

National Conference of State Legislatures (NCSL) and National Governors Association (NGA) Framework for Scope of Practice Proposal

The Minnesota Association of Naturopathic Physicians (MNANP)

Part 1- Proposal Overview

1) State the profession/occupation

- a) Profession: Naturopathic Medicine
- b) Occupation: Naturopathic Physicians (called Naturopathic Medical Doctors in Minnesota)

2) For existing professions, briefly describe the proposed statutory change in scope of practice.

- a) Modernize scope of practice to accurately reflect the scope of training of naturopathic physicians:
- b) Add pharmaceutical prescribing rights to accurately reflect scope of training and address public health and safety issues - public safety access issues that will be solved: antibiotics, vaccines, birth control, etc.
- c) Add IV, IM, and subcutaneous administration rights
- d) Protect the practice of "naturopathic medicine" (can diagnose and treat illness) by moving registration of naturopathic physicians to licensure - the practice of "naturopathy" (cannot diagnose and treat illness) will still be protected by Minnesota Statute Chapter 146A.

Part 2- Proposal Details

A. Public Safety

1. Describe, using evidence, how the proposed scope and regulation ensures public safety?

- a. Naturopathic doctors are overseen by the Board of Medical Practice. Stringent educational requirements are in place and a process already exists to discipline naturopathic physicians. Please see section below for safety statistics on naturopathic physicians.

2. Is there any research evidence the proposed change might endanger the public? Please cite.

- a. No there is no evidence that the proposed changes might endanger the public. In states that already have legislation in place providing naturopathic physicians their full scope of practice, naturopathic physicians maintain a better safety record than medical physicians and osteopathic physicians.
- b. Since 2008 when naturopathic physicians became registered in Minnesota there have been no complaints to the Board of Medical Practice.
- c. 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." (S.Res.135. Congress.gov, <http://beta.congress.gov/bill/113th/senate-resolution/135>)
- d. The California and nationwide data undeniably support the US government's 2013 resolution. California's nearly 500 practicing naturopathic physicians have a pristine safety record – there have been no cases of patient harm caused by naturopathic physicians in California since licenses were first issued in 2005.
- e. Throughout the US, naturopathic physicians 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 physicians 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 physicians, representing 0.64% of Washington MDs. Osteopathic physicians 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 physicians.² Other states with broad scopes of practice for NDs boast similar rates.

- f. Malpractice insurance claims can be used to further assess the risk of updating the scope of practice for naturopathic physicians in California. **According to NCMIC, the leading provider for naturopathic malpractice insurance, premium rates for naturopathic physicians average approximately 30-40% lower than primary care medical physicians.** Furthermore, NCMIC has never opened a claim based on an allegation against a naturopathic physician 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 physicians and the colleges, we have never opened a claim based on an allegation against a Naturopathic physicians 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 physician."* 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 physicians 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 physicians. A 2013 nationwide search by Verdict-Search also found no records of malpractice suits against naturopathic physicians. Safety is an important factor to consider when new legislation is being proposed. **Based on the national safety data, updating the proposed legislation allowing naturopathic physicians to practice to the full extent of their training and education will increase patient access to safe, effective primary care.**

3. Describe the proposed disciplinary measures to safeguard against unethical/unfit professionals. How can consumers access this information?

- a. Complaint and disciplinary process for Registered Naturopathic physicians
- 147E.30 DISCIPLINE; REPORTING. For purposes of this chapter, registered naturopathic doctors and applicants are subject to sections 147.091 to 147.162.
 - If there is any concern about the conduct of a registered naturopathic doctor it can be filed with the Minnesota Board of Medical Practice. Complaint forms are available at <https://mn.gov/boards/medical-practice/public/complaints/complaint-registration-form.jsp> or by calling 612-617-2130. To initiate a formal review the forms must be completed with a notarized signature and returned to the Board.
 - Once a complaint is filed the Board's staff gathers information from a variety of sources, starting with the information you included in the complaint. The staff will gather medical records, collect data and may interview those involved, If it is appropriate, the staff will also obtain a

response from the physician involved. When the information gathering is completed the Registered Naturopathic Advisory Council reviews the information per statute 147E.35 Subd. 3. The Advisory Council reviews the materials and submits a recommendation the Board of Medical Practice who ultimately makes a ruling and decide if disciplinary action is required per 147.091 to 147.162

B. Regulation

1. Describe if a regulatory entity/board currently exists or will be proposed. Does/will it have statutory authority to develop rules related to a changed/expanded scope or emerging profession, including authority to discipline practitioners, determine standards for training programs, assessment of practitioners' competence levels? If not, why not?

See existing statute below:

Naturopathic physicians in Minnesota are under the regulation of the Minnesota Board of Medical Practice who is advised, currently, by the Registered Naturopathic Advisory Council

a. 147E.35 REGISTERED NATUROPATHIC DOCTOR ADVISORY COUNCIL.

i. Subdivision 1.Membership.

1. The board shall appoint a seven-member Registered Naturopathic Doctor Advisory Council consisting of one public member as defined in section 214.02, (PUBLIC MEMBER, DEFINED) five registered naturopathic doctors who are residents of the state, and one licensed physician or osteopath with expertise in natural medicine.

ii. Subd. 2.Organization.

1. The advisory council shall be organized and administered under section 15.059, (ADVISORY COUNCILS AND COMMITTEES)
2. Section 15.059, subdivision 2 (MEMBERSHIP TERMS), does not apply to this section. Members shall serve two-year terms, and shall serve until their successors have been appointed. The council shall select a chair from its membership.

iii. Subd. 3.Duties.

1. The advisory council shall:

1. advise the board regarding standards for registered naturopathic doctors;
2. provide for distribution of information regarding registered naturopathic doctors standards;
3. advise the board on enforcement of sections 147.091 (GROUNDS FOR DISCIPLINARY ACTION) to 147.162; (MEDICAL CARE FACILITIES; EXCLUSION)
4. review applications and recommend granting or denying registration or registration renewal;
5. advise the board on issues related to receiving and investigating complaints, conducting hearings, and imposing disciplinary action in relation to complaints against registered naturopathic doctors;
6. advise the board regarding approval of continuing education programs using the criteria in section 147E.25, subdivision 3

(CONTINUING EDUCATION REQUIREMENT);
and

7. perform other duties authorized for advisory councils by chapter 214, (EXAMINING AND LICENSING BOARDS) as directed by the board.

2. Do other states apply regulatory oversight? If so, describe briefly.

Yes, 16 other states (total of 17), the District of Columbia, and the US territories of Puerto Rico and the Virgin Islands regulate naturopathic physicians. See table on next page for details about naturopathic physicians scope of practice.

Draft

Naturopathic Medicine

Scope of Practice by State

State/Territory	Licensure of Naturopathic Medicine/Naturopathy	Allowed Practice of Naturopathy by Non-Naturopathic Physicians	Title Protection	Referred to as a Physician	Authorized to Prescribe Pharmaceuticals	Minor Surgery	Oseous Manipulation	Soft Tissue Manipulation	Acupuncture	Naturopathic Childbirth
Alaska	Yes	No	Yes	No	No	No	Yes	Yes	Not Addressed	Not Addressed
Arizona	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Not Addressed
California	Yes	Yes	Partly – individuals with no naturopathic medical training may call themselves naturopaths	No	Yes – limited alone, increased with MD/DO supervisory agreement	Yes – but no suturing	Yes – but not HVLA manipulation	Yes	Not Addressed	Yes – specialty certification
Colorado	No – registration	Yes	Partly – individuals with no naturopathic medical training may call themselves naturopaths	No	Yes – limited	Yes	Yes	Yes	Not Addressed	No
Connecticut	Yes	No	Yes	Yes	No	No	Yes	Yes	Not Addressed	Not Addressed
Hawaii	Yes	No	Yes	Yes	Yes – authorization needed for parenteral administration	Yes – with jurisprudence exam	Yes	Yes	Not Addressed	Not Addressed
Kansas	Yes	No	Yes	No	Yes - limited	Yes – but no suturing	Yes	Yes	Yes – specialty certification	No
Maine	Yes	No	Yes	No	Yes – limited after 1-year MD/DO supervisory agreement	Yes	Yes	Yes	Yes – specialty certification	Not Addressed
Maryland	Yes	No	Yes	No	Yes – limited	No	Yes – but not HVLA manipulation	Yes	No	Not Addressed
Minnesota	No – registration	Yes	Partly – individuals with no naturopathic medical training may call themselves naturopaths	No	No	Yes	No	Yes	Not Addressed	Not Addressed
Montana	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	Not Addressed	Yes – specialty certification
New Hampshire	Yes	No	Yes	Not Addressed	Yes	Yes	Yes	Yes	Yes	Yes – specialty certification
North Dakota	Yes	No	Yes	Not Addressed	No	No	Yes – but not of the spine	Yes	Not Addressed	Not Addressed
Oregon	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	Not Addressed	Yes – specialty certification
Utah	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes – specialty certification
Vermont	Yes	No	Yes	Yes	Yes – with passing jurisprudence exam	No	Yes	Yes	Yes	Yes – specialty certification
Washington	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	Not Addressed	Not Addressed
District of Columbia	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	Not Addressed	Yes – specialty certification
Puerto Rico	Yes	Yes – naturopaths must obtain license	Partly – licensed naturopaths may call themselves naturopaths	Not Addressed	No	Not Addressed	Not Addressed	Yes	Not Addressed	Not Addressed
Virgin Islands	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Not Addressed

3. Is there consensus model legislation available at the national level? If so, which states have adopted it?

The American Association of Naturopathic Physicians (AANP) has a model bill that is available to state chapters as they pursue licensure, however, in the 16 other states, the District of Columbia, US territories of Puerto Rico and the Virgin Islands where there is licensure, the laws vary on some details like ongoing CE requirements and prescribing.

4. Does the proposed scope conflict with the current scope of practice for other professions/practitioners? If so, describe the areas of conflict

No, this bill does not prohibit or change any other professions/practitioners' scope of practice it only regulates licensed naturopathic physicians.

C. Education

Describe the training, education, or experience that will be required for this professional.

A licensed naturopathic physician (ND) attends a four-year, graduate-level naturopathic medical school and is educated in all of the same basic sciences as an MD, but also studies holistic and nontoxic approaches to therapy with a strong emphasis on disease prevention and optimizing wellness. In addition to a standard medical curriculum, the naturopathic physician also studies clinical nutrition, homeopathic medicine, botanical medicine, psychology, and counseling. A naturopathic physician takes rigorous professional board exams so that he or she may be licensed by a state or jurisdiction as a primary care general practice physician.

Academic Prerequisites

There are currently seven accredited naturopathic schools in North America. These belong to the [Association of Accredited Naturopathic Medical Colleges \(AANMC\)](#), and require a base of undergraduate science courses that include biology as well as general and organic chemistry. Anatomy, biochemistry, botany, developmental psychology, and physiology courses may also be specified.

Academic Curriculum

Naturopathic medicine students learn to treat all aspects of family health and wellness, from pediatrics to geriatrics. During their first two years of study, the curriculum focuses on basic and clinical sciences and diagnostics, covering:

- Anatomy
- Biochemistry
- Human physiology
- Histology
- Human pathology
- Immunology
- Macro- and microbiology
- Neuroscience
- Pharmacology

For at least the final two years of their medical program, students intern in clinical settings under the close supervision of licensed professionals, learning various therapeutic modalities including:

- 8) Botanical medicine
- 9) Clinical nutrition
- 10) Counseling

- 11) Homeopathy
- 12) Laboratory & clinical diagnosis
- 13) Minor surgery
- 14) Naturopathic physical medicine
- 15) Nutritional science

Some [member schools in the AANMC](#) actually require more hours of basic and clinical science than many top allopathic medical schools. Students of naturopathic medicine use the Western medical sciences as a foundation on which to build a thorough knowledge of holistic, non-toxic therapies and develop skills in diagnosis, disease prevention and wellness optimization.

Accredited Programs (<http://www.cnme.org/programs.html>)

Bastyr University

Naturopathic Medicine Program (Washington State campus)
14500 Juanita Drive, N.E.
Kenmore, Washington 98028-4966
phone number 425.823.1300

Naturopathic Medicine Program (California campus)
4106 Sorrento Valley Boulevard
San Diego, California 92121
phone number 425.823.1300

Accreditation was initially granted in April 1987 and last reaffirmed in October 2013. The next full-scale evaluation is scheduled for winter/spring of 2019, with a decision on continued accreditation to be made in fall of 2019. The university has institutional accreditation with the Northwest Commission on Colleges and Universities, a U.S. Department of Education-recognized regional accrediting agency.

Boucher Institute Of Naturopathic Medicine

Naturopathic Medicine Program
Suite 300
435 Columbia Street
New Westminster, BC V3L 5N8
Canada
phone number 604.777.9981

Initial accreditation was granted in December 2008 and last reaffirmed in May 2015. The next full-scale evaluation visit is scheduled for fall 2017, with a decision on continued accreditation to be made in spring 2018. The college is recognized by all Canadian provinces that license naturopathic practitioners.

Canadian College of Naturopathic Medicine

Naturopathic Medicine Program
1255 Sheppard Avenue East
North York, Ontario M2K 1E2

Canada
phone number 416.498.1255

Accreditation was initially granted September 2000, and last reaffirmed in May 2013. The next full-scale evaluation visit is scheduled for fall 2019, with a decision on continued accreditation to be made in spring 2020. The college is recognized by all Canadian provinces that license naturopathic practitioners.

National University of Natural Medicine

Naturopathic Medicine Program
049 S.W. Porter
Portland, Oregon 97201
phone number 503.552.1660

Accreditation was initially granted April 1991 and last reaffirmed in May 2015. The next full-scale evaluation visit is scheduled for fall 2021, with a decision on continued accreditation to be made in spring 2022. The college has institutional accreditation with the Northwest Commission on Colleges and Universities, a U.S. Department of Education recognized regional accrediting agency.

National University of Health Sciences

Naturopathic Medicine Program
200 E. Roosevelt Road
Lombard, Illinois 60148
phone number 800.826.6285

Initial accreditation granted in October 2012. The next full-scale evaluation visit is scheduled for spring 2016, with a decision on continued accreditation to be made in fall 2016. The university has institutional accreditation with the Higher Learning Commission, a U.S. Department of Education recognized regional accrediting agency.

Southwest College of Naturopathic Medicine & Health Sciences

Naturopathic Medicine Program
2140 E. Broadway Road
Tempe, Arizona 85282
phone number 480.858.9100

Accreditation was initially granted in 1999, and last reaffirmed in May 2013. The next full-scale evaluation visit is scheduled for fall 2018, with a decision on continued accreditation to be made in spring 2019. The college has institutional accreditation with the North Central Association of Colleges and Schools, a U.S. Department of Education recognized regional accrediting agency.

University of Bridgeport College of Naturopathic Medicine

Naturopathic Medicine Program

60 Lafayette Street
Bridgeport, Connecticut 06604
phone number 203.576.4109

Initial accreditation was granted in March 2006 and last reaffirmed in May 2014. The next full-scale evaluation visit is scheduled for fall 2017, with a decision on continued accreditation to be made in spring 2018. The university has institutional accreditation with the New England Association of Schools and Colleges, a U.S. Department of Education recognized regional accrediting agency.

[All AANMC member institutions](#) have been accredited by one of the regional accrediting agencies approved by the [U.S. Department of Education](#).

In addition, all of the naturopathic medicine programs of the member schools have been accredited by the [Council on Naturopathic Medical Education \(CNME\)](#), the recognized accreditor for naturopathic medical programs in North America.

Every state, province, and other jurisdiction that licenses naturopathic physicians as primary care health practitioners relies on CNME program accreditation and standards to quality applications for state or province licensure. Naturopathic professional schools and associations in North America rely on the CNME to establish and maintain the highest standards for naturopathic education. This is similar to the way standard medical schools rely on the Association of American Medical Colleges and the American Medical Association to sponsor a national accrediting authority for their medical programs.

CNME evaluators conduct periodic campus visits and staff/faculty interviews in order to monitor the school's activity on an ongoing basis.

Graduation from a naturopathic medicine program that is accredited or is a candidate for accreditation guarantees eligibility to sit for the [Naturopathic Physicians Licensing Examinations \(NPLEX\)](#), the passage of which is required to obtain licensure.

CNME is also the only naturopathic accreditor with membership in the [Association of Specialized and Professional Accreditors \(ASPA\)](#). This organization accepts as members those accreditors recognized by the Secretary of Education or that meet ASPA's own criteria. Among the almost 50 agencies that belong to ASPA are the recognized accreditors for allopathic (M.D.), osteopathic (D.O.), chiropractic (D.C.), acupuncture (L.Ac.), and dental programs. Other naturopathic accrediting agencies accredit correspondence and other schools that do not prepare students to practice as licensed naturopathic physicians. None is recognized by the Secretary of Education, and none of the schools or programs they accredit has institutional accreditation from a recognized regional accrediting agency.

Naturopathic Medical Education Comparative Curricula

The First Two Years: A Strong Science Background

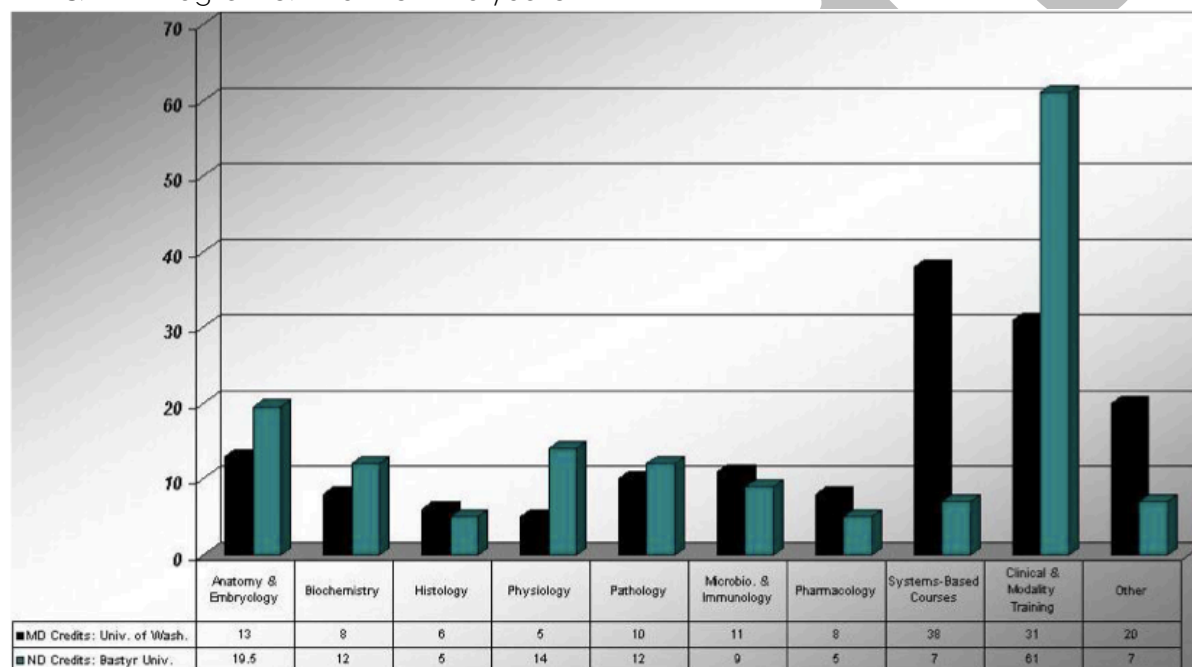
Naturopathic medical education is imbued with a unique [philosophy](#) grounded in the [six principles of naturopathic medicine](#), which include holistic, nontoxic approaches, along with an [emphasis on disease prevention and optimizing wellness](#). Accordingly, ND school curricula include certain [areas of study](#) not covered in conventional medical school, such as clinical nutrition, homeopathic medicine and psychological counseling. However, future NDs also receive training in many of the same biomedical and diagnostic sciences as their MD counterparts, and the result is a comprehensive and well-rounded medical education.

The general educational structure is very similar for both ND and MD students. In both programs, the first year emphasizes the biomedical sciences, such as anatomy and biochemistry. During the second year, classes focus on the diagnostic sciences, including areas like evidence-based medicine and physiological assessment. Both programs progressively increase students' problem-based learning and integrated coursework, allowing students to comprehend how the different learned concepts affect one another.

During the first two years, ND students' credit loads are almost identical to those of MD students. In nearly every biomedical science, ND students are required to complete as many credits as MD students. Specifics vary by school, but a 2010 course comparison of the [University of Washington's](#) MD program and [Bastyr University's](#) ND program shows that during the first two years, University of Washington MD students completed a total of 150 credits and Bastyr ND students completed 151.5 credits, most of them in comparable biomedical and diagnostic science courses.

Credit Comparison

ND & MD Programs: The first two years



Some key aspects of ND education reflected in the bar graph:

- The first two years of the ND curriculum also include early introduction to naturopathic modalities, such as homeopathy, nutrition and botanical medicine. This exposure occurs in many different courses over these two years, and therefore is not called out separately in the ND school course catalogue.
- While many conventional medical schools use a systems-based approach to medical education, most naturopathic medical programs currently do not. In a systems-based approach, anatomy, physiology, pathology and diagnostic skills are each taught individually for each body system (i.e., respiratory, digestive, nervous system, etc.). And although some ND schools may be moving toward a more systems-based approach to education, classes

in a typical ND program are not divided by system, but rather focus on how a symptom in one part of the body may affect the patient's entire anatomy and well-being.

- Some ND school curricula also begin clinical training during the first and second years, just as some MD school curricula initiate observational shifts at that time.

Third and Fourth Years: Hands-on Experience via Clinical Training

After the first two years, both ND and MD curricula focus on applying medical knowledge to real-life situations; simultaneous classroom studies support this training. Both curricula strive to maximize the synchronization of classroom and clinical training during these key years, thereby improving the quality and practicality of the students' educations.

However, it is during these later years that MDs' educations begin to differ noticeably from those of NDs. MDs complete clerkships, which are courses in various medical specialties, and although MD students see plenty of patients during these clerkships, their roles are primarily observational: they are not primarily responsible for patient care.

Third- and fourth-year ND students have increasing opportunities for hands-on clinical training and practice, often at their schools' teaching clinics and off-site clinics, which offer diverse patient populations. This period of clinical training goes well beyond the observation and is absolutely essential to NDs' educations – so much so that clinical training is now being introduced during the first and second years of education at several AANMC-member schools. As a result, naturopathic medical students graduate prepared to begin practice and to diagnose and treat patients, whereas MD students are required to complete residencies after graduation in order to gain clinical experience.

B. Describe any needed course of study and resulting credential. Is the education program available, or what is the plan to make it available? Is accreditation or other approval available for the education program?

Comparison of academic curriculum hours for US Naturopathic, Allopathic and Osteopathic Schools

Profession	Naturopathic	Allopathic	Osteopathic
Anatomy	350	380	362
Physiology	250	125	126
Biochemistry	125	109	103
Pharmacology	100	114	108
Pathology	125	166	152
Microbio/Immun.	175	185	125
Total	1125	1079	976

Source: Jensen CB. Common paths in medical education: the training of allopaths, osteopaths and naturopaths. *Altern Complement Ther.* 1997;3:276-80.

National College of Naturopathic Medicine, Portland, Oregon

YEAR 1

FALL	CR
BAS410 M-S Anatomy I	2
BAS411 Anatomy Lab I	1
BAS412 Organ Systems I	6
BAS417 Cellular Systems I	3
BAS417T Cell Systems Tut. I	0.5
NPH531 Med Ethics	1
BAS418 BS Clinic Corr I	1
NPH410 Nat Med Philos I	2
BAS414 Medical Histology	3
BAS414L Medical Hist Lab	1
BAS434 Research & Stat.	2
Quarter Total	22.5

WINTER	CR
BAS420 M-S Anatomy II	2
BAS421 Anatomy Lab II	1
BAS422 Organ Systems II	6
BAS427 Cellular Systems II	3
BAS427T Cell Systems Tut. II	0.5
PHM416 Palpation Lab I	1
PSY420 Dr. Pt. Commun.I	0.75
PSY420L Dr. Pt. Comm. Lab I	1
BAS440 Microbiology I	3
BAS428 BS Clinic Correlate II	1
NPH420 Nat Med Philos II	2
PSY530 Stress Management	1
Quarter Total	22.25

SPRING	CR
CLS512 Pathology I	3
BAS431 Anatomy Lab III	0.5
BAS432 Organ Systems III	7
BAS437 Cellular Systems III	3
BAS437T Cell Systems Tut. III	0.5
PHM426 Palpation lab II	1
BAS441 Microbiology II	3
CLE430 Intro to Clinic	0.5
PHM412 Hydrotherapy & Lab	2
BAS438 BS Clinic Corr. III	1
NPH430 Nat Med Philos III	2
Quarter Total	23.5

YEAR 2

FALL	CR
CLS522 Pathology II	4
CLS510 Clin/Phys Dx I	5
CLS520L Clin/Phys Dx Lab I	1
CLS516 Pharmacology I	2
CCM510 Chinese Medicine I	3
HOM510 Intro to Homeop	2
PHM512 Office Orthopedics I	1
CLS513 Lab Dx I	2
CLS513L Lab Dx Lab I	0.5
CLS514 Clinical Case Pres I	1
CLE510 Clinic Hydro/Mass	1.5
Quarter Total	23

WINTER	CR
CLS532 Pathology III	3
CLS520 Clin/Phys Dx II	5
LCS520L Clin/Phys Dx Lab II	1
CLS526 Pharmacology II	2
CCM520 Chinese Medicine II	3
CLS524 Clinical Case Pres II	1
HOM520 Homeopathy I	2
PHM522 Office Orthopedics II	1
BOT520 Botanical Materia Medica I	3
CLS523 Lab Dx II	2
CLS523L Lab Dx Lab II	0.5
CLE520 Clinic Hydro/Mass	1.5
Quarter Total	25

SPRING	CR
CLS542 Pathology IV	4
CLS530 Clin/Phys Dx III	5
CLS530L Clin/Phys Dx Lab III	1
NUT530 Nutrition I	3
CLS533 Lab Dx III	2
CLS533L Lab Dx Lab III	0.5
CLS534 Clinical Case Pres III	1
HOM530 Homeopathy II	2
PHM520 Nat Manipulation I	1
PHM520L Nat Manip Lab I	1
BOT530 Bot. Materia Med II	2
CLE942A Clinic Education	1
CLS536 Pharmacology III	2
Quarter Total	25.5

Year 3

FALL	CR	HR
NUT611 Nutrition II	3	
PHM530 Nat Manipulation II	1	
PHM530L Nat Man. Lab II	1	
HOM610 Homeopathy III	3	
BOT610 Bot. Mat. Medica III	3	
NOS613 Gynecology	3	
NCB610 Nat Childbirth Gen.	3	
PHM511 Physiotherapy I w/lab	1	
CLS614 Diagnostic Imaging I	2	
CLE942B Clinic Education	0.5	
CLE972A Grand Rounds	0.5	
CLE716F Clinic Lab Practicum I	0.5	
CLE710 Clinic Secondary Shift I	2	
CLE711 Clinic Secondary Shift II	2	
Quarter Totals	25.5	
WINTER	CR	HR
NPH723 Business Practice I	2	
CLS624 Diagnostic Imaging II	3	
NUT622 Nutrition III	3	
PHM610 Nat Manipulation III	1	
PHM610L Nat Manipulation L III	1	
HOM620 Homeopathy IV	3	
PHM621 Minor Surgery I w/lab	2.5	
NOS732 Gastroenerology	2	
PHM521 Physiotherapy II w/lab	1	
PSY610 Dr/Pt Relations w/Lab	1.5	
CLE712 Clinic Secondary Shift III	2	
CLE713 Clinic Secondary Shift IV	2	
CLE972B Grand Rounds	0.5	
CLE716W Clinic Lab Practicum II	0.5	
CLE717 Clinic Med Practicum*	1	
CLE942C Clinic Education	0.5	
Quarter Totals	26.5	
SPRING	CR	HR
CLS634 Diagnostic Imaging III	2	
NUT633 Nutrition IV	3	
PHM640 Nat Manipulation IV	1	
PHM640L Nat Man Lab IV	1	
PHM631 Minor Surgery II w/lab	2.5	
NOS615 Gynecology Lab *	1	
NOS632 Pediatrics	3	
CLS632 Emergency Med	2	
NOS630 Cardiology	3	
CLE714 Secondary Shift V	2	
CLE715 Secondary Shift VI	2	

Year 4

FALL	CR	HR
PSY722 Psychological Assessment	2.5	
NOS710 EENT	2	
CLS631 Environmental Medicine	2	
NOS711 Dermatology	2	
NOS714 Geriatrics	1	
PHM630 ExerciseTherapeutics	1	
PHM650L Nat Manipulation Lab V	1	
CLE812 Clinic Primary IV	2	
CLE813 Clinic Primary V	2	
CLE814 Clinic Primary VI	2	
CLE972D Grand Rounds	0.5	
CLE942E Clinic Education	0.5	
Quarter Totals	18.5	
WINTER	CR	HR
PSY720 Counseling Techniques	2.5	
NOS720 Neurology	2	
NOS721 Urology	2	
NOS712 Endocrinology	2	
NOS723 Proctology	1	
CLE815 Clinic Primary VII	2	
CLE816 Clinic Primary VIII	2	
CLE817 Clinic Primary IX	2	
CLE972E Grand Rounds	0.5	
CLE942G Clinic Education	0.5	
Quarter Totals	16.5	
SPRING	CR	HR
NPH733 Business Practice II	2	
CLS621 Medical Genetics	2	
NPH731 Jurisprudence	1	
NOS725 Oncology	2	
CLE818 Clinic Primary X	2	
CLE819 Clinic Primary XI	2	
CLE820 Clinic Primary XII	2	
CLE821 Clinic Primary XIII	2	
CLE972FGrand Rounds	0.5	
CLE942G Clinic Education	0.5	
Quarter Totals	16	
ELECTIVES	CR	HR
PHM740E Advanced Minor Surgery	3	
PHM510E Colonics	1	
HOM710E Homeopathy VI	3	
BOT443E NW Herbs I	2	
BOT620E Advanced Botanicals I	3	
NCB710E Nat Childbirth IV PP Mgmt.	3	

CLE972C Grand Rounds	0.5
CLE716S Clinic Lab Practicum III	0.5
CLE942D Clinic Education	0.5

Quarter Totals 24

SUMMER	CR	HR
CLE718 Xray Practicum	1	
CLE710 Clinic Sen lab	0.5	
CLE824 Clinic Primary I	2	
CLE825 Clinic Primary II	2	
CLE822 Clinic Primary III	2	
CLE840-845 Preceptor I-VI**	11	
CLE930 Community Service**	1	
Quarter Totals	19.5	

PHM401E Massage Foundations	1
CLS644E Clinical Case Present. IV	1
PHM710E IV Therapy	1.75
PHM699E Nature Cure	2
PHM515E Somatic Re-Education I	1
PHM516E Somatic Re-Education II	1
CCM500E Qi Gong Sup. to Theory I	1
HOM720E Homeopathy VII	3
BOT453E NW Herbs I	2
NCB720E Nat Childbirth V Neonat.	3
NCB620E Nat Childbirth II Pregnancy	3
PHM402E Advanced Massage	1
PHM516E Somatic Re-Education II	1
PHM517E Somatic Re-Education III	1
PHM518E Somatic Re-Education IV	1
CLS643E The Liver in Health & Dis	2
CCM502E Qi Gong Sup. to Theory II	
CLS620E Gut Immunology	
HOM630E Homeopathy V	3
HOM730E Homeopathy VIII	3
BOT630E Advanced Botanicals II	3
BOT463E NW Herbs I	2
NCB630E Nat Childbirth III :	3
NCB730E Nat Childbirth VI :	2
NCB740E Nat Childbirth VII :	1
PHM403E Bodywork Energy	1
PHM710E IV Therapy	1.75
PHM699E Nature Cure	2
PHM519E Somatic Re-Education V	1
PHM518E Somatic Re-Education IV	1
PHM517E Somatic Re-Education III	1
CLS640E Natural Pharmacology	2
CCM535 Chinese Medicine III: Path	2
CCM536 Chinese Medicine III: Dx	2
NOS699E Adv. Pediatrics	2
CLS643E The Liver in Health & Dis	2

[\[Return to appendix index\]](#) [\[Return to table of contents\]](#)



Four-Year Track: Year I

Quarter	Cat. No.	Course Title	Credits	Lec.	L/C	Total
Fall	BC5104	Biochemistry 1	4	4	0	44
	BC5107	Human Physiology 1 Lec/Lab	5.5	4	3	77
	BC5110	Histology ¹	5	4	2	66
	BC5122	Gross Human Anatomy 1	4.5	4	1	55
	BC5122L	Gross Human Anatomy 1 Lab	2	0	2	22
	NM5131	Naturopathic Clinical Theory 1	2	1	2	33
	NM5804	Clinic Entry 1	1	0	2	22
<i>Quarterly Total:</i>			23	17	12	319

Winter	BC5105	Biochemistry 2	4	4	0	44
	BC5108	Human Physiology 2 Lec/Lab	5.5	4	3	77
	BC5112	Embryology	3	3	0	33
	BC5123	Gross Human Anatomy 2	4.5	4	1	55
	BC5123L	Gross Human Anatomy 2 Lab	1	0	2	22
	BC5141	Research Methods & Design ¹	2	2	0	22
	NM5135	The Determinants of Health	1.5	1.5	0	16.5
	OM5120	Fundamental Principles of TCM ¹	3	3	0	33
	PM5300	Massage	1.5	0	3	33
	PM5301	Hydrotherapy/ Physiotherapy Lecture	2	2	0	22
	<i>Quarterly Total:</i>		28	23.5	9	357.5

Spring	AV5100	Fundamentals of Ayurvedic Medicine ¹	2	2	0	22
	BC5106	Biochemistry 3	4	4	0	44
	BC5109	Human Physiology 3	3	3	0	33
	BC5124	Gross Human Anatomy 3	4.5	4	1	55
	BC5124L	Gross Human Anatomy 3 Lab	1	0	2	22
	BC5129	Neuroscience	5.5	4	3	77
	BO5301	Botanical Medicine 1 Lec/Lab	2	1.5	1 ²	26.5
	NM5136	The Vis Medicatrix Naturae	1.5	1.5	0	16.5
	PM5305	Hydrotherapy/Physiotherapy Lab ¹	1	0	2	22
	PS5103	Physician Heal Thyself ¹	2	2	0	22
	<i>Quarterly Total:</i>		26.5	22	9	340

¹AV5100, BC5110, BC5141, OM5120, PM5305 and PS5103: Usually also offered in summer

²Two hours every other week times five weeks

Four-Year Track: Year II

Quarter	Cat. No.	Course Title	Credits	Lec.	L/C	Total
Fall	BC6200	Human Pathology 1	4	4	0	44
	BC6204	Immunology ¹	4	4	0	44
	BO6301	Botanical Medicine 2	2	2	0	22
	HO6300	Homeopathy 1	2	2	0	22
	NM6210	Clinical Lab Diagnosis 1	3.5	2	3	55
	NM6221	Physical/Clinical Diagnosis 1 Lecture	2	2	0	22
	NM6221L	Physical/Clinical Diagnosis 1 Lab	2	1	2	33
	PS6305	Naturopathic Counseling 1	3	3	0	33
	TR6310	Foods, Dietary Systems & Assessment	3	2	2	44
<i>Quarterly Total:</i>			25.5	22	7	319

Winter	BC6201	Human Pathology 2	4	4	0	44
	BC6210	Infectious Diseases ²	6.5	5	3	88
	BO6302	Botanical Medicine 3 Lec/Lab	2	1.5	1	26.5

	HO6301	Homeopathy 2	3	3	0	33
	NM6211	Clinical Lab Diagnosis 2	3.5	2	3	55
	NM6222	Physical/Clinical Diagnosis 2 Lecture	2	2	0	22
	NM6222L	Physical/Clinical Diagnosis 2 Lab	2	1	2	33
	PS6306	Naturopathic Counseling 2	3	3	0	33
	TR6311	Macro & Micronutrients	3	3	0	33
<i>Quarterly Total:</i>			29	24.5	9	367.5

Spring	BC6202	Human Pathology 3	4	4	0	44
	BC6305	Pharmacology ²	5	5	0	55
	BO7303	Botanical Medicine Dispensary Lab ¹	1	0	2	22
	HO6302	Homeopathy 3	3	3	0	33
	NM6212	Clinical Lab Diagnosis 3	3.5	2	3	55
	NM6223	Physical/Clinical Diagnosis 3 Lecture	2	2	0	22
	NM6223L	Physical/Clinical Diagnosis 3 Lab	2	1	2	33
	NM6804	Clinic Entry 2	1	1	0	11
	NM8801	Preceptorship 1	1	0	4	44
	PM6300	Naturopathic Manipulation 1	2	2	0	22
<i>Quarterly Total:</i>			24.5	20	11	341

¹BC6204 and BO7303: Usually also offered in summer

² BC6210 and BC6305: Offered in winter and spring quarter

Eligible to take NPLEX basic science exams

See clinic admission, page 48.

Four-Year Track: Year III

Quarter	Cat. No.	Course Title	Credits	Lec.	L/C	Total
Summer	NM7325	Naturopathic Case Analysis & Mgmt 1	1.5	0	3	33
	NM7341	Cardiology	3	3	0	33
	NM7400	Minor Office Procedures ¹	3	3	0	33
	NM7417	Medical Procedures ¹	3	3	0	33
<i>Quarterly Total:</i>			10.5	9	3	132
		1-2 Clinic Shifts ²	2-4	0	4-8	44-88

Fall	BO7300	Botanical Medicine 4 Lec/Lab	2	1.5	1	26.5
	MW7320	Normal Maternity	3	3	0	33
	NM7302	Gastroenterology	2	2	0	22
	NM7307	EENT	2	2	0	22
	PM7301	Naturopathic Manipulation 2 ³	3	3	0	33
	PM7305	Orthopedics	2	2	0	22
	PS7200	Psychological Assessment	2	2	0	22
	TR7411	Diet & Nutrient Therapy 1	3	3	0	33
<i>Quarterly Total:</i>			22	21.5	1	246.5
		1-2 Clinic Shifts ²	2-4	0	4-8	44-88

Winter	NM7101	Environmental Medicine	1.5	1.5	0	16.5
	NM7102	Public Health	1.5	1.5	0	16.5
	NM7115	Naturopathic Clinical Theory 2	1	1	0	11
	NM7304	Dermatology	2	2	0	22
	NM7306	Oncology	2	2	0	22
	NM7314	Pediatrics 1	2	2	0	22
	PM7302	Naturopathic Manipulation 3 ⁴	3	3	0	33
	PM7341	Sports Medicine/Therapeutic Exercise	2	2	0	22
	PS7203	Addictions & Disorders	2	2	0	22
	TR7412	Diet & Nutrient Therapy 2	3	3	0	33

Spring	BO7301	Botanical Medicine 5 Lec/Lab	2	1.5	1	26.5
--------	--------	------------------------------	---	-----	---	------

NM7109	Practice Management 1	1.5	1.5	0	16.5
NM7305	Clinical Ecology	1	1	0	11
NM7311	Neurology	2	2	0	22
NM7315	Pediatrics 2	2	2	0	22
NM7320	Family Medicine	2	2	0	22
NM7330	The Healing Systems	3	3	0	33
PM7303	Naturopathic Manipulation 4 ⁵	2	2	0	22
PS7315	Naturopathic Counseling 3	2	2	0	22
<i>Quarterly Total:</i>		18	17.5	1	202.5
1-2 Clinic Shifts ²		2-4	0	4-8	44-88

¹NM7341, NM7416 and NM7417: Usually also offered in spring

²Students are assigned 6 shifts during their first year (4 quarters) in clinic.

³PM7301: One section usually offered in summer

⁴PM7302: One section usually offered in fall

⁵PM7303: One section usually offered in winter

Four-Year Track: Year IV

Quarter	Cat. No.	Course Title	Credits	Lec.	L/C	Total
Summer	NM8206	Radiographic Interpretation 1 Lecture ³	3	3	0	33
	NM8207	Radiographic Interpretation 1 Lab ³	1	0	2	22
	Quarterly Subtotal:		4	3	2	55
	3-4 Clinic Shifts		6-8	0	12-16	132-176
Fall	NM8303	Geriatrics	2	2	0	22
	NM8308	Endocrinology ²	3	3	0	33
	NM8312	Urology	1.5	1.5	0	16.5
	NM8325	Nat. Case Analysis & Mgmt 2: Grand Rounds ³	1	0	2	22
	NM8413	Adv'd Naturopathic Therapeutics 1	2	2	0	22
	Quarterly Total:		9.5	8.5	2	115.5
	3-4 Clinic Shifts		6-8	0	12-16	132-176
Winter	NM8101	Ethics ⁴	1	1	0	11
	NM8213	Diagnostic Imaging ⁵	2	2	0	22
	NM8309	Rheumatology	1.5	1.5	0	16.5
	NM8414	Adv'd Naturopathic Therapeutics 2	2	2	0	22
	NM8802	Preceptorship 2	1	0	4	44
	Quarterly Total:		7.5	6.5	4	115.5
	3-4 Clinic Shifts		6-8	0	12-16	132-176
Spring	NM8102	Jurisprudence	1	1	0	11
	NM8109	Practice Management 2	2	2	0	22
	NM8212	Radiographic Interpretation 2 ⁵	3	3	0	33
	NM8314	Pulmonary Medicine	1.5	1.5	0	16.5
	NM8803	Preceptorship 3	1	0	4	44
	NM8844	Interim Patient Care ⁶	2	0	4	44
	Quarterly Total:		8.5	7.5	4	126.5
3-4 Clinic Shifts		6-8	0	12-16	132-176	

¹NM8206 and NM8207: Both offered summer and fall

²NM8308: Offered fall and spring

³NM8325: Offered in fall, winter and spring

⁴NM8101: Offered fall and winter

⁵NM8212 and NM8213: Both offered winter and spring

⁶NM8844: Students are required to complete a total of 44 interim clinic hours. (Usually students staff the shifts they

are assigned to in the quarter just ended.) Students register for and pay for this shift in their last quarter of attendance.

Summary of Clinic Requirements: Naturopathic Medicine Program

Quarter ¹	Cat. No.	Course Title	Credits	Lec.	L/C	Total
variable	NM7820-29	Patient Care 1-10	20	0	40	440
variable	NM8801-3	Preceptorship 1-3	3	0	12	132
variable	NM8830-36	Patient Care 11-17	14	0	28	308
variable	NM8844	Interim Patient Care ²	2	0	4	44
variable	PM7801-2	Physical Medicine 1-2	4	0	8	88
variable	PM8801-2	Physical Medicine 3-4	4	0	8	88
<i>Clinic Totals:</i>			47	0	100	1100

¹Quarterly shift assignments are based on availability.

Elective Requirements: Naturopathic Medicine Program

Quarter	Cat. No.	Course Title	Credits	Lec.	L/C	Total
variable	variable	Elective and Special Topics	15	15	0	165
<i>Elective Totals:</i>			15	15	0	165

Curriculum and course changes in the 2004-2005 Bastyr University Catalog are applicable to students entering during the 2004-2005 academic year. Please refer to the appropriate catalog if interested in curriculum and courses required for any other entering year.

Examination Board Comparison

ND students must sit for and pass two board exams known as the Naturopathic Physicians Licensing Exam (NPLEX) before qualifying for licensure. The NPLEX Part I, biomedical science examination is equivalent to USMLE Step 1 and COMLEX Level 1. These are systems based exams taken upon successful completion of graduate level training in anatomy, physiology, biochemistry, genetics, microbiology, immunology and pathology. They are clinically oriented examinations requiring the synthesis of all basic sciences.

The NPLEX Part II is comparable to USMLE (Steps 2 and 3) and COMLEX (Level 2 and 3) with an emphasis on the knowledge needed to begin practice as a solo practitioner. NPLEX Part II is taken after graduation from a CNME approved naturopathic medical school. It is a case based exam requiring the synthesis and application of knowledge of the clinical sciences the Naturopathic Physicians must have in order to practice safely.

Naturopathic Doctor	Doctor of Osteopathy	Medical Doctor
2 Years Didactic		
NPLEX Part 1	COMLEX Level 1	USMLE Step 1
Systems based exams testing graduate level training in anatomy, physiology, biochemistry, genetics, microbiology, immunology and pathology.		

2 Years Primary Care Clinical Rotations	2 Years Specialty and Subspecialty Clinical Rotations	
NPLEX Part 2	COMLEX Level 2	USMLE Step 2
	Clinical Intern Year	
	COMLEX Level 3	USMLE Step 3
Case based exams with an emphasis on the knowledge required to begin practice as a solo practitioner.		

C. What provisions exist or are being proposed to ensure that practitioners maintain competency in the provision of services?

Naturopathic physicians are required to maintain continuing education credits to renew their license annually. This bill proposes 30 hours annually for naturopathic physicians.

D. Describe the recommended level/type of supervision for this practitioner - independent practice collaborative practice (needing formal Agreements), supervised practice? If this practice will be supervised, state by whom, the level, extent, nature, terms of supervision.

The recommended level for this practitioner is independent practitioner.

D. Reimbursement and Fiscal Impact

1. Describe how and by whom will the new or expanded services be compensated? What costs and what savings would accrue and to whom (patients, insurers, payers?)

- a. In Minnesota, services provided by naturopathic physicians are paid for by patients. Patients are able to use their health savings account or flex spending accounts. Currently no insurers in Minnesota credential naturopathic physicians. Naturopathic physicians utilize dietary and lifestyle changes and focus strongly on preventative medicine. This emphasis on prevention reduces the need for medication and expensive surgical procedures. In addition, malpractice rates are much lower for naturopathic physicians than they are for conventional medical physicians this results in reduced patient costs.
- b. Naturopathic medical care reduces the need for more costly conventional medical care.
 1. Naturopathic doctors delivering the **same** Medicaid services in Oregon are 57.5% **ore cost effective** than MD/DO/NP PCPs providing the same services. (The Cost Effectiveness of Naturopathic Delivery of Oregon Medicaid Services Statistics provided by Leslie Hendrickson, Office of Medical Assistance. Feb 11, 1991)
 2. 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. (Lind, Bonnie K. et al: Comparison of Health Care Expenditures Among Insured Users and Nonusers of Complementary and Alternative Medicine in Washington State: A Cost Minimization Analysis. J Alternative and Complementary Med 2010; 16: 411-417.)

3. 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. (Sarnat, Richard L. et al: Clinical Utilization and Cost Outcomes From and Integrative Medicine Independent Physician Association: An Additional 3- Year Update. J Manipulative Physiol Ther 2007; 30: 263-269)
4. 55% of CAM users report a slight to substantial reduction of their use of conventional medical care (Stewart D, Weeks J, Bent S. Utilization, patient satisfaction, and cost implications of acupuncture, massage, and naturopathic medicine offered as covered health benefits: a comparison of two delivery models. Altern Ther Health Med. Jul-Aug 2001;7(4):66-70.)
5. 61% of CAM users report a slight to substantial reduction in their use of prescription drugs. (Stewart D, Weeks J, Bent S. Utilization, patient satisfaction, and cost implications of acupuncture, massage, and naturopathic medicine offered as covered health benefits: a comparison of two delivery models. Altern Ther Health Med. Jul-Aug 2001;7(4):66-70.)
6. The Diabetes Prevention Trial demonstrated that diet and lifestyle treatments to prevent type 2 diabetes were more effective (and cost effective) than early drug therapy in high-risk patients. (Herman WH, Hoerger TJ, Brandle M, et al. The cost-effectiveness of lifestyle modification or metformin in preventing type 2 diabetes in adults with impaired glucose tolerance. Ann Intern Med. Mar 1 2005;142(5):323-332.)
7. Williamson et al. recently recommended increased incorporation of diet and lifestyle therapy into the health system in their review of health policy for diabetes prevention. (Williamson DF, Vinicor F, Bowman BA. Primary prevention of type 2 diabetes mellitus by lifestyle intervention: implications for health policy. Ann Intern Med. Jun 1 2004;140(11):951-957.)
8. Blue Shield's internal study found that a naturopathic-centered managed care program could cut the costs of chronic and stress related illness by up to 40%, and lower costs of specialist utilization by 30%.(Phase I Final Report: Alternative Healthcare Project: King County Medical Blue Shield; 1995.)
9. Naturopathic care to treat diabetics led to improvements in blood sugar, mood, and patient self care.(Bradley R, Sherman KJ, Catz S, et al. Adjunctive naturopathic care for type 2 diabetes: patient-reported and clinical outcomes after one year. BMC Complement Altern Med. 2012;12:44.)
10. A Blue Shield of Washington study found that utilizing NDs would reduce cost for chronic and stress related illness up to 40% and cut costs of specialist utilization by 30%. (Henry. 1995. King County Medical Blue Shield Phase I Final Report: Alternative Healthcare Project Steering Committee. August 5, 1995.)
11. A more recent comparison revealed a \$356 annual health cost savings for each user of Complementary and Alternative Medicine (CAM) when compared to CAM nonusers. (Lind, BK, Lafferty WE, Tyree We, Diehr, PK. 2010. Comparison of Health Care Expenditures Among Insured and Nonusers of CAM Medicine in Washington State: A Cost Minimization Analysis. J. of Alt. and Comp. Med. 16 4 (411-417))
12. Changes in lifestyle and stress reduction a major focus of naturopathic medicine could save the US \$10 billion annually in reduced coronary angioplasty procedures and coronary bypass operations alone, and insurance savings of almost \$30,000 per patient. (Guarneri E, Horrigan, BJ, Pechura, CM. 2010. The Efficacy and Cost-Effectiveness of Integrative Medicine: A Review of the Medical and Corporate Literature. Bravewell Collaborative Report. June, 2010)
13. Naturopathic Medical care reduces employee sick days and cost, while improving productivity.
14. Employees of the Canadian Postal Service receiving naturopathic care for low back pain or heart disease showed reductions in lost work days and improvements in productivity while at work. (Canada Post Employees with Cardiovascular Disease. 2010; http://theintegratorblog.com/index.php?option=com_content&task=view&id=682&Itemid=189. Accessed February 18, 2013 and Herman PM, Szczurko O, Cooley K, Mills EJ. Cost-

effectiveness of naturopathic care for chronic low back pain. *Altern Ther Health Med.* Mar-Apr 2008;14(2):32-39.)

15. Vermont Auto Dealers Association use of naturopathic care for employees saved \$2.10 in medical costs for every dollar spent, and \$8.20 in total costs per employee for every dollar spent. (Dr. Bernie Noe's Jumpstart to Better Health Program: American Association of Naturopathic Physicians; 2005.)

2. Describe whether third party reimbursement is available for these services in other states?

Alaska:

No Medicare. No Medicaid. No other state or county coverage for NDs. Some private entities and private corporations cover NDs, such as the Native Corporations. Yes covered by BlueCross/BlueShield. Yes, ND services are covered by private insurance companies such as Aetna, Premera, United Healthcare, etc.

California:

No Medicare. No Medicaid.

NDs are covered with MediCal as Ordering / Referring / Prescribing (O/R/P) Providers. O/R/P Providers are not reimbursed for office visits but their patients with MediCal have prescriptions, labs, and MediCal provider referrals reimbursed. Coverage is federally mandated under the Affordable Care Act but state legislation has not been put in place for enforcement. The only coverage patients get is reimbursement for out-of-network benefits through some but not all PPOs (Blue Cross usually does).

Colorado:

Private insurance providers, individual or group, generally DO apply ND office visits, procedures and laboratory charges to the member's in or out of network deductible, depending upon the status of the provider. Physical exams and preventative care is often fully covered under the Affordable Care Act, laboratory testing included. Currently very few NDs in Colorado bill insurance for services.

Specific companies are as follows: Rocky Mountain Health Plans reimburse NDs on a payment schedule similar to the Acupuncture Reimbursement Schedule which is about \$65 per visit regardless of time or complexity. Cofinity, another private group PPO, recognizes NDs as equivalent to MDs and DOs and uses the Medicare Reimbursement Schedule; NDs may be in-network providers. Billing is based on time and/or complexity using standard ICD-10 billing codes. Typical negotiated pay schedule discounts are applied for preferred, in-network providers. Anthem BC/BS does not recognize NDs. So it really depends on the insurance provider.

Medicare and Medicaid DO NOT recognize NDs in Colorado.

Connecticut

No Medicare, No Medicaid. However, if the patient has a secondary insurance plan that does participate and has NDs listed as providers, Medicare/Medicaid will not write a Letter of Denial so that it will roll over to the patient's secondary insurance plan if the plan covers NDs.

Many private insurance companies, such as Anthem, Aetna, Connecticare, Oxford, CIGNA, and Healthnet, allow NDs to become participating providers but NOT all of the plans they make available cover NDs. All patients must check their specific insurance health plan if a specific naturopathic doctor and/or Group is listed, otherwise an ND and/or Group is out-of-network and is

subject to those fees. United Healthcare does not routinely allow NDs to become participating providers

Hawaii:

The ability of naturopathic physicians to become participating providers for the commercial plans of Hawai'i Medical Service Association (HMSA), a Blue Cross Blue Shield affiliate (and the largest provider of commercial insurance in the state), was slated for mid-2016 but has been pushed back to January 1, 2017. HMSA is currently conducting a pilot program to test their new payment transformation model, and is including only one naturopathic physician as a participating provider.

Hawaii Medical Assurance Association (HMAA) is the only plan in the state that included NDs as participating providers for many years prior to the ACA. However, their policy has several discriminatory provisions that have not changed since Section 2706 became effective on January 1, 2014.

Medicaid is a good possibility. The Medicare Advantage plan offered by HMSA *may* also allow NDs to be reimbursed for providing covered benefits to their members effective Jan. 1, 2017.

Maine:

No Medicare or Medicaid coverage.

Private insurers: Maine Community Health Options, Cigna, and Anthem have in-network SPECIALIST ND designations. No PCP due to our limited formulary. Aetna and Harvard Pilgrim do not have NDs in network.

Maryland

No Medicare or Medicaid. Currently no insurance companies in Maryland are credentialing naturopathic doctors, though there is some indication that Evergreen Health may be credentialing naturopathic doctors in the near future. Patients can apply for reimbursement or application to deductible, but benefits vary. Federal employees may have high levels of coverage, but most private insurance does not reimburse.

Montana

No Medicare, no Medicaid, no for state or county coverage, and no for Blue Cross/Blue Shield. Occasionally private insurance companies will cover ND services depending on the individual's plan. Health Savings Accounts (HSAs) and Flexible Spending Accounts/Cafeteria Plans (FSAs) can be used to pay for ND services and prescribed medications.

New Hampshire:

In 2012, NH earned individual insurance coverage and all individual insurance plans are covered. That includes individual BlueCross/BlueShield/Anthem. In addition, Cigna (including SchoolCare) and Harvard Pilgrim group plans opted to contract with NDs as well.

North Dakota:

No Medicare, no Medicaid, and no coverage in any of the other categories.

Oregon:

No Medicare, Yes Medicaid; NDs are covered under the state-run Oregon Health Plan and 6 of the regional Coordinated Care Organizations which manage the healthcare needs of the majority of Medicaid recipients.

Government programs that cover NDs include: Worker's Compensation Insurance, Motor Vehicle Accident Insurance, the Breast and Cervical Cancer Prevention Program, the WISEWOMAN program that covers screenings for cardiovascular diseases, and the Oregon Immunization Program - whose Vaccines for Children Program supplies federally purchased free vaccines for immunizing eligible children in public and private practice.

NDs work in several Federally-Qualified Health Centers, which receive state and federal monies to provide physical and mental healthcare.

Most large companies such as Intel and New Seasons are self-insured and cover NDs. Most private insurers cover NDs, often as "specialists" but some as primary care providers, including: Regence BlueCross BlueShield, Aetna, ASHN, Assurant, Cigna, Family Care, Great West, Health Net, Kaiser, Lifewise, My Optum, Moda, Pacificare, Pacific Source, Providence, Reliant Behavioral Health, and United Healthcare.

Utah:

No insurance companies credential ND/NMDs in Utah. Historically (not now) Regence BCBS has a plan that credentialed but no one is using them anymore so it's not clear if they still have NDs on their panels. Deseret Mutual Benefit Association (DMBA, a local insurer) will pay for NDs under their out of network providers. Other insurance companies will sometimes reimburse but reimbursement is inconsistent.

Vermont:

No Medicare; Yes, NDs are fully incorporated into Medicaid. Medicaid recognizes NDs as primary care physicians to the same level as MDs. Medicaid programs (HP Enterprises) Dr. Dynosaur (children's Medicaid), Green Mountain Care, and VHAP (Vermont Health Access Program), and NDs are in all of these plans.

All private insurers fully cover ND services as PCPs and specialists too. These include BlueCross/BlueShield, MVP Health Care, and Cigna. In addition, several self-insured ERISA plans, such as CBA Blue and Vermont Managed Care (the University of Vermont's Medical Center) also cover NDs fully, and recognized them as PCPs (Primary Care Providers).

Additionally, Vermont's subsidized health care reform plan, Catamount, which covers people who fall in the gap between qualifying for Medicaid and affording private insurance, also covers NDs and fully recognize them as PCPs.

Washington:

All state regulated private insurers must cover naturopathic care per the Every Category of Provider Act (ECOP). ECOP requires health plans to include coverage for all professions, not all individuals, licensed to treat conditions that the benefits cover. This includes Blue Cross, Blue Shield, Group Health, Aetna, Cigna, United and all companies offering individual policies, but does not apply to self-funded employers (Microsoft, Boeing, Amazon, etc.) that are exempt from ECOP. Most self-funded policies do include some coverage for NDs, though it varies and some have significant limitations.

Since 2014, NDs have been recognized in Medicaid and serve as PCPs. NDs have also been recognized in the Labor and Industry (State workers comp) system for many years and are also recognized to provide care for personal injury claims.

3. What are the projected regulatory costs to state government, and how does the proposal include revenue to offset these costs?

a. We do not foresee any increased regulatory costs as the Naturopathic Advisory Council and the Board of Medical Practice already exist.

4. Fiscal impact of the proposed bill?

No

E. Reporting

1. Describe the proposed frequency and content of progress reports to the legislature including timeframe (2 years- 5 years or 10 years)

Will report with whatever frequency is requested. Suggest that we report within 2 years then every 5 years.

F. Workforce Impacts

a. Describe what is known about the projected supply/how many individuals are expected to practice under the proposed scope? If possible, also note geographic availability (by county/economic development areas) of proposed providers/services. Cite any sources used.

Increase in Number of NDs in States with Regulation

State	Year Regulated	# of NDs in First Year of Regulation	# of NDs in 2016*
Alaska	1986	5	57
Arizona	1935	unknown	883
California	2003	129	600+
Colorado	2013	84	121
Connecticut	1920	unknown	350
District of Columbia	2005	7	49
Hawaii	1925	unknown	121
Kansas	2003	5	42
Maine	1995	7	46
Maryland	2014	25	30 by Dec. 2016**
Minnesota	2008	21	69
Montana	1991	14	93
New Hampshire	1994	11	88
North Dakota	2011	4	7
Oregon	1927	20	700
Utah	1997	0	37
Vermont	1995	10	337
Washington	1919	17	1,200
Puerto Rico	2004	4	13

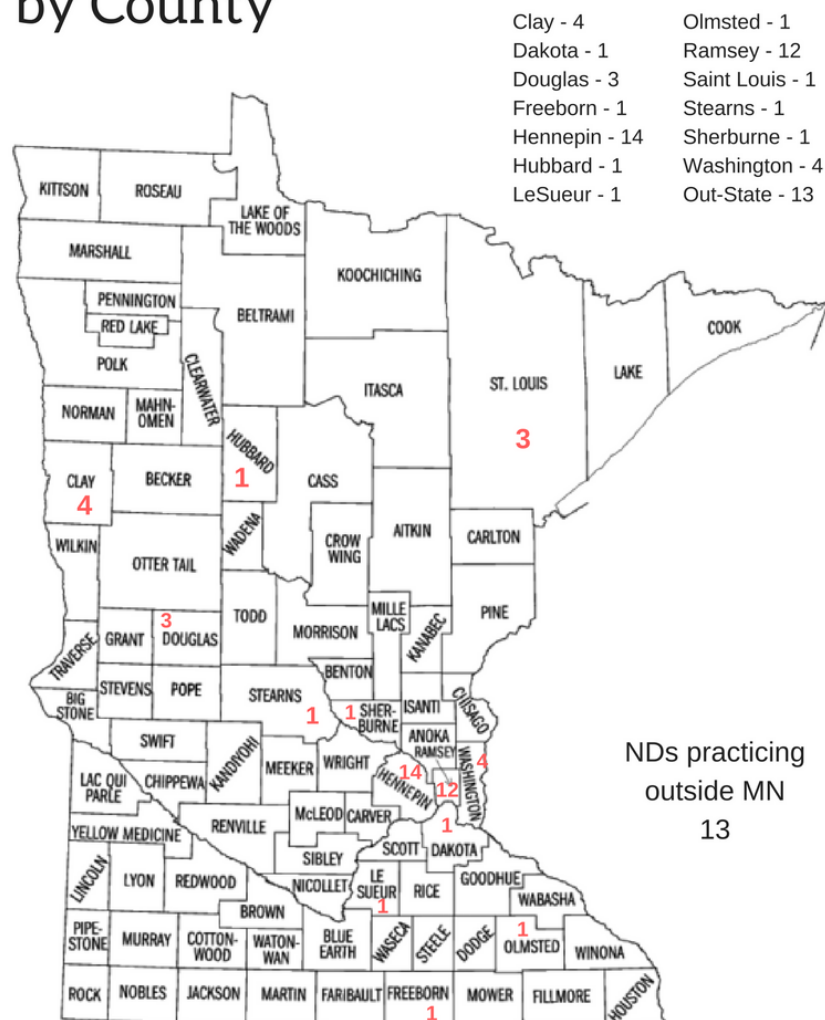
Source of year of regulation and # of NDs in first year of regulation: AANP State Advocacy Toolkit, [http://www.naturopathic.org/files/Increase%20in%20Number%20of%20NDs%20in%20Licensed%20States %20-%20April%20202013\(1\).pdf](http://www.naturopathic.org/files/Increase%20in%20Number%20of%20NDs%20in%20Licensed%20States%20-%20April%20202013(1).pdf).

* Estimates based on information provided by state ND associations and individual state/territory regulatory authorities, including online searches of regulatory authority databases, June 2016. The total # of licensed or registered NDs includes out-of-state NDs.

** Licenses are in the process of being issued (June 2016, ongoing).

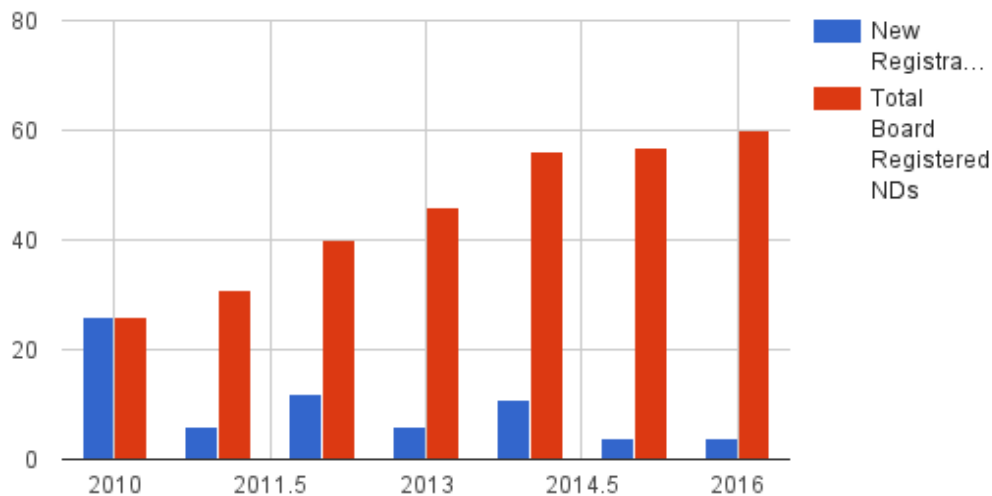
- a. Naturopathic medicine is a rapidly growing profession. The number of naturopathic doctors in the US and Canada **increased by 91% from 2001-2006.** (Albert DP et al. 2006. The supply of naturopathic physicians in the United States and Canada continues to increase. Comp. Health Practice Review; 11(2):120-122)
- b. Naturopathic physicians prefer to practice in states where they have the ability to use their education and training. Once a state passes legislation licensing naturopathic physicians the number of naturopathic physicians in the state increases. The chart above outlines the number of ND's in various states as of June 2016.
- c. Minnesota currently has 60 (not including 11 inactive licenses) naturopathic doctors in practice in the following geographic locations:

Naturopathic Doctors by County



The Board of Medical Practice has the most up to date and accurate list of registered naturopathic doctors.

New Registrants and Total Board Registered NDs - Minnesota

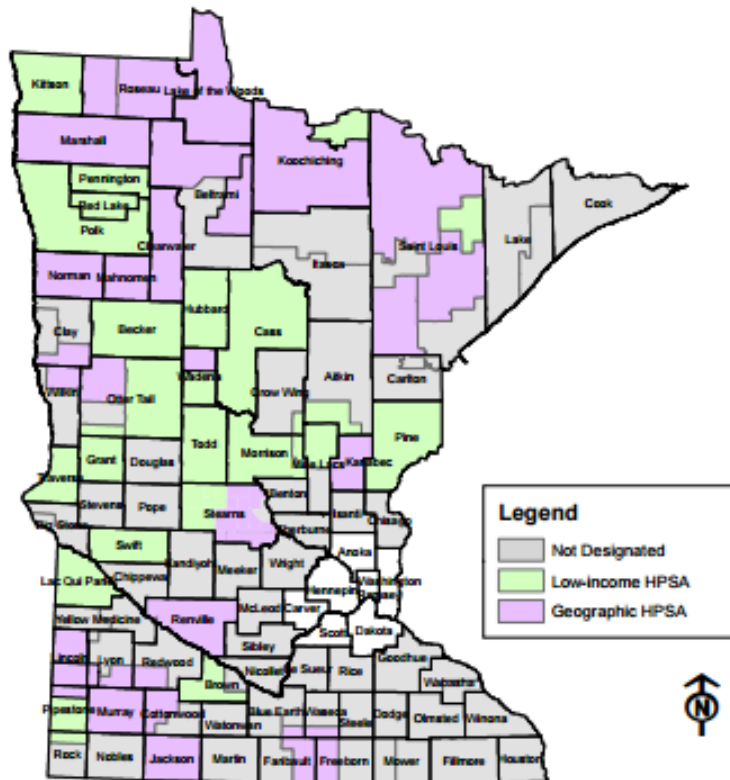


b. Describe, with evidence where possible, how the new/modified scope of practice will contribute to balancing the supply of the proposed services with the current/projected demand for these services.

The current naturopathic physicians practicing in Minnesota are under a heavy demand. Many have lengthy waiting lists and patients are waiting several weeks for care. An updated and modernized scope of practice would entice more naturopathic physicians to move their practice to Minnesota as well as encourage new graduates to start their practice in Minnesota. Interest has already been increased as the Minnesota Association of Naturopathic Physicians has seen an increase in student memberships indicating naturopathic medical students who are likely to return to Minnesota once they complete school.

Currently health professional workforce shortages exist throughout Minnesota. As of July 2010, 52.9 percent of Minnesota counties carried a full or partial Health Professionals Shortage Area (HPSA) designation in primary care. (Governor's Workforce Development Council (2011) *Minnesota's Primary Care Provider Shortage* http://www.gwdc.org/docs/publications/Primary_Care_Report.pdf) See graph below for health professional shortages in 2015 by county. Naturopathic physicians can help fill in these gaps.

Health Professional Shortage Areas Primary Care



Source: Minnesota Department of Health
Office of Rural Health and Primary Care
2015



c. Describe whether any other occupations perform the activities proposed? If so, describe how the proposed services are similar or complementary to those now performed by other occupations.

- a. Other occupations have prescriptive rights including, but not limited to, allopathic physicians, osteopathic physicians, physician assistants, advanced practice registered nurses, and midwives.
- b. No other occupation provides naturopathic medical care aside from naturopathic physicians. Traditional naturopaths' ability to practice naturopathy is protected in MN Statute 146A.

d. Has there been an evidence based risk benefit analysis of the proposed scope of practice change? If so, please describe.

- a. No there is no evidence that the proposed changes might endanger the public. In states that already have legislation in place providing naturopathic physicians their full

scope of practice, naturopathic physicians maintain a better safety record than medical physicians and osteopathic physicians.

- b. Since 2008 when naturopathic physicians became registered in Minnesota there have been no complaints to the Board of Medical Practice.
- c. 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.” (S.Res.135. Congress.gov, <http://beta.congress.gov/bill/113th/senate-resolution/135>)
- d. The California and nationwide data undeniably support the US government's 2013 resolution. California’s nearly 500 practicing naturopathic physicians have a pristine safety record – there have been no cases of patient harm caused by naturopathic physicians in California since licenses were first issued in 2005.
- e. Throughout the US, naturopathic physicians 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 physicians 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 physicians, representing 0.64% of Washington MDs. Osteopathic physicians 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 physicians.² Other states with broad scopes of practice for NDs boast similar rates.
- f. Malpractice insurance claims can be used to further assess the risk of updating the scope of practice for naturopathic physicians in California. **According to NCMIC, the leading provider for naturopathic malpractice insurance, premium rates for naturopathic physicians average approximately 30-40% lower than primary care medical physicians.** Furthermore, NCMIC has never opened a claim based on an allegation against a naturopathic physician 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 physicians and the colleges, we have never opened a claim based on an allegation against a Naturopathic physicians 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 physician.”* 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 physicians 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 physicians. A 2013 nationwide search by Verdict-Search also found no records of malpractice suits against naturopathic physicians. Safety is an important factor to consider when new legislation is being proposed. **Based on the national safety data, updating the proposed legislation allowing naturopathic physicians to practice to the full extent of their training and education will increase patient access to safe, effective primary care.**

Access, Cost, Quality, Care Transformation Implications

1. Describe the unmet healthcare needs of the population that can be served under this proposal and how the proposal will contribute to meeting these needs. Describe how the proposed changes will affect the availability, accessibility, cost, delivery and quality of health care.

- a. Our nation and our state is in significant primary care shortage. Naturopathic physicians are trained as primary care providers and poised to help fill this gap. The proposed changes will allow naturopathic physicians to administer vaccines and use basic medications required to operate as primary care providers. Naturopathic physicians already order lab work, imaging, perform physical exams and diagnose patients. When a naturopathic physician determines that a vaccine or medication is required the patient must be referred to another provider. This reduces continuity of care and adds hurdles for the patient in receiving quality care.
- b. 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. 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 Cardiovascular disease, diabetes and congestive heart disease alone. By adding in greater preventive strategies cost could be reduced approx. \$904 billion or almost 10%. (Kahn, Richard. The Impact of Prevention on Reducing the Burden of Cardiovascular Disease. *JuCirculation* 2008, 118:576- 585)
- c. 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%. (Kennedy, Deborah A. et al: Cost Effectiveness of Natural Health Products: A Systematic Review of Randomized Clinical Trials. *eCAM* 2009; 6(3) 297-304 (5))
- d. 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. (Lafferty WE, et al. Insurance Coverage and Subsequent Utilization of Complementary and Alternative Medicine Providers. *Am J Manag Care* 2006; 12(7): 397-404 (7))
- e. 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 then conventional treatment (\$7,000 vs \$31,000 –\$46,000). (Ornish, Dean. Avoiding Revascularization with Lifestyle Changes: The Multicenter Lifestyle Demonstration Project. *Am J Cardiol* 1998;82:72T–76T)
- f. The naturopathic emphasis on prevention and health promotion saves lives and dollars. Lifestyle modification counseling prevented more cases of diabetes than drug treatment. (Williamson DF. Primary prevention of type 2 diabetes mellitus by lifestyle intervention: implications for health policy. *Ann Intern Med* 2004; 140(11):951-7.)
- g. 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. (Woolf, Steeve. A Closer Look at the Economic Argument for Disease Prevention. *JAMA* 2009; 301 (5) 356-3)

2. Please describe whether the proposed scope includes provisions to encourage or require practitioners to serve underserved populations.

- a. This proposal will not require naturopathic physicians to serve underserved populations.
- b. Underserved populations require more primary care coverage and this proposal will add at minimum 50 primary care providers, several of whom currently practice in rural Minnesota.

Proposal Supporters/Opponents

1. What organizations and groups have been involved in developing the proposal?

The Minnesota Association of Naturopathic Physicians (MNANP) has been the most active organization in developing this proposal. The Minnesota Board of Medical Practice has been consulted and their feedback has caused modifications to the proposed legislation. The

Minnesota Chiropractic Association and the Minnesota Department of Health have also been consulted about this legislation.

We will provide an addendum with the written feedback from organizations.

2. Note any associations, organizations, or other groups representing the occupation seeking regulation and the approximate number of members in each in Minnesota.

The Minnesota Association of Naturopathic Physicians (MNANP) is the professional organization for naturopathic physicians in Minnesota and currently has 30 members.

3. Please describe the position professional associations of the impacted professions (including opponents) have taken regarding the proposal.

The MNANP is in full support of the proposal and naturopathic physicians are the only impacted profession.

4. State what actions have been undertaken to minimize or resolve any conflict or disagreement with those opposing the proposal.

We have been meeting with organizations throughout the Fall of 2016 and will continue to meet with organizations as we approach the 2017 legislative session.

Draft