vitamins, minerals, botanical medicines, homeopathic medicines, hormones, and those legend drugs and controlled substances consistent with naturopathic medical practice in accordance with rules established by the Secretary. <i>Controlled substances are limited to codeine and testosterone products that are contained in Schedules III, IV, and V in Chapter 69.50 RCW.</i> A Legend Substance List is currently being updated. R.C.W. § 18.36A.020 and A.040	Yes. "Minor office procedures" means care and procedures incident thereto of superficial lacerations, lesions, and abrasions, and the removal of foreign bodies located in superficial structures, not to include the eye; and the use of antiseptics and topical or local anesthetics in connection therewith. "Minor office procedures" also includes intramuscular, intravenous, subcutaneous, and intradermal injections of substances consistent with the practice of naturopathic medicine and in accordance with rules established by the secretary. R.C.W. § 18.36A.040 (12)	Silent	Most likely/unclear. Statutory headings refer to "naturopathic physicians" but express authority to use the title "physician" cannot be located in state statutes or regulations.
West Virginia	Not licensed				

112216

SB 2256
Attache #13
1/31

Senate Bill 2256

Human Services Committee

January 31, 2017

Dear Chairman Lee and fellow committee members,

My name is Joan Connell. I worked as a pharmacist prior to and while earning my medical degree and completing my residency to be a pediatrician. As past-President of the North Dakota chapter of the American Academy of Pediatrics, I am speaking in opposition of Senate Bill 2256. As a pediatrician, I am very concerned about the consequences of blurring the lines between naturopathic and medical doctors on the health and well-being of North Dakota children and adults. As you may be aware, the training between these two types of doctors is extremely different. Differences include classes taken, expected competencies and objectives for each class and training opportunities. For example, medical doctors focus on evidence based medicine. Naturopathic doctors do not. This results in the production of two different types of doctors with almost completely different skill sets as well as basic philosophical differences in care provision for patients. Medical doctors have over 100 hours of pharmacology classes. Naturopaths have a small fraction of that, as they spend much time learning about plant based approaches to care. What is covered in the pharmacology courses that naturopaths take is not mandated, so is likely not uniform between schools. This would make the idea of establishing a formulary from which naturopaths could prescribe completely impractical, as each naturopath's pharmacology experience is different.

I am also concerned about the consequences regarding philosophically different approaches to immunization between the two types of doctors. As you can see from my attachments, states that have increased prescriptive rights for naturopaths are feeling the consequences of increasing the scope of practice of practitioners that do not advocate for immunization. Those states are currently battling increased rates of vaccine preventable diseases. Within the last month, I have received notifications from the North Dakota Department of Health regarding cases of pertussis, which can kill babies, and mumps, which can result in sterility in affected males, in our own communities. I am quite concerned that advancing the scope of naturopath's practice will dramatically increase the rates of these and other vaccine-preventable diseases within our North Dakota communities.

Finally, I have safety concerns based on some personal experiences I have had with my patients seeking care from naturopaths. As I described to the sixty-fourth legislative assembly, I have been very open to having my patients seek naturopathic care, particularly when I am out of traditional medical options. Recently, I had a two year old patient whose retention constipation was responding well to appropriately dosed Glycolax, a medication taken by mouth that is a large molecule that attracts water. Since it is not absorbed out of the GI tract, it is a nice, very safe way to treat this type of constipation in children. I received a call from this child's mom, who was anxious to get her off of this medication. She had taken her child to a local naturopath, who recommended that the child take excessive amounts of vitamin C- ascorbic acid. This vitamin, in excess, does cause uncomfortable diarrhea. At the suggested dosage, the child also would have been at risk for kidney stones. Luckily, the Mom decided to run it by me, the Glycolax was continued, and the child is doing fine. I am certain that this naturopath meant no

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harm. However, it is necessary to have more comprehensive knowledge about medications- in adults and in children, to understand what will most likely benefit your patient with the least amount of risk. The suggested restricted formulary only invites more incidents like I just described, not prevents them.

I understand that access to care is a real problem in North Dakota. In many respects, the legislature is being asked to serve as a gatekeeper, in this bill requiring you to determine what the minimal floor of competency is to be deemed safe and effective in prescribing medications and performing minor procedures. This determination is a huge responsibility and undertaking that should not be decided on a whim, because someone is gregarious and wants to be helpful, or because you feel pressure to produce for your constituents. North Dakotans' safety and welfare is at stake. Please...choose wisely...

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PubMed

Format: Abstract

Can J Public Health. 2010 Jan-Feb;101(1):15-9.

Consultation with health care professionals and influenza immunization among women in contact with young children.

Chambers CT¹, Buxton JA, Koehoorn M.

Author information

Abstract

OBJECTIVE: Primary health providers serve an important role in providing and promoting annual influenza immunization to high-risk groups and their close contacts. The purpose of this analysis was to determine whether consultation with a medical professional increases the likelihood of receiving a flu shot among women who have given birth in the past five years and to determine whether this association differs by type of medical professional.

METHODS: Data were obtained from the Canadian Community Health Survey (2005), Cycle 3.1. Logistic regression was used to examine the association between receiving a flu shot in the past 12 months and consulting with family doctors, specialists, nurses, chiropractors, or homeopaths/naturopaths.

RESULTS: Among the 6,925 women included in our sample, 1,847 (28.4%) reported receiving a flu shot in the past 12 months. After adjustment for socio-demographic characteristics and province of residence, women who received flu shots in the past 12 months were significantly more likely to consult with a family doctor (AOR 1.56, 95% CI 1.34-1.83) and significantly less likely to consult with a chiropractor (AOR 0.76, 95% CI 0.64-0.90) or a homeopath/naturopath (AOR 0.72, 95% CI 0.54-0.97) over the same time period.

CONCLUSION: Consultation with family doctors was found to have the strongest association with annual flu shots among women in contact with young children, whereas consultation with alternative care providers was found to have an independent inverse association. Given the influenza-associated health risks for young children, medical professionals should promote immunization at the time of consultation for household contacts of young children, including pregnant women.

PMID: 20364531

[PubMed - indexed for MEDLINE]

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Get Involved: The *Pediatrics* editorial board is seeking candidates for three general board positions and one fellowship position. See the 2017 Nominations Application to apply by **Friday, February 24, 2017**.

Pediatrics

May 2006, VOLUME 117 /ISSUE 5

Qualitative Analysis of Mothers' Decision-Making About Vaccines for Infants: The Importance of Trust

Andrea L. Benin, MD^{a,b}, Daryl J. Wisler-Scher, MD^{b,c}, Eve Colson, MD^b, Eugene D. Shapiro, MD^{b,d}, Eric S. Holmboe, MD^e

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^b*Department of Pediatrics*

^c*Department of Epidemiology and Public Health and General Clinical Research Center, Yale University School of Medicine, New Haven, Connecticut*

^d*Department of Pediatrics, School of Medicine, Columbia University, New York, New York*

^e*American Board of Internal Medicine, Philadelphia, Pennsylvania*

Abstract

BACKGROUND. The high visibility of controversies regarding vaccination makes it increasingly important to understand how parents decide whether to vaccinate their infants.

OBJECTIVE. The purpose of this research was to investigate decision-making about vaccinations for infants.

DESIGN. We conducted qualitative, open-ended interviews.

PARTICIPANTS. Subjects included mothers 1 to 3 days postpartum and again at 3 to 6 months.

RESULTS. We addressed 3 topics: attitudes to vaccination, knowledge about vaccination, and decision-making. Mothers who intended to have their infants vaccinated ("vaccinators," $n = 25$) either agreed with or did not question vaccination or they accepted vaccination but had significant concerns. Mothers who did not intend to vaccinate ("nonvaccinators," $n = 8$) either completely rejected vaccination or they purposely delayed vaccinating/chose only

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some vaccines. Knowledge about which vaccines are recommended for children was poor among both vaccinators and nonvaccinators. The theme of trust in the medical profession was the central concept that underpinned all of the themes about decision-making. Promoters of vaccination included trusting the pediatrician, feeling satisfied by the pediatrician's discussion about vaccines, not wanting to diverge from the cultural norm, and wanting to adhere to the social contact. **Inhibitors included feeling alienated by or unable to trust the pediatrician, having a trusting relationship with an influential homeopath/naturopath or other person who did not believe in vaccinating,** worry about permanent side effects, beliefs that vaccine-preventable diseases are not serious, and feeling that since other children are vaccinated their child is not at risk.

CONCLUSION. Trust or lack of trust and a relationship with a pediatrician or another influential person were pivotal for decision-making of new mothers about vaccinating their children. Attempts to work with mothers who are concerned about vaccinating their infants should focus not only on providing facts about vaccines but also on developing trusting and positive relationships.

immunizations vaccination attitudes parents qualitative research

Given the high visibility in the media of controversies about vaccination of infants, it is important to understand how parents decide whether to vaccinate their children to be able to communicate appropriately with parents about vaccinations.¹⁻¹⁰ Previous studies have identified important promoters and inhibitors of parents' acceptance of vaccines.¹¹⁻¹⁸ Promoters have included the desire to prevent disease,¹¹ a belief in the social contract (the desire to help the community by participating in herd immunity, also called "altruism"),¹² and the desire to do what is the cultural norm/what most other people do (also called "bandwagoning").¹² Inhibitors have included a fear of harming their child,¹⁸ adhering to a reversed social contract (feeling that their unvaccinated child is not at risk for disease, because most other children are vaccinated, also called "free-riding"),^{12,15} a preference for making acts of omission over acts of commission (preferring not to have acted when there is any risk to the action),^{15,16,19} a perceived ability to control their child's susceptibility to and outcome of the disease,¹⁵ a low perceived susceptibility to disease,¹⁸ a belief that it is better to develop immunity from disease than from vaccination,¹⁸ doubts about the reliability of information about vaccines,^{15,18} and a fear that too many immunizations may be dangerous.^{11,18}

Existing studies¹¹⁻¹⁸ have been largely quantitative or based on hypothetical decision-making about vaccination and, thus, may not have adequately elicited the comprehensive range of mothers' attitudes in the way that a qualitative study can. Qualitative research provides a framework for describing social phenomena, such as comprehension and behaviors, that are based on complex beliefs that may be difficult to measure in a standardized quantitative manner.²⁰⁻²³ A qualitative approach is based in inductive reasoning whereby hypotheses are drawn from observations (in contrast to deductive or hypothesis-testing methods).²⁴ This approach allows for the generation of hypotheses that can subsequently be tested in a quantitative manner.²⁴ We sought to use qualitative methodology to describe the full



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Pediatric Vaccination and Vaccine-Preventable Disease Acquisition: Associations with Care by Complementary and Alternative Medicine Providers

Lois Downey,

Harborview Medical Center, Division of Pulmonary and Critical Care, Department of Medicine, School of Medicine, University of Washington, Box 359765, 325 Ninth Avenue, Seattle, WA 98104, USA

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Office of Health Services and Public Health Outcomes Research, University of Missouri – Kansas City, Kansas City, MO, USA

Lois Downey: ldowney@u.washington.edu

Abstract

This study investigated provider-based complementary/alternative medicine use and its association with receipt of recommended vaccinations by children aged 1–2 years and with acquisition of vaccine-preventable disease by children aged 1–17 years. Results were based on logistic regression analysis of insurance claims for pediatric enrollees covered by two insurance companies in Washington State during 2000–2003. Primary exposures were use of chiropractic, naturopathy, acupuncture, or massage practitioner services by pediatric enrollees or members of their immediate families. Outcomes included receipt by children aged 1–2 years of four vaccine combinations (or their component vaccines) covering seven diseases, and acquisition of vaccine-preventable diseases by enrollees aged 1–17 years. Children were significantly less likely to receive each of the four recommended vaccinations if they saw a naturopathic physician. Children who saw chiropractors were significantly less likely to receive each of three of the recommended vaccinations. Children aged 1–17 years were significantly more likely to be diagnosed with a vaccine-preventable disease if they received naturopathic care. Use of provider-based complementary/alternative medicine by other family members was not independently associated with early childhood vaccination status or disease acquisition. Pediatric use of complementary/alternative medicine in Washington State was significantly associated with reduced adherence to recommended pediatric vaccination schedules and with acquisition of vaccine-preventable disease. Interventions enlisting the participation of complementary/alternative medicine providers in immunization awareness and promotional activities could improve adherence rates and assist in efforts to improve public health.

Correspondence to: Lois Downey, ldowney@u.washington.edu.

SB 2256
Attache #14
1/31

January 31, 2017

SB 2256

Dear Legislators:

I am writing in opposition to SB 2256. I am a family physician practicing in Minot and am presenting information on behalf of myself, with concerns for our community.

I am not concerned about competition or hierarchy in my opposition to the expansion of the legal scope of practice for naturopaths in North Dakota. I am concerned that unsafe conditions would be created for the citizens of our state with the adoption of SB 2256. Two provisions of the bill concern me:

1—Broader legal ability to prescribe medications.

Because the very definition of naturopathy is to reject prescription medications, it is seemingly obvious that naturopathic training would de-emphasize pharmacology, and in fact this is the case. The pharmacology training that is offered is much more focused on botanicals and homeopathy, a non-scientific approach to disease treatment and prevention, than it is to the use of FDA approved and standardized medications. In addition, the total hours of training required of naturopaths is much less than those required of a physician.

A scholarly paper prepared by staff of the American Academy of Family Physicians calculates that family physicians complete 20,700 – 21,700 hours of training, while naturopathic training requires only 5,505 to 6,485 hours, a difference of over 15,000 hours. As a family physician myself, I appreciate how complicated it is to prescribe prescription medications safely and effectively and would find it difficult to squeeze enough education in this area into an educational curriculum with 1/3 the number of hours that I participated in.

Rather than expand the scope of practice in this area for naturopaths, encouraging naturopaths to have collaborative referral relationships with health care providers with extensive training in pharmacology combined with physiology and pathology and their clinical application (physician, nurse practitioners, physician assistants) would seem more appropriate. It could be a great advantage for individuals receiving care in the naturopathic setting to have their providers working collaboratively and at the top of their scope of practice.

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2—Legalization of naturopathic provision of medical procedures and attendance at childbirth.

My concern about length and intensity of naturopathic training applies in this area as well, but I am also concerned that this bill is really intended to expand home birth in North Dakota. It is my belief, based on my familiarity with hospital medical staff function, and having gone through the hospital privileging and credentialing process many times over the past 20 years, that it is unlikely that the hospitals of North Dakota would extend privileges for childbirth attendance to naturopathic doctors, because the education and experience would not meet hospitals' requirements. Thus, the only venue in which naturopathic practitioners would be attending childbirth would be in homes. As a family physician, I provide prenatal care and attend the deliveries of my patients. I have never participated in a home birth because I know hospitals are the safest places to have babies in the 21st century, and the data strongly supports this, showing a perinatal death rate in home births almost triple that of overall perinatal mortality. Home birth is an important safety issue for our state. The practitioners who have the least training in this area should not be practicing in the most unsafe setting.

As far as other procedures, I would like to explain that a family physician like myself completes intensive training in surgical procedures during allopathic medical school and family medicine training before offering them as part of a practice. I have been intensively mentored throughout my training and since in the procedures I offer in my practice, and have had hundreds of hours in hospital operating rooms learning surgical techniques and procedures that make me a lot better and safer at doing the smaller procedures that I am able to offer for my patients. I attend continuing medical education in procedural medicine to make sure I am using the latest techniques in the appropriate manner. One on one mentoring and hospital based surgical training are not requirements of naturopathic education.

The basic tenants of naturopathy are appealing to everyone—support of exceptional health through natural methods. I do not believe SB 2256 supports these tenants, and I do not believe it will provide for the support of exceptional health for our citizens. As a physician and involved community member, I respectfully support a “do not pass” recommendation from the committee.

Sincerely,

Kim Krohn, MD, MPH, FAAFP
2501 Brookside Drive
Minot, ND 58701
701-721-4756



Vision

The North Dakota Hospital Association will take an active leadership role in major Healthcare issues.

Mission

The North Dakota Hospital Association exists to advance the health status of persons served by the membership.

Testimony: 2017 SB 2256
Senate Human Services Committee
Senator Judy Lee, Chairman
January 31, 2017

Good morning Chairman Lee and Members of the Senate Human Services Committee. I am Jerry E. Jurena, President of the North Dakota Hospital Association. I am here to testify regarding 2017 Senate Bill 2256 and ask that you give this bill a **Do Not Pass** recommendation.

This bill would expand the scope of naturopaths to allow them to perform “minor office procedures”, prescribe, dispense, and administer prescription drugs, and practice “naturopathic childbirth attendance”. NDHA is concerned that this will allow naturopaths to practice outside their training and experience, which poses a potential for harm to patients. We are also concerned that the board that would decide which types of medications naturopaths would be allowed to prescribe and what training they should have in naturopathic childbirth attendance does not have the expertise to properly regulate and discipline in these areas.

Naturopathic students are not trained in medical standards of care or the scientific method. To give prescription medications correctly and safely, one needs to understand anatomy, physiology, pharmacology and the pathophysiology of diseases. Physicians, nurse practitioners, and physician assistants must have not only years of education in school but a residency or other training to be able to appropriately prescribe medications. Naturopathic pharmacology education is simply not comparable to that of physicians, nurse practitioners, and physician assistants in terms of quality and quantity. Naturopaths simply do not have the extensive training and experience required to safely prescribe medications.

Under this bill, naturopaths would be allowed to perform “minor office procedures” such as the repair and care incidental to superficial lacerations, abrasions and lesions; the removal of foreign bodies located in superficial tissues, cysts, ingrown toenails, and skin tags; the treatment and removal of warts; and the incision and drainage of boils. Unlike medical practitioners, there are no requirements for the amount of procedures that must be performed during training to be considered competent or how many should be done to maintain competency. Based on the normal naturopath’s education, it would be highly unlikely that a naturopath would have the training or experience to competently perform the procedures listed in the bill.

Naturopaths would also be allowed to engage in “naturopathic childbirth attendance”. It is unclear what this means, but it would appear to mean home births. It is also unclear what requirements the board would adopt for certification in the practice of naturopathic childbirth attendance. There are significant questions about the training and experience that will be required of naturopaths in this area.

NDHA supports licensure of healthcare professionals within the scope of their training. Naturopaths, however, are not trained to safely and effectively prescribe medications, perform minor office procedures, or practice midwifery. We have concerns that the board regulating naturopaths does not have the necessary expertise in the areas of prescriptions, office procedures, or midwifery to be able to ensure proper regulation.

We oppose this bill and ask that you give this it a **Do Not Pass** recommendation.

I would be happy to try to answer any questions you may have. Thank you.

Respectfully Submitted,

Jerry E. Jurena, President
North Dakota Hospital Association



SB 2256
1/31/17

#16

January 30, 2017

The Honorable Judy Lee
Chairwoman, Senate Human Services Committee
State Capitol
600 East Boulevard
Bismarck, ND 58505-0360
Sent electronically to: jlee@nd.gov

RE: Oppose Senate Bill 2256 – Naturopathic Scope of Practice

Dear Chairwoman Lee:

On behalf of the American Society for Dermatologic Surgery Association (ASDSA), a surgical specialty organization representing over 6,100 physician members, I am writing to you to ask the Senate Human Services Committee to oppose Senate Bill 2256. As proposed, this measure would broaden the scope of naturopaths to allow them to prescribe drugs and to perform so-called "minor office procedures."

Naturopaths do not have the training to safely prescribe and monitor controlled substances and do not have the training and experience to prescribe prescription medications as they rely on over-the-counter and homeopathic remedies. Both allopathic and osteopathic physicians not only complete didactic courses in pharmacology, but also learn the clinical application of pharmacology in their extensive training with relevant medical specialties. Additionally, MDs and DOs continue to increase their knowledge of clinical pharmacology, including the indications and contraindications for prescribing medications, during their mandatory residency training which is at least 3 years long. This exposure to pharmacology is limited for naturopathic students, as residency training is optional and usually shorter in length. Inappropriately expanding the scope of practice of naturopaths to prescribe puts North Dakota patients at risk.

Additionally, as proposed in Senate Bill 2256, naturopaths would be allowed to perform "minor office procedures". While we are grateful that the defined term does not include skin biopsies, we are concerned that naturopaths do not have the experience or qualifications necessary to perform the procedures outlined in the bill. Currently, this language could be interpreted to allow naturopaths to perform procedures which affect living tissue. "Repair ... of superficial lacerations", could be interpreted as suturing lacerations, electrocoagulation of bleeding, grafting skin, and rotating skin through skin flaps to repair injured skin. All of these repair techniques are in the purview of physicians and surgeons and would be inappropriate to be done by naturopaths as they do not have the requisite training to perform "repair of lacerations." Removal of foreign bodies often requires injected local anesthesia, incision with a scalpel and after the foreign body has been retrieved, "repair" or suturing of the resulting defect. Surgery should only be performed by those licensed to practice medicine with the



proper training and qualifications to be able to respond to possible complications that may arise.

For these reasons, ASDSA strongly opposes and urges the Human Services Committee to vote no on Senate Bill 2256. Should you have any questions or need further information, please feel free to Jake Johnson, Manager of Advocacy and Practice Affairs, at (847) 956-9145 or jjohnson@asds.net.

Sincerely,

A handwritten signature in black ink, appearing to read "Thomas E. Rohrer". The signature is written in a cursive style with a prominent loop at the end.

Thomas E. Rohrer, MD, President
American Society for Dermatologic Surgery Association

cc: The Honorable Members of the House Committee on Health
Lisa M. Donofrio, MD, President-Elect
Murad Alam, MD, MBA, Vice President
Mathew M. Avram, MD, JD, Treasurer
Sue Ellen Cox, MD, Secretary
Naomi Lawrence, MD, Immediate Past President
Katherine J. Duerdoth, CAE, Executive Director
Kristin A. Hellquist, MS, CAE, Director of Advocacy and Practice Affairs



Lee, Judy E.
Monday, January 30, 2017 2:16 PM
NDLA, S HMS - Johnson, Marne
FW: Do Pass SB 2256 Naturopathic Bill

To:
Subject:

Books, please

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

From: Brandilyn Binstock [<mailto:brandilyn.binstock@gmail.com>]
Sent: Monday, January 30, 2017 1:04 PM
To: Lee, Judy E. <jlee@nd.gov>
Cc: ndand2017@gmail.com
Subject: Do Pass SB 2256 Naturopathic Bill

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Dear Senator Judy Lee,

My name is Brandilyn Binstock and I am currently a second year Doctor of Naturopathic Medicine student at Bastyr University in Seattle, WA. I grew up in Mandan, ND and obtained my undergraduate degrees in Grand Forks, ND from the University of North Dakota. I will be coming back to North Dakota to practice naturopathic medicine upon receiving my degree. Please vote yes on SB2256 Naturopathic Bill to ensure that I can practice naturopathic medicine to its highest potential and utilize all of the skills I have been rigorously trained in.

Please feel free to contact me with any questions or concerns.

Sincerely,

Brandilyn Binstock

--

Brandilyn Binstock
Doctor of Naturopathic Medicine Candidate 2019
brandilyn.binstock@bastyr.edu
BASTYR UNIVERSITY



SB 2256 Attach #1
1/31/17

NDLA, S HMS - Johnson, Marne

From: Lee, Judy E.
Date: Friday, February 03, 2017 1:48 PM
To: -Grp-NDLA Senate Human Services; NDLA, S HMS - Johnson, Marne; NDLA, Intern 02 - Arendt, Ian
Subject: FW: Naturopath Vaccine Stance papers
Attachments: NAPCP Position Paper on Immunizations.pdf; AANP Immunizations Position Paper, rescinded (minor edits with track changes).pdf

FYI -

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

From: Dr. Beth Allmendinger [mailto:drallmendinger@dakotarx.com]
Sent: Friday, February 3, 2017 1:36 PM
To: Lee, Judy E. <jlee@nd.gov>; Larsen, Oley L. <olarsen@nd.gov>; Heckaman, Joan M. <jheckaman@nd.gov>; Kreun, Curt E. <ckreun@nd.gov>; Anderson, Jr., Howard C. <hcanderson@nd.gov>; Piepkorn, Merrill <mpiepkorn@nd.gov>; Clemens, David <dclemens@nd.gov>
Subject: Naturopath Vaccine Stance papers

CAUTION: This email originated from an outside source. Do not click links or open attachments unless you know they are safe.

Senator Lee and Human Services committee members,

Sorry for the delay in the vaccine paper information. Our national organization, AANP, is revising their papers but we wanted to find you an old copy. I have attached the AANP outdated copy, and the Naturopathic Academy of Primary Care Physicians' vaccine stance paper as well. It's clear we are pro- vaccine not anti. We do get many patients in the office thinking we are anti-vaccine and we feel it's a great opportunity to have an educated discussion with patients on the risks and options. 1 in 5 pediatricians (American Assoc of Pediatrics News and Journals, 2015) won't see patients if they don't follow the standard schedule even though the American Pediatric Association encourages them not to stop care. In my opinion, this decreases the chance to educate patients. I've heard from patients that Trinity Hospital in Minot's pediatric stance is that none of their pediatricians see children if they choose not to vaccinate or even do a delayed schedule. I'm not sure if that is true, but even if it's a rumor it prevents people from seeing a pediatrician there. That results in many of them coming to us for a delayed schedule, only to find out we can administer the vaccine, but can't prescribe it. Not finding a provider to partially vaccinate or delay the schedule generally results in them not vaccinating at all, which could be one factor in why North Dakota herd immunity is less than desired.

As for the research about states with naturopathic doctors having lower rates, I would like to see the study because I couldn't find one when I searched. Anyone that has worked with epidemiology understands that there are many factors

for disease trends and while it's flattering that NDMA thinks that the 4000+ **pro-vaccine** naturopaths in the country are more influential than the 28,000+ pediatricians and 260,000+ primary care physicians, I have a hard time believing that is the case. In fact, the physician that started the anti-vaccine movement is an MD and most continuing it are also MDs. I'm sure you can find naturopaths that disagree with the whole of the organization as every profession has outliers, but it is not the norm. In fact, all the naturopaths practicing in ND who have children have vaccinated their children and I regularly tell my patients that I plan to vaccinate my own children.

I hope this clarifies any questions you had about vaccinations. If there is any other information I can get for you, please let me know. If you have any questions about anything else with the naturopath bill details, safety, or education and training, I would be happy to answer them.

Thank you for your time! Enjoy your weekend!

Elizabeth Allmendinger

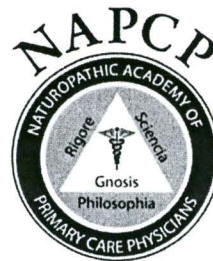
NDAND lobbyist #414

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**Naturopathic Academy of Primary Care Physicians
Position Paper on Immunizations**

Overview of Naturopathic Medicine and Immunization:

Childhood immunizations have an international public health impact by significantly reducing morbidity and mortality from vaccine-preventable diseases.

Immunizations are a scientifically sound and effective modality,ⁱ and are used by naturopathic physicians for the prevention of infectious diseases.

Public health workers are natural allies of the naturopathic profession and vice versa, with large overlaps in objectives and methods of supporting and maintaining health.

Naturopathic physicians understand that the incidence of vaccine-preventable diseases would increase if current immunization programs were not followed.

Naturopathic physicians are strong advocates of preventive medicine and protecting children and adults from adverse consequences of infectious disease, and therefore immunization is included under the naturopathic precept of *Prevention*.

Naturopathic physicians are morally obliged and legally mandated to carry out public health laws including those with respect to immunization.

Immunization contributes to less utilization of medications and invasive treatments for complications of vaccine-preventable diseases, and is therefore supported by the precept of *First Do No Harm*.

The AANP (American Association of Naturopathic Physicians) Scientific Affairs Committee has reviewed research on immunizations and concluded that the current Centers for Disease Control and Prevention's (CDC) recommended immunization schedule is based on sound science and should serve as the main guidance for immunization practices.

It is well documented that communities with lower rates of immunization may suffer outbreaks of vaccine-preventable diseases, including significant morbidity and mortality.^{ii,iii,iv,v}

The naturopathic precept of *Doctor as Teacher* directs naturopathic physicians to provide unbiased, complete information to patients and/or parents about immunizations.

There is currently no definitive evidence supporting any particular alternative immunization schedule.^{vi} More than ten percent of families may be using alternative schedules.^{vii} It would be preferable to follow an alternative schedule rather than avoid immunizing altogether.

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Many families are removed from or refused entry to medical practices due to their immunization hesitation, resistance, or requests for an alternative immunization schedule, and they therefore may seek out naturopathic physicians for care and guidance.

This situation places naturopathic physicians in an opportune position to provide information and immunization coverage to those patients who might otherwise receive no immunizations at all.

Additional measures should also be recommended to reduce the consequences of vaccine-preventable disease including healthy diet, regular exercise, routine hand washing, good sleep hygiene, optimization of immune function and breast-feeding.

Position of the Naturopathic Academy of Primary Care Physicians:

- The Naturopathic Academy of Primary Care Physicians takes a clear pro-immunization position, with the understanding that there may be differences of opinion and dissent in both naturopathic and conventional medical communities and recommends that naturopathic physicians know, understand, and follow the immunization guidelines appropriate for the individual patient, and consistent with immunization regulations of local, state and federal jurisdictions.
- Patients should have access to immunizations by naturopathic physicians in the states and territories where they are regulated. To fully participate in public health efforts, naturopathic physicians should have full access to public health immunization programs.
- Naturopathic physicians should recommend, provide, or refer for appropriate immunizations according to CDC's childhood immunization or catch-up schedules.
- Naturopathic physicians have a responsibility to contribute to research that provides impartial data in regards to immunization.
- Naturopathic physicians should follow generally accepted storage and administration guidelines for immunizations. Before immunizations are administered, the necessary Vaccine Information Statements should be provided to and discussed with the patient or parents, and the physician should participate in state-specific Immunization Information Systems.
- Naturopathic physicians should provide a copy of the official CDC immunization schedule and standard written informed consent for the patient or parent to sign, stating they understand the risks if there is variance from the CDC's immunization schedule. If a patient receives immunizations outside the medical home, necessary details should be accurately recorded for those immunizations in order to track a patient's immunization status in accordance with state laws.
- Naturopathic physicians who have patients with symptoms that are believed to be due to immunization adverse effects have a duty to report this to the Vaccine Adverse Event Reporting System.

ⁱ National Research Council. The Childhood Immunization Schedule and Safety: Stakeholder Concerns, Scientific Evidence, and Future Studies. Washington, DC: The National Academies Press, 2013.

2256
#1
4/31

-
- ii Centers for Disease Control and Prevention (CDC). Vaccination coverage among children in kindergarten--United States, 2011-12 school year. MMWR Morb Mortal Wkly Rep. August 24, 2012 / 61(33);647-652.
 - iii Centers for Disease Control and Prevention (CDC). Poliovirus Infections in Four Unvaccinated Children --- Minnesota, August--October 2005. MMWR Morb Mortal Wkly Rep. October 21, 2005 / 54(41);1053-1055.
 - iv Centers for Disease Control and Prevention (CDC). Varicella Death of an Unvaccinated, Previously Healthy Adolescent. MMWR Morb Mortal Wkly Rep. April 12, 2013 / 62(14);261-263.
 - v Centers for Disease Control and Prevention (CDC). Pertussis Deaths--United States, 2000. MMWR Morb Mortal Wkly Rep. July 19, 2002 / 51(28);616-618.
 - vi Jackson ML. Challenges in comparing the safety of different vaccination schedules. Vaccine. 2013 Apr 19;31(17):2126-9.
 - vii Dempsey AF, Schaffer S, Singer D, Butchart A, Davis M, Freed GL. Alternative vaccination schedule preferences among parents of young children. Pediatrics. 2011 Nov;128(5):848-56.

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1/31

American Association of Naturopathic Physicians

Position Paper on Immunizations

Overview of Naturopathic Medicine and Immunizations

The American Association of Naturopathic Physicians (AANP) is a strong proponent of preventive medicine and of the protection of children and adults from the serious consequences of infectious disease. Naturopathic physicians, as primary care providers, are morally obliged and legally mandated to uphold and carry out the public health mandates and should be authorized to administer immunizations in all jurisdictions where naturopathic regulation to do so exists. All physicians are ethically obliged to give parents and legal guardians accurate and current information on both the benefits and risks of childhood immunizations, i.e., parental "informed consent", such as required by the public health clinics of the United States Public Health Service. It is documented that some of the current and past immunizing agents have been associated with significant morbidity and are of variable efficacy and varying necessity.

It is the position of the American Association of Naturopathic Physicians that:

- Safer, more effective immunizations should continue to be developed, and more research should be conducted on possible short-term and long-term adverse effects of immunizations currently in use.
- All physicians should be attentive to the proper use of immunizations, avoid their administration to individuals with conditions that contraindicate their use. Physicians should accurately chart the immunization or offer thereof, including parental or legal guardian refusal or exceptions for any immunization and any adverse events.
- All physicians should obtain from parents or legal guardians signed informed consent for immunization by providing printed information describing the risks of the infectious diseases, the risks and benefits of childhood immunizations and other options. Documented consent describing such information should be provided in a format and manner which allows responsible parents to make informed decisions regarding the immunization of their children.
- All physicians and institutions providing care for children and adults should respect the responsibility and freedom of patients, parents and guardians to decide whether or not to proceed with the immunizations or the recommended immunization schedule within the range of options provided by state law.

Adopted by the House of Delegates September 1991

Reviewed by HOD PPRC 2008

Amended by HOD PPRC 2011

PROPOSED AMENDMENTS TO SENATE BILL NO. 2256

Page 1, line 23, remove "Minor office procedures" means the methods for repair and care incidental to"

Page 1, remove line 24

Page 2, remove lines 1 through 4

Page 2, line 5, remove "6."

Page 2, line 7, remove the overstrike over "6."

Page 2, line 7, remove "7."

Page 2, line 14, remove the overstrike over "7."

Page 2, line 14, remove "8."

Page 2, line 26, remove the overstrike over "Perform"

Page 2, line 26, remove "Except as authorized under subsection 5, perform"

Page 3, line 20, remove "A naturopath may perform minor office procedures."

Page 3, line 21, remove "6."

Page 4, after line 8, insert:

- "4. As part of naturopathic child birth, a naturopath certified for the specialty practice of naturopathic child birth attendance:
 - a. May use procedures relating to the care of the perineum and surrounding tissues, including episiotomy and suturing necessary for perineal care;
 - b. May utilize a foley catheter;
 - c. May use procedures relating to umbilical cord detachment and treatment; and
 - d. In an emergency situation, may perform procedures necessary for the health and safety of the patient.

Renumber accordingly

17.0890.01002
Title.

Prepared by the Legislative Council staff for
Senator J. Lee

February 6, 2017

SB 2256
Attache
#2
2/6

PROPOSED AMENDMENTS TO SENATE BILL NO. 2256

Page 1, line 1, after "A BILL" replace the remainder of the bill with "for an Act to provide for a legislative management study regarding the regulation of midwifery."

BE IT ENACTED BY THE LEGISLATIVE ASSEMBLY OF NORTH DAKOTA:

SECTION 1. LEGISLATIVE MANAGEMENT STUDY OF MIDWIFERY. During the 2017-18 interim, the legislative management shall consider studying the feasibility and desirability of regulating the practice of midwifery by individuals who are not nurse midwives. The legislative management shall report its findings and recommendations, together with any legislation required to implement the recommendations, to the sixty-sixth legislative assembly."

Renumber accordingly

AH.1
SB 2256
3-14-17

March 14, 2017
65th Legislative Assembly
House Human Services Committee
Testimony in Support of Senate Bill 2256

Good Morning Chairman Weisz and Committee Members,

My name is Joan Connell. On behalf of the North Dakota chapter of the American Academy of Pediatrics (NDAAP), I would like to endorse Senate Bill 2256, which would establish a study on midwifery in North Dakota. As a pediatrician, mother, and health care consumer, I am interested in North Dakotans having access to quality care. There are some women in North Dakota who are committed to birthing at home. While both the American Academy of Pediatrics (AAP) and the American College of Obstetrics and Gynecology support the hospital or birthing center as the safest environment to deliver a baby, the AAP is most interested in the delivery of babies safely. Given that there is no regulatory process for midwifery in North Dakota, achievement of that goal for those involved in North Dakota is impossible. While performing an internet search on this topic, I discovered that there are a few websites in which moms exchange information about lay midwives practicing in North Dakota. I also found some listings for certified midwives practicing throughout North Dakota (appendix A). Appendix B illustrates the lack of a licensing agency for entry level midwives as well as a lack of consumer agency regarding midwives in North Dakota. Appendix C illustrates what one can find on the internet regarding potential sanctions or board actions against a physician (me). Appendix D illustrates why North Dakota health care consumers may want to have access to information regarding sanctions or board actions applicable to their potential midwife (or any other health care provider). Appendix E illustrates necessary certification requirements for midwives from two different certification organizations. Finally, appendix F illustrates guidelines prepared by the AAP to try to establish minimal safety standards for the delivery of a baby at home. I do not have any illustrations of what is happening with midwives in other states.

This leads to the simple conclusion that we need to do something that results in North Dakota health care consumers being empowered to be informed of their potential midwife's education, training, experience, and outcomes/disciplinary actions to serve as a guide for the midwife's competency. At this juncture, I am uncertain how to most efficiently achieve these objectives. SB 2256 supports a study that would allow us to answer the necessary questions to achieve these objectives. Midwives are practicing health care in North Dakota. Our citizens/health care consumers deserve to be informed about that practice.

/

Appendix A

Practice	City	Distance (miles)
<u>Essentia Health</u>	Fargo	2
<u>Family Health Center</u>	Fargo	4
<u>Innovis Health</u>	Fargo	7
<u>First Care Medical Services</u>	Fosston	69
<u>Northern Valley Ob/Gyn</u>	Grand Forks	71
<u>Sanford Health</u>	Alexandria	95
<u>Stevens Community Medical Ctr</u>	Morris	97

Practice	City	Distance (miles)
<u>Great Plains Womens Center</u>	Williston	5
<u>Listerud Rural Health Clinic</u>	Wolf Point	88

Practice	City	Distance (miles)
<u>Trinity Midwives</u>	Minot	40
<u>Total Transformation Clinic</u>	Minot	54

Appendix B

File

- New Window ⌘N
- New Private Window ⇧⌘N
- New Tab ⌘T
- Open File... ⌘O
- Open Location... ⌘L
- Close Window ⇧⌘W
- Close All Windows ⇧⌘⌘W
- Close Tab ⌘W
- Save As... ⇧⌘S
- Share ▶
- Export as PDF...
- Open in Dashboard...
- Import From ▶
- Export Bookmarks...
- Print... ⌘P

Mailboxes

- Inbox 3
- VIPs
- Drafts
- Outbox
- Sent
- On My Mac
- Joan
- Junk 2
- Trash 2
- Archive

Smart Mailboxes

- Today
- pictu... 525

On My Mac

- Recove... 11

Joan

- aap ast... 7
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- airline... 1
- american b...
- amy 1
- anne carlo...
- aoa
- ascension
- asthma... 2

Dr. Connell, I just wanted to make that you saw that SB2256 is up ne

Beth Anderson 3/1

FW: Action Shots needed

If you have great pics you would like the slideshow, please send to Kalv

Satrom Travel & Tour 3/1

Join us for our New York City Tour Having trouble viewing this email? Click here We've been taking peop

Discovery Benefits 3/1

Maximize your benefits by taking t

Craig Bond 3/1

Only 4 Performances Left of Billy E The next two Sunday's performanc of "Billy Elliot" are SOLD OUT! Tha

Lisa Williams 3/1

Contract Renegotiation Notice

Dakota United Soccer Club 3/1

Bismarck Soccer League - Registr SPRING BSL The Bismarck Soccer League registration closes this SU

mana.org

http://www.ncacnm.org/Home

North Carolina State Affiliate of ACNM

Return to top

North Dakota

Direct entry midwives are not regulated by the state of North Dakota; there is no licensure available.

Licensing Agencies

North Dakota Board of Nursing

Certified Nurse-Midwives are licensed as advanced practice registered nurses (APRN).

<https://www.ndbon.org/>

Contact Info:

ND Board of Nursing

919 S 7th St, Suite 504

Bismarck, ND 58504-5881

Phone: 701-328-9777

Fax: 701-328-9785

Consumer Organizations

None found

Professional Organizations

None found

Return to top

Ohio

Direct Entry Midwives are not regulated by the state of Ohio; there is no licensure available. They have an active CPM bill in the 2016 legislative session.

www.coloradohealthinstitut...
 Colorado Telehealth Legis...
 University of Colorado Dep...
 https://www.cms.gov/Outre...
 Distributing Medical Expert...
 Id-Connected Health: A Re...
 Id-Connected Health: A Re...
 Id-US Cardiologist Workfor...
 Selected Abstracts
 Report: U.S. Telehealth Ma...
 Telemedicine: A Guide to A...
 AHRQ: Telehealth especial...
 www.legis.nd.gov/assembl...

leadership
 Group Elbert
 palliative/end of life
 indir benefits
 mgmt obesity
 evalass3
 fndnPHcarass
 pcos
 social media campaign
 MM
 www.health.state.mn.us/to...
 www.health.state.mn.us/to...
 www.health.ny.gov/regulati...
 Should Marijuana Be a Med...

GWPharma - R&D

M

Appendix C

Mailboxes

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ast

- 1 Specialties
- 1 Board Certifications
- 0 Conditions Treated
- 0 Procedures Performed
- ✓ Background Check
- Education
- Awards & Recognition
- Languages Spoken
- Memberships

Background Check

n/a Malpractice Claims not available
Healthgrades does not collect malpractice information for North Dakota.
What is medical malpractice ▾

0 Sanctions
No sanctions history found for the years that Healthgrades collects data.
What is a sanction or disciplinary action ▾

0 Board Actions
No board actions found for the years that Healthgrades collects data.
What are board actions ▾

4

Appendix
D

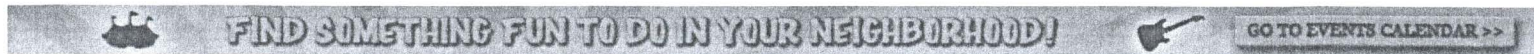
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Silver Spring Law Firm Wins \$4M Negligence Verdict For North Dakota Plaintiff | Health

Title (Max 100 Characters)

Silver Spring Law Firm Wins \$4M Negligence Verdict For North Dakota Plaintiff

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Submitted by [Cher Murphy](#) ([/profile/55431/cher-murphy](#)), President of Cher Murphy PR

Wednesday, November 23rd, 2011, 3:51pm

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Topics: [Health \(/news/health\)](#), [News \(/news/news\)](#)

Silver Spring Law Firm Wins \$4M Negligence Verdict For North Dakota Plaintiff

Jury Finds Midwife Fails to Deliver Baby in Timely Manner, Causing Brain Damage and Mental Retardation

A Burleigh County jury in Bismarck, North Dakota rendered a verdict in favor of a minor plaintiff for \$4 Million against a Certified Nurse Midwife. The jury deliberated for more than ten hours before reaching its verdict, which was rendered Friday evening, November 18.

The lawsuit was filed in 2009 on behalf of the minor child in the District Court for Burleigh County, North Dakota. The suit alleged that while administering the birth, the midwife was negligent in failing to deliver the minor child many hours prior to his actual birth. By that time, the lack of oxygen and/or lack of blood flow to the brain had already caused permanent brain damage. All babies have what's known as fetal reserves, which allows them to withstand the rigors of the labor process. The fetal heart rate tracing lets the care providers know if the baby is doing well: if there are problems on those tracings, then the care providers must act and either resolve the problems or get the baby out of that environment. In this case, the midwife did not do that. The child now has mental retardation and severe behavioral issues, all related to the injury to the frontal lobe of his brain. Lawsuits on behalf of minors require that the child's information be kept confidential.

"There was no reasonable explanation for this delay in delivery," said Christian Mester of the Maryland-based law firm Goldberg, Finnegan & Mester, co-lead counsel representing the minor child. "This midwife ignored the warning signs that were present requiring that our client be delivered. Instead, this midwife continued on, disregarding her responsibility to this patient,"

"This child should be normal. Instead, he requires 24/7 care, and will require this for the remainder of his life," said Lee Bissonette, co-lead counsel of the Minnesota-based law firm of Hellmuth & Johnson.

The trial took place over three and one-half weeks in Burleigh County District Court in Bismarck, North Dakota. "This jury heard testimony from a large number of expert witnesses on both sides," Bissonette said. There was compelling testimony from treating doctors that the child's neurologic problems were permanent and were the result of his brain injury and not other causes propounded by the defense.

"This jury paid attention to every single witness in this case over almost four weeks of testimony," Mester said. "They took their oath seriously and their verdict reflects that they were able to sort out the truth and made sure justice was done in this case. We are so pleased for our client and his mother – this verdict allows for the child to receive the care he requires for the remainder of his life in order to maximize his chance of living as normal a life as possible, given his permanent and disabling injuries." Bissonette added "The courage this mother showed to bring this lawsuit on behalf of her child was great. This verdict demonstrates the jury saw she did the right thing."

Along with Mester and Bissonette, the plaintiff was represented at trial by nurse-attorney Maria Dawson, also of the Goldberg, Finnegan & Mester law firm.

About Goldberg, Finnegan & Mester, LLC

The medical negligence department at Goldberg, Finnegan & Mester, LLC, concentrates in prosecuting complex medical negligence cases. The firm also

<http://silverspring.wusa9.com/news/health/82247-silver-spring-law-firm-wins-4m-negligence-verdict-north-dakota-plaintiff>

5



FIND INFORMATION FOR:

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- Equivalency Applicants
- State Agencies
- Press

- About NARM
- Certification
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How to Become a CPM



The main purpose of a certification program is to establish entry-level knowledge, skills, and abilities necessary to practice competently. A Certified Professional Midwife's (CPM) competency is established through training, education and supervised clinical experience, followed by successful completion of a written examination. The goal is to increase public safety by setting standards for midwives who practice "The Midwives Model of Care" predominately in out-of-hospital settings.

The first step in the certification process is an evaluation of the applicant's education and clinical training according to the standards set by the Portfolio Evaluation Process. All certification candidates must demonstrate the essential competencies identified by the NARM Job

Analysis, either through completion of the Portfolio Evaluation Process or through a route determined by NARM as equivalent. All candidates, regardless of educational route, must complete the second step, which is the NARM Written Examination. The NARM Written Examination is designed to assure mastery of the didactic material that is necessary for clinical competence.

Information regarding the CPM process can be found in the Candidate Information Booklet (CIB).

In This Section:

[The CPM Credential](#)

[How to Become a CPM](#)

[Current Status](#)

[History of the Development of the CPM](#)

[2010 NARM Focus Group](#)

Contact Us:

NARM General Information

Debbie Puiley
5257 Rosestone Dr.

NARM Applications

Applications Team
PO Box 420

Testing Department

Ida Darragh
PO Box 7703

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 Step-by-step introduction through the application process.

Why AMCB Certification?

The charts below describe the different types of certified midwives in regards to educational requirements and licensure within the US. Please note, this comparison chart does not address individuals who are not certified and who may practice midwifery with or without legal recognition.

Certification	Certified Nurse-Midwife (CNM®)	Certified Midwife (CM®)	Certified Professional Midwife (CPM)®
Certifying Organization	American Midwifery Certification Board (AMCB)		North American Registry of Midwives (NARM)
	Graduate Degree Required		No Degree Required
Certification Requirements (minimum degree and other requirements prior to taking national certifying exam)	1. Graduation from a nurse-midwifery education program accredited by ACNM Accreditation Commission for Midwifery Education (ACME); AND 2. Verification by program director of completion of education program; AND 3. Active registered nurse (RN) license	1. Graduation from a midwifery education program accredited by ACNM Accreditation Commission for Midwifery Education (ACME); AND 2. Verification by program director of completion of education program	1. Completion of NARM's Portfolio Evaluation Process (PEP) pathway; OR 2. Graduate of a midwifery education program accredited by Midwifery Education Accreditation Council (MEAC); OR 3. AMCB-certified CNM or CM; OR 4. Completion of state licensure program
Recertification Requirement	Every five years		Every three years

Education	Certified Nurse-Midwife (CNM®)	Certified Midwife (CM®)	Certified Professional Midwife (CPM)®
Minimum Education Requirements for Admission to Midwifery Education Program	Graduate degree from accredited college/university 1. Some programs require RN license. If the applicant has a graduate degree, but not an RN license, some programs will require attainment of an RN license prior to entry into the midwifery program; others will allow the student to attain an RN license prior to graduate study;	Graduate degree from accredited college/university and successful completion of specific science courses	There are two primary pathways for CPM education, with differing admission requirements: 1. Portfolio Evaluation Process (PEP) pathway: an apprenticeship program; no degree or diploma required. Student must find a midwife preceptor who is nationally certified or state licensed, has practiced for at least 3 years, and attended at least 50 out-of-hospital births;

	<p>OR</p> <p>2. If the applicant is an RN but does not have a graduate degree, some programs provide a bridge program to a graduate degree prior to the midwifery portion of the program; other programs require a graduate degree before entry into the midwifery program.</p>		<p>OR</p> <p>2. Accredited formal education pathway: for this pathway, a high school diploma from an accredited state or private school is required for admission.</p>
	<p><i>Note: Currently, the majority of AMCB-certified midwives enter midwifery through nursing</i></p>		<p><i>Note: Currently, half of CPMs have completed the Portfolio Evaluation Process (PEP) pathway to the CPM credential.</i></p>
Clinical Experience Requirement	<p>Attainment of clinical skills must meet Core Competencies for Basic Midwifery Education (ACNM 2008).</p> <p>Clinical education must occur under the supervision of an AMCB-certified CNM/CM or Advanced Practice RN (APRN) who holds a graduate degree and has clinical expertise and didactic knowledge commensurate with content taught.</p> <p>Clinical skills include management of primary care for women throughout the lifespan, including reproductive health care, pregnancy, and birth; care of the normal newborn; and management of sexually transmitted infections in male partners.</p>		<p>Attainment of clinical skills must meet the Core Competencies developed by the Midwives Alliance of North America (MANA).</p> <p>Clinical education must occur under the supervision of a midwife who must be nationally certified, legally recognized, and who has practiced for at least 3 years, and attended at least 50 out-of-hospital births.</p> <p>Clinical skills include management of prenatal, birth and postpartum care for women and newborns.</p>
Degree Granted	<p>Master's or doctoral degree; a master's degree is the minimum requirement for the AMCB certification exam.</p>	<p>Master's degree; a master's degree is the minimum requirement for the AMCB certification exam.</p>	<p>No degree is granted through the PEP pathway.</p> <p>MEAC-accredited programs vary and may grant a certificate of an associate's, bachelor's, master's, or doctoral degree. Most graduates attain a certificate or associate degree; there is no minimum degree requirement for the CPM certification exam.</p>

Licensure	Certified Nurse-Midwife (CNM®)	Certified Midwife (CM®)	Certified Professional Midwife (CPM)®
Legal Status	Licensed in all 50 states plus the District of Columbia and US territories.	Licensed in New Jersey, New York, and Rhode Island. Authorized by permit to practice in Delaware. Authorized to practice in Missouri.	Regulated in 27 states (variously by licensure, certification, registration, voluntary licensure, or permit).
Licensure Agency	Boards of Nursing, Boards of Medicine, Boards of Midwifery/Nurse-Midwifery, Departments of Health	Boards of Midwifery, Boards of Medicine, Department of Health	Departments of Health, Boards of Medicine, Boards of Midwifery

Highlights

1. The American Midwifery Certification Board is the gold standard in midwifery and nurse-midwifery certification. Other certifying bodies do not ensure the same level of experience and educational standards and requirements.
2. While state licensure provides the legal basis for practice, most states require AMCB certification for licensure, and many institutions require AMCB certification to grant practice privileges.
3. The titles CNM and CM are registered through the Federal Office of Patents and Trademarks and can only be used by midwives certified through the AMCB. For more information, please see the below document:

AMCB Trademark Use Policy (/docs/default-document-library/amcb-trademark-use-policy.pdf?sfvrsn=0)



4. AMCB CNM certification is accepted in all 50 states in the U.S., in addition to the District of Columbia and Puerto Rico. AMCB CMs are allowed to practice in Rhode Island, New Jersey, New York, Delaware, and Missouri only.
5. Midwives practicing in unregulated states have no legal, regulatory protection unless certified by the AMCB.
6. The AMCB provides you with the tools you need to maintain your certification through its comprehensive Certificate Maintenance Program ([/certificate-maintenance-program](#)).
7. Your certification by the AMCB assures your patients that you have met accepted national standards in midwifery care, and that you are committed to ongoing learning in your field.
8. The AMCB provides you with other valuable opportunities to become involved ([/get-involved](#)) in midwifery certification through voluntary participation in a variety of committees: Certificate Maintenance Program (CMP) Committee; Credentials, Administration & Reporting (CAR) Committee; Examination Committee; Finance Committee; and Research Committee. You may also apply to become a member of the Board of Directors and play a role in the future of midwifery certification.
9. The AMCB offers computer-based testing for the certification examination in collaboration with Applied Measurement Professionals, Inc. There are more than 120 testing sites nationally—at least one in each state plus Puerto Rico and the District of Columbia. In addition, you receive immediate, official results at the testing site.

If you have any questions about AMCB Certification, please contact:

Rebecca Herzfeld (<mailto:rherzfeld@amcbmidwife.org>)
 Certification Coordinator
 Phone: 410-694-9424 ext. 7021

***Our mission:** To protect and serve the public by leading the certification standards in midwifery*

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Find a CNM or CM Near You (<http://www.ourmomentoftruth.com/Find-A-Midwife>)
 Learn More at ACNM (<http://www.ourmomentoftruth.com>)
 Verify a Midwife (<https://ams.amcbmidwife.org/amcbssa/?p=AMCBSSA:17800>)

Certification ([./amcb-certification](#))

Why AMCB Certification? ([why-amcb-certification-](#))
 Application Process ([application-process](#))
 Candidate Handbook ([candidate-handbook](#))
 Certification Fee Schedule ([certification-fee-schedule](#))

Certificate Maintenance Program ([./certificate-maintenance-program](#))

Purpose/Objectives ([./certificate-maintenance-program/purpose-objectives](#))
 Modules ([./certificate-maintenance-program/modules](#))
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 Linthicum, MD 21090

Certified Nurse-Midwife (CNM) and Certified Midwife
 (CM) programs are accredited by the National
 Commission For Certifying Agencies

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Appendix F

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AAP Issues Guidelines For Care of Infants in Planned Home Births

4/29/2013 For Release: April 29, 2013

Although still uncommon, the rate of home births has increased during the past several years in the U.S. In a new policy statement, "Planned Home Birth," in the May 2013 Pediatrics (published online April 29), the American Academy of Pediatrics (AAP) makes recommendations for the care of infants born in a home setting. Regardless of the circumstances of the birth, including location, every newborn infant deserves health care that adheres to AAP standards. The AAP concurs with the recent statement from the American College of Obstetricians and Gynecologists (ACOG) that the safest setting for a child's birth is a hospital or birthing center, but recognizes that women and their families may desire a home birth for a variety of reasons. Pediatricians should advise parents who are planning a home birth that AAP and ACOG recommend only midwives who are certified by the American Midwifery Certification Board. There should be at least one person present at the delivery whose primary responsibility is the care of the newborn infant and who has the appropriate training, skills and equipment to perform a full resuscitation of the infant. All medical equipment, and the telephone, should be tested before the delivery, and the weather should be monitored. A previous arrangement needs to be made with a medical facility to ensure a safe and timely transport in the event of an emergency. AAP guidelines include warming, a detailed physical exam, monitoring of temperature, heart and respiratory rates, eye prophylaxis, vitamin K administration, hepatitis B immunization, feeding assessment, hyperbilirubinemia screening and other newborn screening tests. If warranted, infants may also require monitoring for group B streptococcal disease and glucose screening. Comprehensive documentation and follow-up with the child's primary health care provider is essential.

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The American Academy of Pediatrics is an organization of 60,000 primary care pediatricians, pediatric medical subspecialists and pediatric surgical specialists dedicated to the health, safety and well-being of infants, children, adolescents and young adults. (www.aap.org)

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A.H. 2
SB 2256
3-14-17

Good afternoon Chairman Weisz and Committee.

For the record, my name is Donna Henderson, and I am here as a registered lobbyist for the ND Home Birth Coalition.

I do stand in opposition to SB 2256.

This bill is not needed in North Dakota.

North Dakota currently allows midwives to practice here. We have traditional midwives, those that have gained their knowledge from apprenticeship and experience. We also have Certified professional midwives that have taken certified training for midwifery. Both are serving our ladies well in North Dakota in home birth settings.

These are the midwives that this bill proposes to study to regulate. This bill also requires the findings and recommendations AND the legislation required to implement such regulations to the next legislative assembly in 2019. If we study to regulate, we will get regulations.

Why are we against regulating midwifery? Because it could take away the parent's right to choose who they want at the birth of their baby at home. It could also take away some parent's rights to birth their baby at home. We believe that decision best belongs to, and must belong to the parents. In many regulated states—the mother's age, her weight, where she lives, if she has had previous complications with childbirth all could disqualify her from receiving the care of a midwife at home. Those decisions should be made by the parents on an individual basis. There is no one who cares more about the safety of both mom and baby than the parents. If we lose this freedom to choose where and with whom we give birth, we will never get it back.

Women have been assisting other women at births from the beginning. That's where the term midwife comes from—it means “with women.” In 1900, less than 5% of women gave birth in hospitals. My parents were both born at home along with most of my aunts and uncles. It wasn't until the 1950's that hospital births became the norm. Home births started to become popular again in 1970 and have slowly been on the rise with safety being cited as the primary reason parents choose this option. Less unnecessary intervention is safer for mom and baby.

Again, this study is not necessary. The consumers of midwifery are satisfied with their services. It's noteworthy that that's not who keeps bringing up the idea to study and regulate. The people of this state have voiced their opposition to this study in 2007 and again in 2011. In both of those years there was legislation brought forth to study regulating midwifery. Both times the hearing rooms were full of parents strongly advocating for it's defeat. And both times it was defeated thanks to Legislators that listened to their constituents. The most true study we could do would be to have the consumers of midwifery do the study. As a matter of fact, we did just that in the spring of 2011. We had months of social media buzzing with the idea to regulate midwives or not on email chat groups and face book. There were meetings that, via the internet, connected home birth parents and midwives in Bismarck, Williston, Dickinson, Minot, Bottineau, Grand Forks and Fargo. There were presentations from legislators, midwives

and parents relating to regulating midwifery in ND or not. Then a vote was taken. The result was that those who choose to home birth in this state did not want midwifery regulated. If you want a true study, there is your study. There is your answer.

I do not see a fiscal note attached to this bill. I have heard that studies are expensive. I did bring copies of the bill proposed in 2011 that included the fiscal note of over \$36,000 per biennium. That estimate is 6 years old so probably actually higher than that. It seems like a lot of taxpayer money to study regulating such a small profession. In this budget shortfall it does not seem feasible to spend this much money to study something you now know the people don't want.

Also it does not seem needed. As you know this bill started out as a bill to expand the duties of a naturopathic doctor, but was hog housed into this study. We did not oppose this bill as it started out. In fact, one of our midwives got a call when it was introduced and she was told, "don't worry, this bill will not affect you." We did not testify against it. We were blind sighted by the amendment, and we believe most of the Senators were too. The bill was sold on the floor by saying it was going "to study the portion of the naturopath's scope of practice relating to midwifery." But the actual reading of the bill says nothing about naturopath midwifery at all, but says "regulating the practice of midwifery by individuals who are not nurse midwives." We did not find out in time to lobby against the study in the Senate at all! Many Senators voted for it, believing it was a study for naturopaths who wished to assist at births. Not realizing it was really a study to regulate all midwives that do home births.

Again, this bill is not needed—even for naturopaths. Right now naturopaths who are certified midwives DO assist at home births in North Dakota. I enclosed written testimony from the Senate hearing that states that fact. Midwifery is an established profession here in this state with many traditional and certified midwives practicing throughout the state with no problems or complaints.

Chairman and Committee members, as you ponder all the testimony you have before you with this bill, I would respectfully ask you to side with the wishes of the people. The role of government is not to protect people, but rather to protect the people's rights. Government should never be allowed to interfere on such a personal level as this-- to dictate where a mother gives birth and whom she can have attend her in her own home.

Thank you,
Donna Henderson
Calvin, ND
ND Home Birth Coalition

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Att. 3
SB 2256
3-14-17

Chairman Weiss

House Human Service Committee members:

I am a mother of eleven children. I had six hospital births, then four home births attended by traditional midwives, and one final hospital birth. I worked as a registered nurse for twelve years, three of which were strictly obstetrical nursing. I have attended at least ten home births in North Dakota besides my own four.

My reason for choosing my first home birth was my own research regarding my personal issue of having several postpartum hemorrhages in the hospital. My physician informed me that I was a very high risk for a home birth. However, my research made me believe that the quick expulsion of the placenta by physicians that were crunched for time was the cause of my bleeding. My first home birth proved that to indeed be the case for me. My placenta didn't release for over an hour postpartum and for the first time in the past six births, I had no hemorrhaging! The midwife just patiently waited for my body to naturally expel the placenta with out any drugs or other intervention.

I give this example to remind us all that we parents ought to be able to choose the delivery method for our births that we have the most peace with. I am not opposed to hospital births. With my eleventh child, I went into labor 5 weeks early. After much prayer and consultation with my midwife, we decided to go to the hospital. There were no complications, but our being able to choose what we believed best for that birth, was very important for us.

I have attended several home births to be a support to the parents while they were waiting for their traditional midwife to arrive. Living in such a rural state as ND, access to quick help is critical. I recall one situation that upon arrival and a quick assessment of the situation of early labor, I encouraged the parents to go directly to the hospital as the mother appeared to have signs of placental separation. They transferred immediately, had a c-section and a favorable outcome. However, if the laws were such that only a certified midwife could attend a home birth, I wouldn't have been free to be "on call" for this couple. Had the couple not recognized the danger they were in while waiting for the midwife to arrive, whether traditional or certified, an hour later the outcome may have been very different.

Committee members, we are just asking for you not to take away any choices that we currently have. We have many options in ND at present from traditional midwives, to certified midwives for home births, to several hospital choices. For me personally, I believe I was able to use exactly what I needed for each individual birth to make my birthing experiences the best possible for us and our babies.

I am asking you leave those same options open for my children that are now bearing children. Please vote a DO NOT PASS on SB2256.

Sincerely,

Lisa Geiger, 4926 162nd Ave. NE, Baldwin, ND 58521

A.H. 4
SB 2256
3-14-17

Llora J. Knight
10740 – 44th St. SW
Dickinson, ND 58601
District 36
SB 2256 – Do Not Pass

~~Madam~~ Chair and Members of the Committee,

My name is Llora Knight. I am a direct entry midwife currently providing basic prenatal and post-partum care and assisting women in North Dakota in a home birth environment. I'd like to begin by quoting the preamble to the Constitution of North Dakota: "We the people of North Dakota, grateful to Almighty God for the blessings of civil and religious liberty, do ordain and establish this constitution." I am here because I am concerned that a specific civil liberty of moms and dads in North Dakota is in danger of being lost, that of deciding the place and method of the birth of their babies.

SB 2256 began as a bill to amend Section 43-58-01, 08, and 11 of the North Dakota Century Code pertaining to homeopathic practitioners. Its intent was to clarify language and give homeopaths a little more freedom of practice. The bill before you does not even mention homeopaths. Instead the original 4 page bill, consisting of 93 lines, has been stripped of its original intent and rewritten to establish a legislative management study regarding the regulation of midwifery. I agree with most when they say, concerning government, less is better, but not in this case. There are several reasons why I speak out against this bill, but time does not allow me to expand them all. I would like to share three:

First and probably least important is the cost of such a study. Why should a state who is attempting to cut costs across the board advocate spending money on something that will be expensive and difficult to study and is currently functioning quite smoothly?

Second is past history. I have stood and listened to testimony presented from parents attempting to protect the freedom to choose the place and method of the birth of their babies time and time again when similar bills have been put forth. The voice of the people has been stated. Why is it that someone isn't listening?

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Third, and most important, if you vote for this study to regulate midwifery it will return with proposed legislation to do just that. Legislating midwifery, if it follows the path of other states will lead to a loss of freedom in North Dakota. The freedom for parents to choose the place and method of the birth of their babies. If we eventually legislate that all babies must be born in the hospital (which is what some advocate) then we won't live in American any more we will live in the People's Republic of North Dakota. I ask you, no implore you, to protect the freedom of parents to choose the place and method of their children's birth by giving a DO NOT PASS recommendation on SB 2256. Thank you for your time.

A handwritten signature in blue ink, consisting of a stylized, cursive letter 'A' or similar character.